

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED	DATE INSPECTED	APPROVED BY	PERMIT FEE: \$ _____	PERMIT ISSUED
			LATE FEE: \$ _____	DATE: _____
			TOTAL FEE = \$ _____	ID#: _____

TOWN OF MATTAPOISETT BOARD OF HEALTH

16 Main St., P. O. Box 434, Mattapoisett, MA 02739

Telephone (508) 758-4100, ext. 213

Annual Tobacco & Nicotine Delivery Product Retail Sales Permit Application

New business application must be submitted at least 30 days prior to planned opening date



**Information that is provided in the highlighted or grey areas is for internal use only

Check type of application: ☐ New (Initial) ☐ Renewal ☐ Amended

PLEASE **PRINT** CLEARLY

TODAY'S DATE: _____

1) Business Establishment Name: _____

2) Owner Name (owner must be the applicant/cannot be Business Name):

(First) _____ (Last) _____ (MI) _____

3) Business Establishment Address: _____

4) Establishment Mailing Address (if different): _____

5) Establishment Telephone No.: () **Fax No.: ()**

6) Applicant Address: _____ **Telephone No.: ()** _____

Applicant's Email: _____

7) Name of Association, Corporation or Partnership, Legal Entity: _____

8) Establishment is owned by: (Check one)

- ☐ Association
- ☐ Corporation
- ☐ Individual
- ☐ Partnership
- ☐ Other legal entity

9) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State

(Please provide an attachment if necessary):

Officer/Partner's Name Title Home Address

10) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax Number: () **24 Hour Emergency Number: ()**

11) District or Regional Supervisor (if applicable):

Name: _____ Title: _____ Telephone No: () _____

Address: _____

Fax Number: () **24 Emergency Number: ()**

12) Style of Establishment: (Check only one)

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Bar | <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant (Bar Area) |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Gas Mini-Mart | <input type="checkbox"/> Membership Association | <input type="checkbox"/> Restaurant Only |
| <input type="checkbox"/> Department Store | <input type="checkbox"/> Grocery Store | <input type="checkbox"/> Retail Store | <input type="checkbox"/> Other (specify): _____ |

2020 Tobacco & Nicotine Delivery Product Retail Sales Permit Application (continued)
****Information that is provided in the highlighted or grey areas is for internal use only**

15) Days and Hours of Operation:
16) Number of Employees Selling Tobacco Products:
17) Number of Cash Registers where Tobacco Products are sold:
18) Type of Tobacco Products Sold: <i>(Check all that apply)</i> <input type="checkbox"/> Bidis <input type="checkbox"/> Cigars <input type="checkbox"/> Blunts <input type="checkbox"/> Pipe/Loose Tobacco <input type="checkbox"/> Other Tobacco Products <input type="checkbox"/> Chew Tobacco List: _____ <input type="checkbox"/> Cigarettes List: _____

ATTEST:

19) I have read, and understand the Mattapoisett Board of Health's 2020 Tobacco & Nicotine Delivery Product Retail Sales Permit Acknowledgment and Checklist Form. Initials _____

20) I understand that no permit will be issued until the Tobacco & Nicotine Delivery Product Retail Sales Permit Acknowledgment Form and Checklist is completed and submitted. The checklist is completed/ attached to this 2020 Tobacco Sales Permit Application. Initials _____

21) I understand that illegal sales of Tobacco & Nicotine delivery products and/or continuous egregious non-compliance with the Mattapoisett Board of Health's regulations that are applicable to this permit may result in enforcement action as describe in the Mattapoisett Board of Health's regulations. Initials _____

22) I understand that will conduct periodic unannounced checks to monitor tobacco retailer compliance may occur during routine business hours. Initials _____

23) I will train sales staff/employees to conduct Tobacco & Nicotine Delivery Product Retail Sales legally. Initials _____

24) I will not sell single cigarettes. Initials _____

25) I understand that this Tobacco & Nicotine Delivery Product Retail Sales Permit expires each year on December 31st. Initials _____

26) I have provided proof of a current tobacco sales license issued by the Massachusetts Department of Revenue with this application. Initials _____ ***

26.A) Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:
✓ If owned by an association, corporation, partnership, or other legal entity:

☐ Federal Identification Number: _____

Pursuant to MGL c. 62C, sec. 49A, I certify under the penalties of perjury that the owner (s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this tobacco retail establishment will comply with all other applicable law.

28) Authorized Signatory – Check one only and *sign* below:

☐ Individual Owner ☐ Association/Corporate/Partnership/Legal Entity Agent

Signature: _____ Print Name: _____

Important Notice:

All permitted retailers who sell cigarettes *must also hold* and *conspicuously post* a valid current Massachusetts Department of Revenue Retailer's License for Sale of Cigarettes. For more information contact: Massachusetts Department of Revenue, Cigarette Tax Unit, P.O. Box 7012, Boston, MA 02204 or call (617) 887-5090.

Permit fee payment is due with application.