

Town of DALTON

TOBACCO AND NICOTINE DELIVERY PRODUCT SALES PERMIT APPLICATION

Anyone selling or distributing tobacco or nicotine products must have a current permit from the Board of Health.

Application Status

APPLICATION INFORMATION

All Permits expire on December 31, unless otherwise stated and must be renewed at least 15 days prior to expiration or start of operations. **Note:** all ** boxes must be completed. If the item is not applicable, you may indicate N/A. Applications received less than 30 days before the current permit expires or the start of operations may be charged a late fee of up to \$25 for each week that the application is late.

Establishment /Site Information

** Establishment/ Business Name:	<input type="text"/>		**Telephone	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	
** Owner or Corporation:	<input type="text"/>	** Email:	<input type="text"/>	**Telephone	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>
** Location Street Number:	<input type="text"/>	** Street Name :	<input type="text"/>						
** City:	<input type="text"/>	** State :	<input type="text"/>	** Zip	<input type="text"/>				
** Onsite Supervisor:	<input type="text"/>	**Telephone:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	** Email:	<input type="text"/>
**Emergency Contact	<input type="text"/>	**Telephone:	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	** Email:	<input type="text"/>

Mailing Address Check if same as above

** Street Number:	<input type="text"/>	** Street Name /PO Box	<input type="text"/>						
** City:	<input type="text"/>	** State:	<input type="text"/>	** Zip:	<input type="text"/>				

** WORKER'S COMPENSATION INSURANCE AFFIDAVIT (M.G.L. c. 152 § 25C(6))

Worker's Comp Form

Workers Compensation Insurance affidavit must be completed and submitted with this application. Failure to provide this affidavit will result in the denial of the issuance of the permit.

Facility Information

Note: If this is a New Application, please attach a facility floor plan or sketch showing the location/display of tobacco products.

**Tobacco/Nicotine Delivery Product Sales Information

**Department of Revenue Tobacco Sales Permit No Yes: Permit # State Permit Attached

**Type of Retail Business Tobacconist Convenience Gas Station Restaurant Liquor Store Pharmacy
 Grocery Store Private Club Lodging/Resort Other, describe:

**Type of Products Cigars Cigarettes e-cigarettes/vapes Chewing Tobacco Roll Your Own Loose Tobacco
 Pipe Cigars Flavored Tobacco Smokeless Tobacco Other, describe:

**Agreements: I have a copy of state regulations and I agree to comply with all its requirements as a condition of my permit to sell tobacco and nicotine delivery products.
 I understand the Board of Health or its designated agents may be conduct compliance checks at any time to ensure that individuals under the legal age are not purchasing tobacco or nicotine products.

****Agreement**

- I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws.
- I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.
- I affirm and certify that I am the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.


****Fees:**

Permit Title	Fee	Description	Total
Tobacco Sales - Annual \$35	<input type="checkbox"/>		
Additional Fee as required by the Board of Health	<input type="checkbox"/>	\$	
TOTAL			200.00

****Agreements:**

By typing my name below and clicking on the certification boxes, I agree that I am submitting an electronic signature for this application. Payment must accompany this Application. Permit fees are not refundable or transferable.

Applicant Name: Title/Role:

Date Signed: 

(Applicant Signature)

I do hereby certify and affirm under the pains and penalties of perjury that I am over 18 years old, the information provided in this application is true and correct.

Tobacco Employer Agreement Statement

Tobacco Employer Agreement Statement

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.

1. ___ I understand that it is against the law to sell cigarettes or any tobacco product to anyone under the age of 21.
2. ___ I understand that the Commonwealth of MA regulations require 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 agent(s) 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 the sale of flavored tobacco products is prohibited, even menthol and even in e-cigarettes.
7. ___ I understand that the sale of electronic cigarette products containing 35mg/ml or more tobacco is prohibited
8. ___ I understand that I need to have on file letters from tobacco manufacturers of the products I sell that state that the items sold in my store meet the prohibitions listed in number 6 and 7.
9. ___ 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.
10. ___ I understand that vending machines are prohibited.
11. ___ I understand that smoking is prohibited in workplaces and is punishable by a fine.
12. ___ I understand that selling tobacco products without first obtaining a local and state license may result in fines and/or suspensions of other Health Department permits and licenses.
13. ___ I have obtained all tobacco licenses required by the Commonwealth of MA DOR, including (check all that apply):
 - ___ Cigarette Retail License;
 - ___ Cigar and Other Tobacco Retail License; and/or
 - ___ Electronic Cigarette Retail License
14. ___ I have received, read and agree to abide by State Tobacco Control Regulations.

Signature

Print Name

Date