



## Needham Public Health Division

178 Rosemary Street, Needham, MA 02494 781-455-7940 ext. 504  
www.needhamma.gov/health 781-455-7922 (fax)



### OWNER AUTHORIZATION FORM - Tobacco Establishments

Business Owner Name(s): \_\_\_\_\_

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

This form authorizes (Applicant Name): \_\_\_\_\_

Establishment's Address: \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

To act and sign on my behalf in obtaining the Tobacco Establishment permit(s) on the subject business.

Sincerely,

\_\_\_\_\_  
Business Owner's Signature

\_\_\_\_\_  
Business Owner's Address, City/Town, State & Zip Code

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

*Pursuant to MGL Ch. 62C, sec 49A, I certify under the penalties of perjury that I, to my knowledge and belief, have filed all state tax returns and paid state taxes required under law.*

Cell Phone: \_\_\_\_\_

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