



Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214 • Fax: (413) 587-1221
 Director of Public Health: Merridith A. O'Leary, R.S.

FOR BOARD OF HEALTH USE ONLY	
Amt Received:	_____
Cash/Check No:	_____
Received by:	_____
Workers Comp Affidavit	<input type="checkbox"/>
DOR License	<input type="checkbox"/>

2019 TOBACCONIST ESTABLISHMENT PERMIT APPLICATION

PERMIT FEE: \$250.00 ALL FEES PAID ARE NON-REFUNDABLE FEE

NO PERMITS WILL BE ISSUED IF TAXES ARE OWED

Establishment Name: (dba): _____ Establishment Tel.#: _____

Establishment Address: _____

Mailing Address: _____

Email Address: _____

Applicant Name and Title: _____

Applicant Address: _____ Applicant Telephone #: _____

Owner Name & Title (if different from applicant): _____

Owner 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)

PLEASE MAKE ALL CHECKS PAYABLE TO THE CITY OF NORTHAMPTON

Pursuant to MGL Chapter 62C, section 49A, I certify under the penalties of perjury that, to my best knowledge and belief, complied with the law of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

 Signature of Individual or Corporate Officer

 Date

 Telephone #

 Social Security or Federal ID#

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

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 _____