

Wellesley Health Department
90 Washington Street
Wellesley, MA 02481
Telephone: 781.23.0135
Fax: 781.235.4685

Fee: \$250.00	Expires: 5/31/
Retailer:	Permit #:
DEPARTMENT OF REVENUE – CIGARETTE RETAILER’S LICENSE NUMBER: <hr/>	
Expiration date:	

APPLICATION FOR A RETAIL TOBACCO SALES PERMIT

The following information must be provided:

OWNER/OPERATOR OF ESTABLISHMENT (PLEASE PRINT)

Full Name		Telephone ()
Sole Proprietor _____ Partnership _____ Trust _____ Corporation _____		
Mailing Address: Street name and number	City	State and Zip Code

ESTABLISHMENT NAME AND LOCATION

Manager’s Name, if not individually owned:		Telephone ()
Establishment Name:		Telephone ()
Location Address:		
Mailing Address: Street name and number	City	State and Zip Code

Important: A check payable to “Town of Wellesley” in the amount of \$250.00 must accompany this application. I understand that I must comply with Board of Health regulations governing tobacco sales and that the issuance of this permit in no way releases the applicant from the obligation to obtain any other permits or licenses required by any local, state, federal or other regulatory agency.

Pursuant to M.G.L. Ch. 62C sec. 49A, I certify under penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Social Security No. or Tax Identification Number:	
Date Signed	Signature of Individual

Please note - Late fees apply.