

**MATTAPOISETT BOARD OF HEALTH
TOBACCO RETAIL SALES PERMIT
ACKNOWLEDGMENT & CHECKLIST FORM**

This form must be completed, initialed, and signed by the owner/operator of the establishment applying for a Mattapoisett Board of Health Tobacco & Nicotine Delivery Product Retail Sales Permit. No permit will be issued until this checklist has been initialed, signed and submitted with your completed 2023, Permit Application.

- ☐ I have read and understand all subsections within the Mattapoisett Board of Health Regulation- Restricting the Retail Sale of Tobacco & Nicotine Delivery Products.

Initials _____

- ☐ I understand that it is against the law to sell *any* tobacco or nicotine delivery product to anyone less than twenty-one (21) years of age, regardless of how old the person looks.

Initials _____

- ☐ I understand that the Regulation requires anyone selling tobacco products to conclusively establish the customer's age. This means the clerk must ask for and see government issued photographic identification for any customer who appears to be under 27 years of age as proof that the person is at least twenty-one (21) years of age.

Initials _____

- ☐ I understand that agents of the Board will conduct compliance checks of all tobacco merchants.

Initials _____

- ☐ I understand that if my establishment is caught selling tobacco products to minors, I will be subject to enforcement action as described in the Mattapoisett Board of Health Regulation.

Initials _____

- ☐ I understand that my "original" permit must always be posted at the establishment in a manner conspicuous to the public.

Initials _____

- ☐ I understand that the Board's *Tobacco & Nicotine Delivery Products Sales Employee Agreement Form* must be read and signed by each employee selling tobacco products at least once annually, be kept **on site** at all times, and be in a known location by all employees and available for inspection.

Initials _____

- ☐ I understand I will not sell single cigarettes.

Initials _____

- ☐ I understand that this Tobacco & Nicotine Delivery Retail Permit expires each year on December 31st.

Initials _____

By signing this form, I acknowledge that I have read and understand all of the above statements, and I further understand that failure to abide by these conditions may jeopardize my Permit.

(Business Establishment Name)

(Date)

(Business Establishment Address)

Name of Applicant

Applicant Signature