



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:

<input type="checkbox"/> An individual	<input type="checkbox"/> A partnership
<input type="checkbox"/> A corporation	<input type="checkbox"/> An association
	<input type="checkbox"/> 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