

PERMIT # _____ FEE \$200.00 DATE RECEIVED _____ CHECK# _____



Town of Granby
Board of Health
215B West State Street
Granby, MA 01033
413-467-7174 413-467-3101 Fax
boh@granbyma.org

Application for Permit to Sell Tobacco Products

Date: _____

Fee: \$ 200.00

Business Name: _____

Business Address: _____

Business Telephone: _____

Owner Name: _____

Manager: _____

Types of tobacco sold (circle all that apply)

Cigarettes
Chewing Tobacco
Pipe Tobacco
Snuff
Cigars

For Health Department Use Only:

Permit Approved: _____

Disapproved: _____

Reason: _____

Board of Health Signature: _____

PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK# _____

Please read the following statements and sign your name in acknowledgment of these conditions which allow you to sell tobacco products.

I, _____, certify that the signs posted in this store conform to Massachusetts General Law Chapter 270, Section 6. I understand that removal of these signs can result in revocation of this permit to sell tobacco.

I understand that if I sell the above establishment, that the buyer will be unable to receive a tobacco sales permit unless any outstanding fines have been paid and all suspensions have been completed.

I have read the Massachusetts General Law Chapter 270 Sections 6 & 7 that states, the sale of tobacco products to persons under the age of 21 is illegal and punishable by fines up to \$5,000.00 and 30 day permit suspension. Any store selling tobacco products must post a copy of MGL Chapter 270 Section 6 & 7.

I understand that it is illegal to sell tobacco in any form to individuals under 21 years of age, and that there are no exceptions.

I will obtain photographic proof of age from all customers under the age of 27 years.

I understand that compliance checks are done periodically to ensure that I am not selling tobacco products to under age youths.

Note that the license is subject to Board of Health approval.
Inspections will be conducted twice annually (once if business is seasonal).

If additional inspections are needed due to health code violations \$100.00 will be charged.

Owner's signature: _____ Date: _____

FID #: _____

Granby Board of Health Application for "Tobacco"

This form must be initialed and signed by the owner of the establishment applying for a Board of Health "Tobacco Permit". ***No permit will be issued until this checklist has been initialed and signed.***

Initial

- | | |
|--------------------------|---|
| <input type="checkbox"/> | 1. I understand that it is against the law to sell any tobacco product to anyone less than 21 years of age, regardless of how old the person looks. |
| <input type="checkbox"/> | 2. I understand that the Board of Health Regulation requires anyone selling tobacco, to conclusively establish the customer's age as over 21 years old, by means of government-issued photographic ID . |
| <input type="checkbox"/> | 3. I must check and verify official government photo ID for anyone under age 27 years . |
| <input type="checkbox"/> | 4. I understand and agree that the Board of Health will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that: |
| <input type="checkbox"/> | 5. The Board of Health will send minors into my establishment who will attempt to purchase tobacco products. |
| <input type="checkbox"/> | 6. These minors may or may not look 21 years of age. |
| <input type="checkbox"/> | 7. These minors may or may not have ID. |
| <input type="checkbox"/> | 8. I understand that self-service tobacco displays from which the customer may select tobacco products are prohibited: all sales must be face-to-face. |
| <input type="checkbox"/> | 9. I understand that tobacco vending machines are prohibited. |
| <input type="checkbox"/> | 10. I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes is prohibited. |
| <input type="checkbox"/> | 11. I understand that I must display Department of Public Health signs stating, " Sale of Tobacco to Minors is Prohibited ". |
| <input type="checkbox"/> | 12. I will provide the Board of Health with proof of a current " Cigarette Retailers License " from the Massachusetts Department of Revenue. (Attach copy of DOR license) |
| <input type="checkbox"/> | 13. I understand that I am responsible for informing any and all persons who sell tobacco about both state and local regulations pertaining to tobacco sales. |
| <input type="checkbox"/> | 14. I understand that I may not sell tobacco products below state minimum prices |
| <input type="checkbox"/> | 15. I understand that penalties for violation of the regulation include monetary fines and/or suspension of this permit for seven days, thirty days or one year . |
| <input type="checkbox"/> | 16. "I understand that if I sell the above establishment (reference address), that the buyer will be unable to receive a tobacco sales permit unless any outstanding fines have been paid and all suspensions have been completed" . |

I have read and understand the Board of Health "**Tobacco Regulations**" and agree to abide by them. Smoking is not permitted in any workplace.

Signature _____

Date _____

Please Print
Name _____