



**Town of Blackstone
Board of Health**

15 St. Paul Street
Blackstone, MA 01504
508.876.5129 or 508.876.5130
Fax: 508.883.6335

Kevin J. Ryan
Chairman

**APPLICATION FOR PERMIT
TO SELL TOBACCO AND TOBACCO PRODUCTS**

Permit Fee: \$100.00

Date: _____

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____

ESTABLISHMENT PHONE NUMBER: _____

MAILING ADDRESS (IF DIFFERENT): _____

MA DEPT. OF REVENUE CIGARETTE RETAILER'S LICENSE NUMBER AND COPY: _____ +

APPLICANT'S NAME: _____

NAME OF OWNER (if different from applicant): _____

PERSONAL CONTACT NAME: _____

CONTACT PHONE NUMBER: _____

TYPE OF BUSINESS (Check One): Corporation Partnership Sole Owner

Name of Corporate Officers:

President: _____
Name

Signature

Treasurer: _____
Name

Signature

Clerk: _____
Name

Signature

Name of Partners:

Name

Signature

Name

Signature

Name of Sole Owner:

Name

Signature

The permit holder of the establishment applying for a Board of Health Permit to Sell Tobacco and Tobacco Products must initial each of the statements below and sign the statement at the bottom.

_____ 1. I understand it is against the law to sell cigarettes, cigars or any tobacco products to anyone younger than 21 years of age, regardless of how old the person looks.

_____ 2. I understand the Blackstone Board of Health Tobacco Regulation, as amended, requires anyone selling tobacco products to conclusively establish that the customer is 21 years of age or older by means of state approved photographic identification.

_____ 3. I understand the Blackstone Board of Health will conduct frequent compliance checks of my business to ensure I am not selling tobacco products to minors.

_____ 4. I understand self-service tobacco displays from which the customer may select tobacco products are prohibited.

_____ 5. I understand the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.

_____ 6. I understand the sale of packaged cigars must include at least four (4) cigars per package, must be sold for no less than \$2.50 per 4 pack.

_____ 7. I understand I must display the MA Department of Public Health signs stating that "sale of Tobacco to Minors is Prohibited".

_____ 8. I understand I must complete a transfer of permit application for approval by the Board of Health in advance of any proposed change in permit holder.

_____ 9. I understand no person or entity may install or maintain a vending machine to distribute or sell tobacco products within the Town of Blackstone.

_____ 10. I understand no person or entity shall distribute or furnish without charge or at less than full retail price cigarettes, cigars, or other tobacco products, or coupons for cigarettes or any tobacco products in any public place or at any event open to the public.

_____ 11. I understand, in addition to any other permits that may be required, I am required to have a valid Town of Blackstone Permit to Sell Tobacco and Tobacco Products in order to sell tobacco in the Town of Blackstone. I understand that the sale of tobacco products without this permit may result in fines and suspension of the Town of Blackstone Permit to Sell Tobacco and Tobacco Products.

_____ 12. I understand that the sale of all electronic cigarettes and/or battery powered vaporizers, e-liquids and/or heating elements in the Town of Blackstone is prohibited

All applicants must read and sign the following statement.

I have read the Board of Health Tobacco Regulations, as amended, and Massachusetts General Laws Chapter 270, Sections 6 & 7 regarding the sale of tobacco and tobacco products in the Town of Blackstone and will uphold the regulations for the sale of tobacco and tobacco products in the Town of Blackstone. No person holding a valid retail tobacco vendor permit shall allow any employee to sell cigarettes or any other tobacco product until such employee reads a copy of the Board of Health Tobacco Regulations, as amended, and state laws regarding the sale to minors and said employee signs a form attesting to the fact that s/he has read and understands said regulations. These forms will be kept on file by said vendor and filed with the Board of Health Office for each employee.

I have received, read and agree to abide by all clauses of the Town of Blackstone Tobacco Regulations.

(Signature of Applicant)

(Date)

(Print Name)

(Address of Applicant)

****You must be 21 to purchase Tobacco & Tobacco Products in the Town of Blackstone****

**** The sale of all electronic cigarettes and/or battery powered vaporizers, e-liquids and/or heating elements in the Town of Blackstone is prohibited****