



Town of Holbrook
Board of Health
50 North Franklin Street
Holbrook, Massachusetts 02343

Tel: 781-767-3030
Fax: 781-767-9562

Application for Permit to Sell Tobacco Products

Fee: \$175 --- Make checks payable to Town of Holbrook

Date: _____

Name of Establishment: _____

Address of Establishment: _____

Type of Establishment: _____

MA Dept. of Revenue Tobacco License #: _____

Business Phone Number: _____

Days & Hours of Operation: _____

Name or Title of Applicant: _____

Name of Owner & Phone Number: _____

Mailing Address (if different from the establishment): _____

If a corporation or partnership, give name, title, address, and phone number of partners: _____

Emergency Contact Person: _____

Emergency Contact Phone Number: _____

Are you aware of all the stipulations in the Holbrook Board of Health Tobacco Regulations? New Regulations were adopted on November 12th 2024. Circle below

YES or **NO** (Copies of the regulations are available at the Holbrook Board of Health office.)

Pursuant to MGL Chapter 62C, Section 49A, I certify under the pains and penalties of perjury that I, the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Be sure to verify compliance with all Federal, State and Local regulations.

****By signing below, I understand to the above, agree and to the best of my ability comply with the terms**

Name: _____

Signature: _____

Date: _____