

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

Fee: \$100.00

## Dalton Board of Health

Town Hall  
462 Main Street  
Dalton, MA 01226  
Tel.( 413) 684-6111 Ext. 20 Fax (413) 684-6131

### APPLICATION FOR PERMIT TO SELL TOBACCO PRODUCTS

Establishment Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Site Address: \_\_\_\_\_ Fax Number: \_\_\_\_\_

#### Owner's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail Address: \_\_\_\_\_

#### If corporation or partnership, give name, title and home address of officers or partners

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State of Incorporation: \_\_\_\_\_

All Tobacco permits expire on December 31. **Tobacco permit applications must be received on or before DECEMBER 7.** Seasonal operations and new establishments must submit an application at least 4 weeks prior to the expected opening date.

No Tobacco establishment located within the Town may operate without a current Tobacco permit issued by the Dalton Board of Health.

The permit holder/applicant of the establishment applying for a Board of Health Tobacco Sales permit, must initial each of the statements below and sign the statement at the bottom.

INITIAL

1. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under the age 21. \_\_\_\_\_
2. I understand that the Dalton Board of Health regulations requires the examination of photographic government issued identification prior to the sale of cigarettes or any tobacco product. \_\_\_\_\_
3. I understand that the Dalton Board of Health or their designated agents will conduct compliance checks of my business to ensure that I am not selling tobacco products to minors. \_\_\_\_\_
4. I understand that self-service displays are prohibited. \_\_\_\_\_
5. I understand that the sale of single or loose cigarettes in packages smaller than 20 cigarettes is prohibited. \_\_\_\_\_
6. I understand that I must display the proper signage in accordance with M.G.L. Chapter 270, section 7. I also understand that such signs are free and I can obtain them from the Tobacco Awareness Program at any time. \_\_\_\_\_
7. I understand that vending machines are prohibited. \_\_\_\_\_
8. I understand that smoking is prohibited in workplaces and is punishable by a fine. \_\_\_\_\_
9. I understand that selling tobacco products without first obtaining a local and state license may result in fines and/or suspensions of other Board of Health permits and licenses. \_\_\_\_\_
10. I understand that to sell tobacco products, I must be at least 18 years of age. \_\_\_\_\_
11. I have read and understand the penalties for violating any provision of the Board of Health regulation and I understand that any permits issued by the Dalton Board of Health to sell tobacco products may be suspended for violating any provision of the regulation. \_\_\_\_\_

**I have received, read and agree to abide by the Dalton Board of Health Tobacco Regulations.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (Date)