



Office of
Board of Health

Town of Marshfield

Board of Health

870 Moraine Street

Marshfield, Massachusetts, 02050

Tel: 781-834-5558

Fax: 781-837-6047

Application for Tobacco Location and Sales Permit

Fee: \$300.00

Location where Tobacco Products will be sold:

PLEASE PRINT (Must be complete)

Business Name _____

Owner's Name _____

Business ID # _____

Street Address _____

Mailing Address _____

Email Address _____

Telephone _____ Fax # _____

Cell # _____

The applicant understands and agrees to the condition that this establishment shall be subject to compliance checks to insure that tobacco products are not sold to minors.

PLEASE PRINT

Name of Person Applying: _____

Signature of Person Applying: _____

Position _____

Permit Fee is **\$300.00**. All checks payable to **Town of Marshfield**