



Needham Public Health Division

178 Rosemary Street, Needham, MA 02494 781-455-7940 ext. 504
www.needhamma.gov/health 781-455-7922 (fax)



APPLICATION FOR PERMIT TO SELL TOBACCO AND TOBACCO PRODUCTS

Fee
Make check payable to
Town of Needham/Health
Department

Date: _____

Establishment Name: _____ Telephone Number: _____

Establishment Address: _____

Establishment Mailing Address: _____
(if different)

MA Department of Revenue Cigarette Retailer's License Number: _____ (Required)

Applicant's Name (please print): _____ Title: _____ Tel.# _____

Applicant's Address _____

Owner Name & Title (if different from applicant) _____

Owner Address (if different from applicant): _____

Establishment Owned By:
An individual _____
A corporation _____
A partnership _____
An association _____
Other legal entity _____

If a corporation or partnership, give name, title and address of officers or partner **responsible for the business.**

Name Title Complete Address

**BOTH SIDES OF THIS APPLICATION MUST BE FILLED OUT COMPLETELY
BEFORE A PERMIT WILL BE ISSUED.
INCOMPLETE APPLICATIONS WILL BE RETURNED**

Return application and check payable to the Town of Needham/Health Dept. to:
Needham Health Department
1471 Highland Avenue
Needham, MA 02492-2669

(OVER)

FOR HEALTH DEPARTMENT USE ONLY

Date Received Date Inspected Approved By Permit Issued

Needham Tobacco Sales Permit Conditions

- 1) I agree to abide by all laws concerning the sale of tobacco, including, but not limited to: Regulations, Bylaws, Codes and/or Statutes of the Needham Board of Health, the Town of Needham, the Commonwealth of Massachusetts, and Laws of the United States. It is my responsibility, as the applicant/permit holder, to learn these laws and to follow all applicable laws.
- 2) I understand that, from April 1, 2003 until April 1, 2004, no person shall sell tobacco products or permit tobacco products to be sold to any person under the age of nineteen (19) or not being the recipient's parent or legal guardian, give tobacco products to any person under the age of nineteen (19). From April 1, 2004 until April 1, 2005, no person shall sell tobacco products or permit tobacco products to be sold to any person under the age of twenty (20) or not being the recipient's parent or legal guardian, give tobacco products to any person under the age twenty (20). As of April 1, 2005, no person shall sell tobacco products or permit tobacco products to be sold to any person under the age of twenty-one (21) or not being the recipient's parent or legal guardian, give tobacco products to any person under the age twenty-one (21).
- 3) I understand that if my employees, business agents or designees sell tobacco to a anyone not old enough to be sold tobacco as provided under 2) above, I can be fined up to and including \$300.00 for each violation. I further understand that the Board of Health may suspend, revoke, or deny renewal of my permit to sell tobacco products, after a notice and a hearing, for failure to comply with Board of Health regulations. All penalties will be applied to the holder of the tobacco permit.
- 4) I understand that the Needham Board of Health Regulation requires that anyone selling tobacco shall verify the age of the customer. The clerk must ask for and see a government-issued photographic identification containing the bearer's date of birth proving the person is the required age to be sold tobacco as provided under 2) above. Proper identification consists of a valid driver's license or other form of positive identification (a picture ID that indicates date of birth).
- 5) I understand that no clerk in my employ shall sell cigarettes or other tobacco products to a person under the required age to be sold tobacco who has a note from an adult requesting such a sale.
- 6) I understand that it is my responsibility to properly educate and train my employees, business agents or designees of all laws concerning the sale of tobacco. I understand that all individuals selling tobacco must be 18 years of age.
- 7) I understand that the Needham Health Department will conduct compliance checks of my business to ensure that I am not selling tobacco products to anyone younger than the required age to be sold tobacco. I understand that the Needham Health Department will send compliance checkers into my establishment to attempt to purchase tobacco. These individuals may or may not look old enough to be sold tobacco.
- 8) I understand that if a citation is issued as the result of a violation of any Needham Board of Health Regulation, I will have the following options:
 - The fine can be paid in full, within 21 days of the notice. Payment of the fine will operate as a final disposition and there will be no resulting criminal record.
 - Within 21 days of the notice, I can contest this matter by making a written request for a non-criminal hearing.

Failure to pay fines or to appear at a hearing, even a hearing that I have requested, will result in a criminal complaint being issued against the person listed on the front of this application as the person responsible for the business.

Policy for Suspension of Permit to Sell Tobacco and Tobacco Products

First violation: 7-day permit suspension

Second and subsequent violations within a 2-year period: 12-month permit suspension

A permit holder whose permit has been suspended for 12 months may not apply for a new permit prior to the expiration of the 12-month suspension period. (Approved November 30, 2001. Effective January 1, 2002)

I, the undersigned applicant, attest to the accuracy of the information provided in this application and I agree to the conditions herein.

Applicant's Signature

Pursuant to MGL Ch. 62C, sec. 49A, I certify under the penalties of perjury that I have, to the best of my knowledge and belief, filed all state tax returns and paid state taxes required under law.

Social Security Number or Federal ID: _____

Signature of Individual or Corporate Name: _____



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Tobacco Training DVD/Video Sign-off Sheet – Permit Year _____

For: _____
Retail Store Name/Address/Phone

The employee's listed below have watched the Needham Health Department Tobacco Training Video and have also read all the materials in the binder, and have confirmed this by signing next to their name, along with noting the date the DVD/video was seen/materials read.

Name (print clearly):

Signature:

Date:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____

The person signing below is verifying that the information noted above is true.

Store Owner/Head manager name: (print) - _____

(sign) - _____

Date - _____

NOTE: A copy of this signed sheet must be sent in with your annual Tobacco Permit renewal application. Your permit WILL NOT be renewed if this is not completed and/or sent in with your application.