



Office of the  
**BOARD OF HEALTH**

78 Hopedale Street - P.O. Box 7  
Hopedale, Massachusetts 01747

Tel: 508-634-2203, Ext. 222 Fax: 508-634-2200

## **Requirements for Tobacco Sales Permit**

Anyone planning to sell tobacco products in the Town of Hopedale must submit the following:

1. Tobacco permit application
2. \$500.00 permit fee (Check payable to "Town of Hopedale")
3. Employee acknowledgement sheet verifying **ALL** employees have read Hopedale's Regulation Restricting Youth Access to Tobacco
4. Current copy of Liability Insurance with Hopedale Board of Health listed as certificate holder
5. Worker's Compensation Insurance Affidavit. General Business form must be filled out completely.
6. Copy of Business Certificate
7. **Copy of tobacco license issued by the Department of Revenue**
8. **Manufacturers letters on each tobacco and vaping products being sold**  
**Note: this is a new requirement from the state.**

Permit will not be issued unless all requirements are fulfilled.



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**Tobacco Sales Permit Application**

***Please print:***

Name of Company: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ (required)

Owner(s)/Operator(s):

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

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

(If more owner(s)/operator(s) are applicable, please attach separate sheet)

Type of Sale: Check one:

☐ over-the-counter      ☐ self-service

☐ other: If other, please describe: \_\_\_\_\_

I, the undersigned, have obtained and reviewed the regulations  
pertaining to the sale, vending, and distribution of tobacco within the Town of  
Hopedale.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Print Title of Applicant

\_\_\_\_\_  
Applicant Signature



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**Tobacco Sales**  
**Employee Verification**

***Please print:***

Name of Company: \_\_\_\_\_

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

I, the undersigned, have read and agree to abide by the rules and regulations regarding the Hopedale Board of Health Regulation Restricting Youth Access to Tobacco.

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Employee

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

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