



Town of Mendon
Board of Health
18 Main Street | Mendon, MA 01756
PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

APPLICATION FOR PERMIT TO SELL TOBACCO

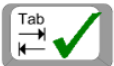
(PERMITS MUST BE APPLIED FOR EVERY YEAR AND RECEIVED BY DECEMBER 1ST)

ESTABLISHMENT NAME _____

MUST SUBMIT ALL PAGES (1-5) FOR PERMIT PROCESSING



IMPORTANT:
When filling out
Forms on the
computer, use
TAB key to move
to next line – **DO**
NOT USE the
ENTER key.



- ☐ Application For Tobacco Product Sales Permit (Pages 2 and 3)
- ☐ Massachusetts REAP Attestation (Page 4)
- ☐ Workers' Compensation Insurance Affidavit (Page 5)
- ☐ Copy of General Liability Insurance Certificates with the ***Mendon Board of Health listed as the certificate holder***
- ☐ Copy of Workers' Compensation Insurance Certificate with the ***Mendon Board of Health listed as the certificate holder*** (If Applicable from Page 5)
- ☐ **Copy of the Dept. of Revenue Retailer's License for Sale of Tobacco Products**
- ☐ Plot Plan Showing Surrounding Retail Establishments Within 1,000 Feet
NEW PERMITS ONLY – REFERENCE TOBACCO REGS PARAGRAPH 10 SECTION B
- ☐ Non-Refundable Fee of \$150 (Check made payable to the Town of Mendon)

**** PLEASE NOTE THAT SIGNATURES ARE REQUIRED ON PAGES 2 - 5 ****

**ANY TOBACCO SALES PERMIT APPLICATION RECEIVED ON / OR POST MARKED
AFTER DECEMBER 1ST WILL BE ASSESSED AN ADDITIONAL \$100 LATE FEE.**

Applicants may either mail their information or apply in person at the Board of Health office.
The office hours are Monday thru Thursday from 7:00 a.m. – 4:00 p.m. CLOSED ON FRIDAY'S

BOARD OF HEALTH OFFICE USE ONLY

APPLICATION APPROVED: ☐ YES

PERMIT #: _____

NOTES: _____

Signature of Board of Health Member/Health Agent

Date



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

FEE: \$150

Payable To: Town of Mendon

TOBACCO PRODUCT SALES PERMIT APPLICATION

The owner must complete and submit all pages (1-5) of this form. A permit may be issued only after all the required information, required attachments and signatures are received. All permits must be approved by the Board of Health.

Establishment Name (listed on DOR Business License)

Owner Name

DBA ("Doing Business As" Name)/Store Front Name

Owner Phone

Owner Mobile Phone

Establishment Phone

Owner Address

Establishment Address - City - State - Zipcode

Owner Email

Establishment Email

Manager Name

ESTABLISHMENT INFORMATION

Is this a chain store?

☐ YES

☐ NO

Is this an adult only retail tobacco store?

☐ YES

☐ NO

Is the establishment within 500 ft. of a school?

☐ YES

☐ NO

Is the establishment within 500 ft. of a playground?

☐ YES

☐ NO

Check other restricted products sold in the establishment.

☐ Liquor

☐ Lottery

☐ Keno

☐ Other: _____

CHECK THE ESTABLISHMENT TYPE

☐ Gas Station Only

☐ Supermarket

☐ Grocery

☐ Convenience Store

☐ Gas Mini-Mart

☐ Liquor Store

☐ Tobacconist

☐ Pharmacy

☐ Restaurant

☐ Private Club

☐ Other: List _____

CHECK ANY PRODUCTS SOLD IN YOUR ESTABLISHMENT

☐ Cigarette Packs

☐ Small Cigars/Cigarillos

☐ Roll Your Own

☐ Electronic Nicotine Delivery Systems (e-cigarettes)

☐ Cigarette Cartons

☐ Little Cigars (Omega, Winchester)

☐ Chewing Tobacco

☐ E-Liquids

☐ Single Cigars (Less than \$5)

☐ Tipped Cigars (Black and Mild)

☐ Loose Tobacco

☐ Blunt Wraps

☐ Single Cigars (More than \$5)

☐ Rolling Papers

☐ Smokeless Tobacco

☐ Flavored Tobacco Products

☐ Other: List _____

PERMIT INFORMATION

License/Permit #

Does the establishment have a liquor license?

