



## MEDFIELD BOARD OF HEALTH

### APPLICATION FOR 20\_\_ PERMIT TO SELL TOBACCO AND NICOTINE DELIVERY PRODUCTS

Fee: \$50.00 (payable to Town of Medfield)

Date: \_\_\_\_\_

Establishment Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Establishment Address: \_\_\_\_\_

Establishment Mailing Address: \_\_\_\_\_  
(if different)

MA Department of Revenue Cigarette Retailer's License Number: \_\_\_\_\_ (Required)

Applicant's Name (please print): \_\_\_\_\_ Title: \_\_\_\_\_ Tel.# \_\_\_\_\_

Applicant's Address \_\_\_\_\_

Owner Name & Title (if different from applicant) \_\_\_\_\_

Owner Address (if different from applicant): \_\_\_\_\_

Establishment Owned By:

☐ An individual

☐ A corporation

☐ A partnership

☐ An association

☐ Other legal entity \_\_\_\_\_

If a corporation or partnership, give name, title and address of officers or partner **responsible for the business.**

Name

Title

Complete Address

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid state taxes required under law.

I declare that I have read the Medfield Board of Health Regulation restricting the sale of tobacco and nicotine delivery products and I accept responsibility for instructing any and all employees who will be responsible for tobacco/nicotine delivery product sales regarding these regulations.

Social Security Number or Federal ID: \_\_\_\_\_

Signature of Applicant or Corporate Officer: \_\_\_\_\_

## Medfield Tobacco / Nicotine Delivery Products Sales Permit Conditions

- 1) I agree to abide by all laws concerning the sale of tobacco/nicotine delivery products, including, but not limited to: Regulations, Bylaws, Codes and/or Statutes of the Medfield Board of Health, the Town of Medfield, the Commonwealth of Massachusetts, and Laws of the United States. It is my responsibility, as the applicant/permit holder, to learn these laws and to follow all applicable laws.
- 2) I understand that if my employees, business agents or designees sell tobacco/nicotine delivery products to a minor, I can be fined up to and including \$300.00 for each violation. I further understand that the Board of Health may suspend, revoke, or deny renewal of my permit to sell tobacco/nicotine delivery products, after a notice and a hearing, for failure to comply with Board of Health regulations. All penalties will be applied to the holder of the tobacco/nicotine delivery permit.
- 3) I understand that it is against the law to sell cigarettes or any tobacco/nicotine delivery products to anyone under twenty-one (21) years of age, regardless of how old the person looks.
- 4) I understand that the Medfield Board of Health Regulation requires that anyone selling tobacco/nicotine delivery products shall verify the age of the customer. The clerk must ask for and see a government-issued photographic identification containing the bearer's date of birth proving the person is at least twenty-one (21) years of age. Proper identification consists of a valid driver's license or other form of positive identification (a picture ID that indicates date of birth).
- 5) I understand that no clerk in my employ shall sell cigarettes or other tobacco/nicotine delivery products to a person under twenty-one (21) years of age who has a note from an adult requesting such a sale.
- 6) I understand that it is my responsibility to properly educate and train my employees, business agents or designees of all laws concerning the sale of tobacco/nicotine delivery products.
- 7) I understand that the Medfield Board of Health will conduct compliance checks of my business to ensure that I am not selling tobacco/nicotine delivery products to minors. I understand that the Medfield Board of Health will send minors in to my establishment to attempt to purchase tobacco/nicotine delivery products. These minors may or may not look twenty-one (21) years of age.
- 8) I understand that if a citation is issued as the result of a violation of any Medfield Board of Health Regulation, I will have the following options:
  - a) The fine can be paid in full, within twenty-one (21) days of the notice. Payment of the fine will operate as a final disposition and there will be no resulting criminal record.
  - b) Within twenty-one (21) days of the notice, I can contest this matter by making a written request for a non-criminal hearing.

Failure to pay fines or to appear at a hearing, even a hearing that I have requested, will result in a criminal complaint being issued against the person listed on the front of this application as the person responsible for the business.

**I, the undersigned applicant, attest to the accuracy of the information provided in this application, and I agree to the conditions herein.**

\_\_\_\_\_  
Applicant's Signature