



**TOWN OF RAYNHAM**  
**Selectmen and Board of Health**  
558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766  
Fax: 508-824-1540

**APPLICATION FOR TOBACCO VENDOR'S LICENSE**

Fee: \$150.00

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

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

\_\_\_\_\_

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

\_\_\_\_\_

E-Mail: \_\_\_\_\_

Establishment Telephone #: \_\_\_\_\_

Name & Title of Applicant: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name of Owner (if different from applicant): \_\_\_\_\_

If Corporation or Partnership:

Officer's Name

Title

Home Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**APPLICANT'S SIGNATURE:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pursuant to MGL 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 state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request