

## Town of XXX Tobacco Product Sales Permit Application 2025

*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 (listed on DOR Business License)

Owner Name

DBA ("Doing Business As" Name)/ Store Front 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 retail tobacco store?                | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| Is the establishment within 500 ft. of a school?           | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| Is the establishment within 500 ft. of a playground?       | <input type="checkbox"/> Yes  | <input type="checkbox"/> No   |
| Check other restricted products sold in the establishment. | <input type="checkbox"/> Keno | <input type="checkbox"/> Liquor <input type="checkbox"/> Other <input type="checkbox"/> Lottery |

#### 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"/> Electronic Nicotine Delivery Systems (cigarettes) |
| <input type="checkbox"/> Cigarette Cartons  | <input type="checkbox"/> Little Cigars (Omega, Winchester) | <input type="checkbox"/> Chewing Tobacco   | <input type="checkbox"/> E-Liquids   |
| <input type="checkbox"/> Single Cigars <\$5 | <input type="checkbox"/> Tipped Cigars (Black and Mild)    | <input type="checkbox"/> Loose Tobacco     | <input type="checkbox"/> Bunt Wraps  |
| <input type="checkbox"/> Single Cigars >\$5 | <input type="checkbox"/> Rolling Papers                    | <input type="checkbox"/> Smokeless Tobacco | <input type="checkbox"/> Flavored Tobacco Products                         |
| <input type="checkbox"/> Other: List _____  |  |  | <input type="checkbox"/> Oral Nicotine Pouches                             |

### Permit Information

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

### Signatures

Permit Applicant Signature	Date
Board of Health/Health Department Signature	Date

### For Internal Use

Approved:  Yes  No    Permit Fee: \$ \_\_\_\_\_    Permit #: \_\_\_\_\_    Fee Paid  Yes    Date: \_\_\_\_\_     No    Other: \_\_\_\_\_

A check mark signifies your understanding and agreement. I understand and agree that:

- 1. It is against the law to sell any tobacco product including electronic nicotine delivery systems (e.g. e-cigarettes) to anyone under 21 years old regardless of how old the person looks.
- 2. Anyone selling tobacco products including electronic nicotine delivery systems must conclusively establish the customer's age as over 21 years old by means of government-issued photographic ID.
- 3. Anyone selling tobacco products including electronic delivery systems must check and verify official government issued photo ID for every customer for every purchase.
- 4. I consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment.
- 5. Self-service tobacco product including electronic nicotine delivery system displays from which the customer may select products are prohibited.
- 6. The sale of single or loose cigarettes or cigarettes in packages of fewer than 20 cigarettes is prohibited.
- 7. I may not sell or distribute a single cigar with a retail value of under \$2.50, or a package of two or more cigars for less than \$5.00 or more.
- 8. I may not distribute any free samples of tobacco products including electronic 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 cigarettes at a price below the minimum retail price determined by the Massachusetts Department of Revenue.
- 9. Tobacco vending machines are prohibited.
- 10. Non-residential Roll-Your-Own machines are prohibited
- 11. Flavored tobacco products and vape products, including menthol, can only be sold in licensed smoking bars, for on-site consumption only.
- 12. Unflavored e-cigarettes with nicotine content over 35 mg/ml can only be sold in adult-only retail tobacco stores and licensed smoking bars. Flavored e-cigarettes with any strength of nicotine content can only be sold in licensed smoking bars, for on-site consumption only. Non-age restricted stores can only sell unflavored e-cigarettes with nicotine content under 35 mg/ml.
- 13. Blunt wraps are prohibited.
- 14. The sale of untaxed or out-of-state taxed tobacco products is prohibited.
- 15. Penalties for violation of the regulation include monetary fines and/or suspension of this Permit.
- 16. If I sell the permitted establishment, the buyer will be unable to receive this Permit unless any outstanding fines have been paid and any permit suspensions have been served.
- 17. This 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.
- 18. I may not allow any employee to sell tobacco products including electronic nicotine delivery systems (e.g. e-cigarettes) until such employee reads this regulation, state and federal 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.
- 19. I must prominently display a copy of the Permit.
- 20. I must provide the Board of Health with proof of all current applicable licenses from the Massachusetts Department of Revenue (DOR) and my DOR business permit (**Attach a copy of each permit/license**).
- 21. I must display the following Department of Public Health signs: It is Illegal to Sell or Give Tobacco Products (Including E-Cigarettes) to Anyone Under 21, the State Law sign; Referral Information for Smoking Cessation Resources; Cigar Warning Sign; Flavored Products Prohibited; Health Warning Sign for E-cigarettes; Exterior Notice of Vaping or Smoking Inside (if permitted by municipality). Adult-only Retail Tobacco Stores and Smoking Bars must also display a sign stating you must be 21+ to enter.

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

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Print Name

\_\_\_\_\_