



**TOWN OF MEDWAY**  
**COMMONWEALTH OF MASSACHUSETTS**

*Medway Town Hall  
155 Village Street  
Medway, MA 02053  
Phone (508) 533-3253*

**BOARD OF HEALTH**

**Tobacco Product Sales Permit Application**

Date: \_\_\_\_\_

**Type of Application:**      ☐ New                      ☐ Renewal

**Establishment Information:**

Establishment Name: \_\_\_\_\_

Address: \_\_\_\_\_ Medway, Massachusetts 02053

Mailing Address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Applicant Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Owner Information:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check the type of business:

☐ Association    ☐ Corporation    ☐ Individual    ☐ Partnership    ☐ Other specify \_\_\_\_\_

\*\*\* If corporation, association, or partnership, attach a list of names, addresses, titles, and numbers of the officers.

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I \_\_\_\_\_, certify under the 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. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the Regulation of the Medway Board of Health Restricting the Sale of Tobacco Products and all applicable federal and state laws. I declare that I have read the Regulation of the Medway Board of Health Restricting the Sale of Tobacco Products and understand that I am responsible for instructing any and all employees who will be responsible for tobacco product sales regarding federal, state and local laws about the sale of tobacco and this regulation.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

The Regulation of the Medway Board of Health Restricting the Sale of Tobacco Products can be found using the following website: <https://www.townofmedway.org/board-health/pages/tobacco-smoking-related> or a copy can be requested from the Medway Board of Health office.

**Submit the following:**

- Completed Tobacco Product Sales Permit Application. Incomplete applications and missing documents may delay the review and permitting process.
- \$75 Permit Fee- Make check payable to "Town of Medway"
- Workman's Compensation Affidavit (*we have attached for you*)
- Certificate of Liability
- Proof of current Tobacco Retailer Licenses issued by the Massachusetts Department of Revenue
- Certificates from a training course approved by the Medway Board of Health