

City of Greenfield Tobacco and Nicotine Delivery Product Sales Permit Application 2015

The owner must complete both sides of this form. A permit may be issued only after all required information, attachments and signatures are received. All permits must be approved by the Board of Health/Health Department.

Establishment Name _____

Owner Name _____

DBA ("Doing Business As" Name) _____

() _____
Phone Mobile Phone

() _____
Owner Phone Owner Mobile Phone

Establishment Address (Street, Community, ZIP) _____

Owner Address (Street, Community, ZIP) _____

Establishment Email _____

Owner Email _____

Manager Name _____

Establishment Information

- | | | |
|--|----------------------------------|---------------------------------------|
| Is this a chain store? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is this an adult only establishment? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the establishment within 1000 ft. of a school? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the establishment within 1000 ft. of a playground? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Check the restricted products sold in the establishment. | <input type="checkbox"/> Keno | <input type="checkbox"/> Liquor |
| | <input type="checkbox"/> Lottery | <input type="checkbox"/> Other: _____ |

Check the establishment type

- | | | | |
|---|---------------------------------------|--|--|
| <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Supermarket | <input type="checkbox"/> Grocery | <input type="checkbox"/> Convenience Store |
| <input type="checkbox"/> Gas Mini-mart | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Tobacconist | <input type="checkbox"/> Pharmacy |
| <input type="checkbox"/> Restaurant | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other: List _____ | |

Check any products sold in your establishment

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Cigarettes Packs | <input type="checkbox"/> Small Cigars/Cigarillos | <input type="checkbox"/> Roll Your Own | <input type="checkbox"/> Nicotine Delivery Devices (e-cigarettes) |
| <input type="checkbox"/> Cigarette Cartons | <input type="checkbox"/> Little Cigars (Omega, Winchester) | <input type="checkbox"/> Chewing Tobacco | <input type="checkbox"/> Bunt Wraps |
| <input type="checkbox"/> Single Cigars <\$5 | <input type="checkbox"/> Pipe Cigars (Black and Mild) | <input type="checkbox"/> Loose Tobacco | <input type="checkbox"/> Flavored Tobacco Products |
| <input type="checkbox"/> Single Cigars >\$5 | <input type="checkbox"/> Rolling Papers | <input type="checkbox"/> Smokeless Tobacco | <input type="checkbox"/> Other: List _____ |

Permit Information

- | | | |
|---|--|--------------------------|
| | | License /Permit # |
| Does the establishment have a liquor license? | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____ |
| Department of Revenue Tobacco Sales Permit | <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach. | _____ |
| Department of Revenue Business Permit | <input type="checkbox"/> Yes <input type="checkbox"/> No Please attach. | _____ |

Signatures

| | |
|---|------------|
| Permit Applicant Signature _____ | Date _____ |
| Board of Health/Health Department Signature _____ | Date _____ |

For Internal Use

Approved: Yes No Permit Fee: \$ _____ Permit #: _____ Fee Paid: Yes No Other: _____

| A check mark signifies your understanding and agreement. I understand and agree that: | |
|--|--|
| <input type="checkbox"/> | 1. It is against the law to sell any tobacco product and/or nicotine delivery product (e.g. e-cigarettes) to anyone less than 21 years of age, regardless of how old the person looks. |
| <input type="checkbox"/> | 2. Anyone selling tobacco products and/or nicotine delivery products must conclusively establish the customer's age as over 21 years old, by means of government-issued photographic ID. |
| <input type="checkbox"/> | 3. Anyone selling tobacco products and/or nicotine delivery products must check and verify official government photo ID for anyone less than 27 years of age. |
| <input type="checkbox"/> | 4. I must consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment. |
| <input type="checkbox"/> | 5. Self-service tobacco product and/or nicotine delivery product displays from which the customer may select products are prohibited. |
| <input type="checkbox"/> | 6. The sale of single or loose cigarettes, or cigarettes in packages of fewer than 20 cigarettes is prohibited. |
| <input type="checkbox"/> | 7. I may not sell or distribute any original package of two (2) or more cigars, unless they have a retail value of \$5.00 or more. |
| <input type="checkbox"/> | 8. The Sale of Flavored Tobacco is not allowed; exception is in a Retail Tobacco only store. |
| <input type="checkbox"/> | 9. I may not distribute any free samples of tobacco products or nicotine delivery products (e.g. e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or at a reduced price below the minimum retail price determined by the Massachusetts Department of Revenue. |
| <input type="checkbox"/> | 10. Tobacco vending machines are prohibited. |
| <input type="checkbox"/> | 11. Roll Your Own devices are prohibited. |
| <input type="checkbox"/> | 12. Blunt wraps are prohibited. |
| <input type="checkbox"/> | 13. Penalties for violation of the regulation include monetary fines and/or suspension of this permit for 7 days, 30 days or 1 year. |
| <input type="checkbox"/> | 14. If I sell the permitted establishment, the buyer will be unable to receive a tobacco and nicotine delivery device sales permit unless any outstanding fines have been paid and any permit suspensions have been served. |
| <input type="checkbox"/> | 15. The Tobacco and Nicotine Delivery Product Sales Permit will not be renewed if the permit holder has failed to pay all fines and served all permit suspension issued and the time period to appeal has expired. |
| <input type="checkbox"/> | 16. I may not allow any employee to sell tobacco products or nicotine delivery products (e.g. e-cigarettes) until such employee reads this regulation and state laws regarding the sale of tobacco and signs a statement, a copy of which will be placed on file, that he/she has read the regulation and applicable state laws. |
| <input type="checkbox"/> | 17. I must prominently display a copy of the "Permit to Sell Tobacco and Nicotine Delivery Devices". |
| <input type="checkbox"/> | 18. I must provide the Board of Health with proof of a current "Cigarette Retailers License" from the Massachusetts Department of Revenue (DOR) and my DOR business permit (Attach a copy of each permit/license). |
| <input type="checkbox"/> | 19. I must display Department of Public Health signs stating, "Sale of tobacco to Minors is prohibited". |
| <input type="checkbox"/> | 20. I must display signs provided by the Board of Health that discloses referral information about cessation. |
| <input type="checkbox"/> | 21. If I sell nicotine delivery devices (e.g. e-cigarettes) I must display signs stating that sale of nicotine delivery devices to minors is prohibited and that the use of e-cigarettes at indoor establishments is prohibited by local law. |

I have received, read and understand the Board of Health regulation "Restricting the Sale of Tobacco Products & Nicotine Delivery Products" and agree to abide by it.

Signature _____

Date _____

Print Name _____