

This form **must** be initialed and signed by the owner of the establishment applying for or renewing a Board of Health Tobacconist Permit.

No permit will be issued until this checklist has been initialed and signed.

_____ **I understand** that no person shall sell tobacco or nicotine delivery products to a minor (21 Years of Age)

_____ **I understand** that this is an Adult Only Store
(entry of persons under the age of 21 is prohibited at all times)

_____ **I understand** that the only merchandise that will be for sale is Tobacco and Nicotine Delivery products and paraphernalia

_____ **I will** provide the Northampton Health Department with proof of a current **“Cigarette Retail License”** from the Massachusetts Department of Revenue. **(Attach copy of DOR license)**

_____ **I understand** that I am responsible for informing any and all persons who sell tobacco at my business about both state and local regulations pertaining to tobacco sales

_____ **I understand** that the Northampton Board of Health or its designee will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors.
This means that:

- The Board of Health will send minors into my establishment who will attempt to purchase tobacco products
- These minors may or may not look 21 years of age
- These minors may or may not have ID

_____ **I understand** that penalties for violation of the regulation include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery product as follows:

- 1st Violation - \$100.00 fine
- 2nd Violation - \$200.00 fine **AND** permit suspended for 7 days
- 3rd Violation - \$300.00 fine **AND** permit suspended for 30 days
- 4th Violation - Permit to sell tobacco and nicotine delivery products revoked

_____ **I have read and understand the Regulation of the City of Northampton Board of Health Restricting the Sale of Tobacco Products and Nicotine Delivery Products**

Signature _____ Date _____

Please Print Name _____ Title _____

Employee Signature
Accepting Application: _____ Date _____

FOR BOARD OF HEALTH	DATE RECEIVED:	DATE ISSUED:	PERMIT NO. TOBE -	YEAR 2018
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Application for Tobacconist Establishment Permit



NORTHAMPTON BOARD OF HEALTH
212 MAIN STREET
NORTHAMPTON, MA 01060
(413) 587 - 1214

LICENSE FEE: \$200.00

Non-Refundable

CASH CHECK

LATE FEE: \$50.00

Name of Retailer: _____ Date: _____

Business Address: _____

Mailing Address (If different): _____

Name & Title of Applicant: _____

Address of Applicant: _____

Name of Owner (If different): _____

Business Telephone: _____ Alternate Telephone: _____

Email Address: _____

MA Department Of Revenue CIGARETTE RETAILER'S LICENSE NUMBER (5-digits) _____
(A copy of this license, or other proof of payment, **MUST BE ATTACHED** to this Application)

Pursuant to M.G.L. Chapter 62 C. Section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, I have filed all state tax returns and paid all state taxes required under the law.

Signature of Individual or Corporate Officer Date

Telephone # Social Security or Federal ID#

This permit applies to all tobacco and/or nicotine delivery products.