



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
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FAX: (508) 896-4538
BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
HEALTH DEPARTMENT

APPLICATION FOR RETAIL SALE OF TOBACCO PRODUCTS

FEE: 110.00

Name of establishment: _____

Address of establishment: _____

Manager name: _____ Phone #: _____

Email Address: _____

Mailing address (if different from establishment): _____

I, the undersigned, understand my rights and responsibilities in providing tobacco products to the general public and agree to uphold the laws and regulations set forth by the Town of Brewster Board of Health.

Signed: _____ Date: _____

Print Name: _____