



Department of Health & Human Services
 Board of Health
 212 Main Street
 Northampton, MA 01060
 Tel: (413) 587-1214
 Commissioner: Merridith A. O'Leary, R.S.

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

2024 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	#	_____
_____ 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 #

← **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 Department of Health & Human Services 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

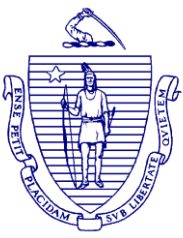
_____ **I understand** that penalties for violation of the regulation include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery product.

_____ **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 _____



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 1 Congress Street, Suite 100
 Boston, MA 02114-2017
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

1. I am a employer with _____ employees (full and/ or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: _____ Phone #: _____