



Needham Public Health Division

178 Rosemary Street, Needham, MA 02494
www.needhamma.gov/health

781-455-7940 ext. 504
781-455-7922 (fax)



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 DVD/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.