

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED DATE INSPECTED APPROVED BY

PERMIT FEE: \$ 250.00

PERMIT ISSUED YES/NO

LATE FEE: \$

DATE:

TOTAL FEE = \$

Permit #:



TOWN OF FAIRHAVEN BOARD OF HEALTH

40 Center St. - Fairhaven, MA 02719 - Telephone (508) 979-4023 Ext. 125



Public Health
Prevent. Promote. Protect.

Annual Tobacco Sales Permit Application

New business application must be submitted at least 30 days prior to planned opening date

Check type of application: ☐ New (Initial) ☐ **Renewal** ☐ Amended

PLEASE **PRINT** CLEARLY**TODAY'S** DATE:

1) Establishment Trade Name:

2) Establishment Address:

3) Establishment Mailing Address *(if different)*:

4) Establishment Telephone No.: ()

Fax No.: ()

5) Applicant Name:

Applicant's Title:

6) Applicant Address:

TELEPHONE No.: ()

7) Establishment Owner's Name: (First) (Last) (MI)

Association, Corporation, Partnership, Legal Entity Name:

8) Owner's Address *(if different from applicant)*:**Owner's E-Mail Address:**9) Establishment is OWNED by: *(Check one)*

- ☐ Association
☐ Corporation
☐ Individual
☐ Partnership
☐ Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State

*(Please provide an attachment if necessary):*Officer/Partner's NameTitleHome Address

11) Establishment is:

(Check one)

- ☐ Part of Chain
☐ Independent

(First) (Last) (MI)

12) Person Directly Responsible for Daily Operations *(Owner, Person in Charge, Supervisor, Manager etc.)*:

Name: Title: Telephone No: ()

Address:

Fax No.: () 24 Hour Emergency Number: ()

13) District or Regional Supervisor *(if applicable)*:

Name: Title: Telephone No: ()

Address:

Fax No.: () 24 Emergency Number: ()

14) Style of Establishment: *(Check only one)*

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant (Bar Area) |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Gas Mini-Mart | <input type="checkbox"/> Membership Association | <input type="checkbox"/> Restaurant Only |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Other (specify): |

Tobacco Sales Permit Application (continued)

15) Days and Hours of Operation:

16) Number of Employees Selling Tobacco Products:

17) Number of Cash Registers Where Tobacco Products are Sold:

18) Type of Tobacco Products Sold: *(Check all that apply)*

☐ Bidis

☐ Chew Tobacco

☐ Cigars

☐ Other Tobacco Products

Blunts-NOT ALLOWED

☐ Cigarettes

☐ Little Cigars

List: _____

☐ Cigarillos

☐ Pipe/Loose Tobacco

ATTEST:

19) I understand that all Self-Service Displays where customer selects product for the sale of tobacco products are prohibited in the Town of Fairhaven. Initials _____

20) I have read, understand, and completed the Fairhaven Board of Health's Tobacco Sales Permit Acknowledgment and Checklist Form. Initials _____

21) I understand that before a Tobacco Sales Permit will be issued, I must submit the following documents with this 2018 Tobacco Sales Permit Application.

☐ Original Annual Tobacco Sales Permit Acknowledgement and Checklist Form

☐ Copy of my Massachusetts Department of Revenue **(MDOR) Cigarette /CigarRetailer's License** for this establishment location for all retailer's intending to sell cigarettes in Fairhaven Massachusetts.

(I have attached the above documents to this application)

Initials _____

22) I will train sales staff/employees to conduct tobacco sales legally.

Initials _____

23) I understand that the Board of Health will conduct periodic unannounced checks to monitor tobacco retailer compliance with provisions of the Tobacco Control Regulation "Restricting the Sale of Tobacco Products" and applicable state laws.

Initials _____

24) I understand that illegal sales of tobacco products and/or egregious non-compliance with the Board of Health's Tobacco Control Regulations shall result in fines, and/or a temporary suspension or possible revocation of this permit.

Initials _____

25) I understand that this Tobacco Sales Permit is non-transferable by establishment owner or by location and expires each year on December 31st. A tobacco sales permit will not be renewed if the permit holder has failed to pay all fines issued and the time period to appeal the fines has expired.

Initials _____

26) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:

✓ If owned by an individual: ☐ Social Security Number: _____

✓ If owned by an association, corporation, partnership, or other legal entity:

☐ Federal Identification Number: _____

Pursuant to MGL c. 62 C, sec.49A, I certify under the penalties of perjury that the owner(s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this tobacco retail establishment will comply with the Board of Health Tobacco Control Regulation "Restricting the Sale of Tobacco Products" and all other applicable laws.

27) Applicant / Authorized Signatory – Print name, date of birth (D.O.B.) and title clearly and sign below.

Name: _____ D.O.B. _____ Title: _____

Signature: _____

Payment is due with application.

**FAIRHAVEN BOARD OF HEALTH
TOBACCO SALES PERMIT
ACKNOWLEDGMENT & CHECKLIST FORM**

This form must be completed, initialed and signed by the owner/authorized signatory of the establishment applying for a Fairhaven Board of Health Tobacco Sales Permit. No permit will be issued until this checklist has been initialed, signed and submitted with your completed Tobacco Sales Permit Application.

- ☐ I have read and understand all subsections within the Board of Health (the “Board”) *Restricting the Sale of Tobacco Products & Nicotine Delivery Products, (the “Regulation”)* regarding the sale and distribution of tobacco products.

Initials_____

- ☐ I understand that it is against the law to sell cigarettes or *any* tobacco product to anyone less than **twenty-one (21) years of age**, regardless of how old the person looks and that the distribution of free samples of cigarettes or tobacco products is prohibited except for the use of coupons from newspapers, periodicals or attached packaging.

Initials_____

- ☐ **I understand that the Regulation requires anyone selling tobacco products to conclusively establish the customer’s age. This means the clerk must ask for and see government issued photographic identification for any customer who appears to be under 27 years of age as proof that the person is at least twenty-one (21) years of age.**

Initials_____

- ☐ I understand that agents of the Board will conduct frequent compliance checks of all tobacco merchants’ businesses to ensure that tobacco products are not being sold to minors. This means:

- a. Agents of the Board will send minors into my establishment periodically to attempt the purchase of tobacco products.
- b. These minors may or may not possess any identification, but will respond truthfully when asked their age.
- c. Any reported confrontational behavior towards the minor or the enforcement agent during or after the compliance check may result in a permanent revocation of the tobacco sales permit.

Initials_____

- ☐ I understand that if my establishment is caught selling tobacco products to minors, I will be subject to fines, and/or permit suspension or even revocation as set forth in the Regulation.

Initials_____

- ☐ I understand that the Regulation is stricter than Massachusetts Consumer Protection Laws and prohibits all self-service displays and vending machines of all tobacco products in the Town of Fairhaven.

Initials_____

- ☐ I understand that my “original” tobacco sales permit and a current valid Massachusetts Department of Revenue Cigarette Retailer’s License if required must be posted at the establishment at all times in a manner conspicuous to the public.

Initials_____

- ☐ I understand that the Board’s *Tobacco Sales Employee Agreement Form* must be read and signed by each employee selling tobacco products at least once annually, be kept **on site** at all times, and be in a known location by all employees and available for inspection.

Initials_____

By signing this form, I acknowledge that I have read and understand all of the above statements, and I further understand that failure to abide by these conditions may jeopardize my Tobacco Sales Permit. Please *print* clearly and *sign* name legibly.

(Establishment Name)

(Authorized Signatory)

(Establishment Address)

(Title)

(SIGNATURE)

(Date)

PREVENTING YOUTH TOBACCO SALES

Employee Agreement

Studies show that Massachusetts's youth under the age of 21 are able to purchase tobacco products in many retail stores, even though it is illegal to sell tobacco products to them. This employee agreement, which you must sign, will ensure that *this store does not sell tobacco to minors*.

I understand Massachusetts's law and the Fairhaven Board of Health Tobacco Control Regulation "Restricting the Sale of Tobacco Products" affecting youth access to tobacco products prohibits the sale of tobacco products to youth under 21 years of age. I understand that my failure to follow store policy, state law and local regulations could result in discipline, including loss of my job or a fine of one hundred (\$100.00), two hundred (\$200.00), or three hundred (\$300.00) dollars and that my employer could lose their permit to sell tobacco products in the case of multiple violations.

- ♦ I will not sell any tobacco products to anyone under the age of 21.
- ♦ If the person appears to be under the age of 27, I will ask for ID. I can only accept a valid government-issued photo I.D. (like a driver's license, passport, military I.D. or Liquor I.D.). If there is any doubt about the person's age, I will not make the sale.
- ♦ **I will not accept a note from an adult giving permission to a person under the age of 21 to buy tobacco products for them.**

In any of the above cases, management agrees to support my judgment in not making sales.

Employee's Name (Print)

Employee's Signature

Date

Store Manager's Signature

Date

Establishment Name

Street Address

Zip

* In accordance with the Fairhaven Board of Health Tobacco Control Regulations, a copy of this agreement must be kept on file **in the establishment** permitted to sell tobacco products; it must be available for inspection by the Board of Health during normal business hours.