☐ YES

☐ NO

Department of Revenue Tobacco Sales Permit(s) **MUST ATTACH**

☐ YES

☐ NO

SIGNATURE

Permit Applicant Signature: _____

Date: _____

TOBACCO PRODUCT SALES PERMIT APPLICATION

A check mark signifies your understanding and agreement. I understand and agree that:

- ☐ 1. It is against the law to sell any tobacco product including electronic nicotine delivery systems (e.g., e-cigarettes) to anyone under 21 years old regardless of how old the person looks.
- ☐ 2. Anyone selling tobacco products including electronic nicotine delivery systems must conclusively establish the customer's age as over 21 years old by means of government-issued photographic ID.
- ☐ 3. Anyone selling tobacco products including electronic delivery systems must check and verify official government issued photo ID for all tobacco purchases.
- ☐ 4. I consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment.
- ☐ 5. Self-service tobacco product including electronic nicotine delivery system displays from which the customer may select products are prohibited.
- ☐ 6. The sale of single or loose cigarettes or cigarettes in packages of fewer than 20 cigarettes are prohibited.
- ☐ 7. I may not sell or distribute a single cigar with a retail value of under \$2.50, or a package of two or more cigars for less than \$5.00 or more.
- ☐ 8. I may not distribute any free samples of tobacco products including electronic delivery products (e.g., e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or cigarettes at a price below the minimum retail price determined by the Massachusetts Department of Revenue.
- ☐ 9. Tobacco vending machines are prohibited.
- ☐ 10. Non-residential Roll-Your-Own machines are prohibited
- ☐ 11. Flavored tobacco products and vape products can only be sold in licensed smoking bars, for on-site consumption only.
- ☐ 12. Unflavored e-cigarettes with nicotine content over 35 mg/ml can only be sold in adult-only retail tobacco stores and licensed smoking bars. Flavored e-cigarettes with any strength of nicotine content can only be sold in licensed smoking bars, for on-site consumption only.
- ☐ 13. Blunt wraps are prohibited.
- ☐ 14. Penalties for violation of the regulation include monetary fines and/or suspension of this Permit.
- ☐ 15. If I sell the permitted establishment, the buyer will be unable to receive this Permit unless any outstanding fines have been paid and any permit suspensions have been served.
- ☐ 16. This Permit will not be renewed if the permit holder has failed to pay all fines and served all permit suspension issued and the time period to appeal has expired.
- ☐ 17. I may not allow any employee to sell tobacco products including electronic nicotine delivery systems (e.g., e-cigarettes) until such employee reads this regulation, state and federal laws regarding the sale of tobacco and signs a statement, a copy of which will be placed on file, that he/she has read the regulation and applicable state laws.
- ☐ 18. I must prominently display a copy of this Permit.
- ☐ 19. **I MUST PROVIDE THE BOARD OF HEALTH WITH PROOF OF ALL CURRENT APPLICABLE LICENSES FROM THE MASSACHUSETTS DEPARTMENT OF REVENUE (DOR) AND MY DOR BUSINESS PERMIT (ATTACH A COPY OF EACH PERMIT/LICENSE).**
- ☐ 20. I must display Department of Public Health signs stating, "It is Illegal to Sell or Give Tobacco Products (Including E-Cigarettes) to Anyone Under 21", the State Law sign; Health Warning Sign for E-cigarettes; Sale of Flavored E-cigarettes is Prohibited sign. Adult-only Retail Tobacco Stores must also display a sign stating you must be 21+ to enter.
- ☐ 21. I must display signs provided by the Board of Health that discloses referral information about cessation.

I have received, read and understand the Board of Health regulations “ [Restricting the Sale of Tobacco Products](#) ” and agree to abide by it.

Print Name _____

Signature _____

Date _____



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Company Name

Company's Physical Address

City

State

Zip

Company's Mailing Address (If Different from Above)

City

State

Zip

Company's Phone Number

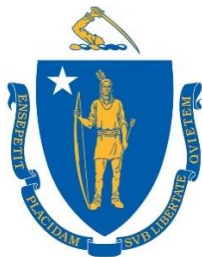
***Signature of Individual (Mandatory)**

By: Corporate Officer (Mandatory, If Applicable)

****Social Security # (Voluntary) or Federal Identification Number**

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information – Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone: _____

Are you and Employer? Check the appropriate box:

1. ☐ I am a Employer with _____ employees (full and/or part-time).*
2. ☐ I am a Sole Proprietor or Partnership and have no employees working for me in any capacity.
[No Workers' Comp Insurance Required]
3. ☐ We are a Corporation and its Officers have exercised their right of exemption per c. 152, §1 (4), and we have no employees. [No Workers' Comp Insurance Required]**
4. ☐ We are a Non-Profit Organization, staffed by Volunteers, with no Employees. [No Workers' Comp Insurance Req.]

Business Type (Required):

5. ☐ Retail
6. ☐ Restaurant/Bar/Eating Establishment
7. ☐ Office and/or Sales (Incl. Real Estate, Auto, Etc.)
8. ☐ Non-Profit
9. ☐ Entertainment
10. ☐ Manufacturing
11. ☐ Health Care
12. ☐ Other: _____

* Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

** If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under § 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ **Date:** _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ **Permit/License #:** _____

Issuing Authority: ☐ Board of Health ☐ Building Dept. ☐ City/Town Clerk ☐ Licensing Board
☐ Selectmen's Office ☐ Other: _____

Contact Person: _____ **Phone #:** _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that **"every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required."** Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia