

**Natick Board of Health
APPLICATION FOR TOBACCO DEALER PERMIT**

Due Date:

Annual Fee: \$200.00

Date: _____

Please Print or Type

Full Name of Owner, Person, Firm or Corporation Applying:

Federal ID #: _____ or Social Security #: _____

MA Dept. of Revenue Forms: **CT-3T License Number:** _____
CT-3: _____
CT-ENDS: _____

Telephone Number of Applicant: () _____

Name of Business:

Location of Business:

Mailing Address of Business (if different)

Telephone Number of Establishment:

Email Address:

Name of Responsible Person:

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 all state taxes required under law.

(Signature)

(Date)

Check box for all products sold: cigarettes cigars chew/spit/snuff/dip pipe/pouch

bidis Gum Smoke® electronic _____ Other (specify): _____

Please make checks payable to the Town of Natick and mail to: Board of Health, 13 East Central St., Natick, MA 01760

PLEASE COMPLETE OTHER SIDE

Town of Natick Board of Health Tobacco Control Program

Permit for Location & Sales of Tobacco Checklist

This page is to be read, initialed and signed by the owner/operator/permit holder of the establishment applying for a tobacco permit.

I have read all sections of the Town of Natick REGULATION OF THE NATICK BOARD OF HEALTH RESTRICTING THE SALE OF TOBACCO PRODUCTS. _____

I have a current cigarette sales permit with the Massachusetts Dept. of Revenue. _____

I understand that it is a violation of the Regulations to sell any tobacco product to anyone under twenty-one years of age, regardless of how old the person looks. _____

I understand that Town of Natick Regulations require the businesses to ask for and examine identification proving that the person is at least twenty-one years of age. _____

I understand that the owner/operator/permit holder of business selling tobacco products will be held responsible for any and all violations of Natick Regulations. _____

I understand that the Natick Board of Health Tobacco Control Program will conduct frequent and unannounced compliance checks of my business to make sure that a person under the minimum legal sales age is unable to purchase tobacco from my place of business. _____

Natick Board of Health Tobacco Control Program will send persons under the minimum legal sales age into my establishment to attempt the purchase of tobacco. _____

These persons may or may not look twenty-one years of age. _____

I understand that, under no circumstances, will these persons under the minimum legal sales age return to my establishment during or after the compliance check. _____

I understand that the Natick Board of Health Tobacco Control Program will conduct unannounced inspections of my business to ensure compliance with all other sections of the Regulation. _____

I understand that if an employee from my establishment is caught selling tobacco to a person under the minimum legal sales age, I will be issued a penalty pursuant to the Regulation and that no warning will be issued. _____

I understand that I am responsible for educating my employees on the Regulations, as well as insuring compliance with all sections of it. _____

I understand that I may sell non-flavored electronic delivery systems with nicotine content 35 milligrams OR LESS per milliliter ($\leq 35\text{mg/ml}$). I will keep records on the premises, provided by the manufacturer, that specifically states the nicotine content of electronic delivery systems as milligrams per milliliter. _____

By signing this form, I acknowledge that I have read all of the above statements. I further understand that failure to abide by these conditions, as well as the REGULATIONS OF THE NATICK BOARD OF HEALTH RESTRICTING THE SALE OF TOBACCO PRODUCTS may jeopardize my permit for location and sales of tobacco products.

Signature Owner/Operator/Permit Holder

Date

Please make checks payable to the *Town of Natick* and return to
The Board of Health, 13 East Central St., Natick MA 01760