



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.

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

## 2022 TOBACCO RETAILER'S 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: \_\_\_\_\_

A copy of the following MA Department of Revenue License(s) are REQUIRED:

_____ Cigarette Retailer's License Number (5-digits)	#	_____
_____ Cigar and Other Tobacco Product Retail License	#	_____
_____ Electronic Cigarette Retail License	#	_____
_____ Cigarette Distributor's License	#	_____
_____ Electronic Cigarette Distributor's License	#	_____

(A copy of this license(s), 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 Tobacco Retailer's 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

\_\_\_\_\_ **I understand** that each person selling or distributing tobacco or nicotine delivery products shall verify the age of every purchaser by means of a valid government issued photo identification

\_\_\_\_\_ **I understand** that the sale or distribution of blunt wraps is prohibited

\_\_\_\_\_ **I understand** that single cigar minimum pricing is \$2.50

\_\_\_\_\_ **I understand** that packaging of two or more cigars minimum pricing is \$5.00

\_\_\_\_\_ **I understand** that tobacco and nicotine delivery products must be sold in their original packaging

\_\_\_\_\_ **I understand** that the sale of single or loose cigarettes or cigarettes in packages fewer than 20 cigarettes is prohibited

\_\_\_\_\_ **I understand** that self-service tobacco and nicotine delivery product displays from which the customer may select tobacco products, lighters, or matches are prohibited

\_\_\_\_\_ **I understand** that I may not sell tobacco products below state minimum prices

\_\_\_\_\_ **I understand** that a "we card all" sign must be on display at every point of sale

\_\_\_\_\_ **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 18 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.

\_\_\_\_\_ **I understand** Tobacco merchants must have a letter from the manufacturers of each tobacco and vaping product you sell. This requirement applies to all types of tobacco and vaping products. The letter should certify that the tobacco products or vaping products are not flavored. If you are not an "Adult-only Retail Tobacco Store", the letter should also certify that the nicotine content of the vaping products you carry does not exceed 35mg/ml.

\_\_\_\_\_ **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** \_\_\_\_\_