



**Town of East Longmeadow
HEALTH DEPARTMENT
Tobacco Sales Permit Application**

Date: _____

Fee \$300.00

Business Name					
Location & Phone				Phone	
Manager Name, Phone & E-Mail Address				Phone	
Owner Name, Phone, & E-Mail Address				Phone	
Owner Business Address (For all Board of Health business & Complaints)				Zip	
Type of Tobacco Sold (Please check all that apply)	Cigarette	Cigar	Pipe	Chew	E-Cigarette / Vape
Location of Tobacco Products					
Self-Service Displays	Yes			No	
<p>If YES, Self-Service Displays – YOU MUST SUBMIT A LEGIBLE SKETCH OF ALL SELF-SERVICE DISPLAY LOCATIONS AND INCLUDE DISTANCE BETWEEN DISPLAYS AND THE MAIN SALES REGISTERS. All self-service displays must be located within five (5) feet of the main sales register and supervised by store personnel at all times when the store is open to the public.</p>					

I understand the Board of Health Tobacco Regulations and Massachusetts General Law C.270 S. 6&7 regarding the sale of tobacco. I also understand that it is the responsibility of the licensee to instruct all employees on the sale of tobacco products to minors.

Applicant Signature	
Applicant Name & Title	

NOTE: If applying for waiver, please send application and sketch to East Longmeadow Health Department, 60 Center Square, East Longmeadow, MA 01028.

TAX DECLARATION: Pursuant to M.G.L. 62C §49A, I certify under the penalties of perjury that I, to the best of knowledge and belief have filed all state tax returns and paid all state taxes required under law.

Social Security or Tax ID Number

Signature of Individual or Corporate Name

Date

By _____
Corporate Officer (if applicable)

**TOWN OF EAST LONGMEADOW HEALTH DEPARTMENT
TOBACCO RETAILER'S PERMIT CHECKLIST**

This form must be initialed and signed by the owner of the establishment applying for or renewing a Board of Health Tobacco Retailer's permit.

- _____ **No permit will be issued without initialed and signed checklist.**
- _____ **I understand** that no person shall sell tobacco or nicotine deliver products to a minor.
- _____ **I understand** that tobacco and nicotine deliver products must be sold in their original packaging.
- _____ **I understand** that the sale of single or loose cigarettes or cigarettes in packages fewer than 20 cigarettes is prohibited.
- _____ **I understand** that self-service tobacco and nicotine delivery product displays from which the customer may select tobacco products, lighters or matches is prohibited.
- _____ **I understand** that I may NOT sell tobacco products below state minimum prices.
- _____ **I understand** the sale of single cigars is permitted if the retail price of each cigar is at least \$2.50 and the sale of two or more cigars is permitted if the multi-packs of cigars are being sold at a retail price of at least \$5.00.
- _____ **I understand** that a 'we card all' sign must be on display at every point of sale.
- _____ **I will** provide the **East Longmeadow Health Department** with proof of a current 'Cigarette Retail License' from the Massachusetts Department of Revenue (**attach copy of DOR license**).
- _____ **I understand** that I am responsible for informing any and all persons who sell tobacco at my business about both State and local regulations pertaining to tobacco sales.
- _____ **I understand** that I am responsible for informing any and all persons who sell tobacco at my business about both State and local regulations pertaining to tobacco sales.
- _____ **I understand** that the sale of blunt wraps is prohibited.
- _____ **I understand** that the sale of flavored tobacco products or flavored e-cigarettes, vape liquids and smoking paraphernalia is prohibited, unless I qualify as a "Smoking Bar." Flavored tobacco products includes mint, wintergreen, and menthol.
- _____ **I understand** that the sale of non-flavored nicotine products with a nicotine content of 35 milligrams per milliliter or less is prohibited, unless I qualify as a "Retail Tobacco Store" or "Smoking Bar".
- _____ **I understand** that if I qualify as a "Retail Tobacco Store" or "Smoking Bar," sale of products other than Tobacco products is prohibited.
- _____ **I understand** that the East Longmeadow Board of Health or its designee will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means:
 - The Board of Health will send minors into my establishment who will attempt to purchase tobacco products;
 - These minors may or may not look 21 years of age; and,
 - These minors may or may not have ID.
- _____ **I understand** that penalties for violation of the regulation include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery products as follows:

1 st Violation	\$100.00 fine;
2 nd Violation	\$200.00 fine and permit suspended for 7 days;
3 rd Violation	\$300.00 fine and permit suspended for 30 days; and,
4 th Violation	Permit to sell tobacco and nicotine delivery products is revoked.
- _____ **I understand** that penalties for violation of sale-to-minor include monetary fines and/or suspension of my permit to sell tobacco or nicotine delivery products as follows:

1 st Violation	\$1,000.00 fine;
2 nd Violation	\$2,000.00 fine and permit suspended for 36 months;
3 rd Violation	\$5,000.00 fine for each subsequent violation

I have read and understand the Regulations of the town of East Longmeadow Board of Health restricting the sale of tobacco products and nicotine delivery products.

Signature _____ **Date** _____

Print Name _____ **Title** _____

Board of Health

Application Received:	Date	Who
Premises Inspected:		
Inspector's Signature:		
Permit Approved:		
Permit Number:		