TOWN OF SCITUATE BOARD OF HEALTH

APPLICATION FOR PERMIT – TOBACCO SALES
$200.00 FEE

Date: _____ New Application ☐ Renewal ☐

In accordance with provisions of the Statues relating thereto, application for a permit is hereby made by:

Name (individual):	
Company Name (if different):	
Address:	
Telephone Number:	
Email address:	

Pursuant to MGL CH 62c, SEC 19, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all State Tax Returns and paid all State Taxes required under the law.

Signature	

FEE: $200 _____

Reviewed by Director, Public Health: APPROVED ☐ DENIED: ☐

OTHER/NOTES:

Date Received: _____

Checklist: _____

Department of Revenue Tobacco Sales License_____

Check# _____

Permit# _____

Please return to: Scituate Board of Health
600 Chief Justice Cushing Highway
Scituate, MA 02066