



Town of North Attleboro
Board of Health
43 South Washington Street
North Attleboro, MA 02760

Date rec. _____
Amount paid \$ _____
Check # _____
Permit # _____
Permit issued: _____
Date of inspection _____
All documents received _____
For office use only

New Renewal application for:

Tobacco Permit

Permit Valid through: **January 31, 2017**

Fee: \$100.00

\$50.00 late fee if renewal application is received after January 31st

Establishment Name:	
Location:	
Mailing Address (if different):	
Telephone #:	Fax #:
MA DOR License Number:	
E-mail Address:	
Applicant Name:	SSN:
Owner/Corporate Name:	SSN/TIN:
Address:	
Person directly responsible for daily operations:	
Title:	
Address:	
Telephone #:	Emergency Phone #:

The undersigned hereby applies for a permit in accordance with the provisions of the statutes relating thereto in the Town of North Attleboro and in accordance with the rules and regulations made under authority of said statutes.

- **A copy of your MA Dept. of Revenue Form CT3T cigarette Excise Unit Retailers License must be submitted with this application.**
- All permits are issued for one year beginning January 31st and are not pro-rated.
- **All new applicants are required to appear before the Board of Health when the Board considers your application for the first time.**
- Make check payable to the Town of North Attleboro and send with your complete application to Board of Health.
- This permit will not be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Social Security (SSN) or Tax Identification (TIN) number is requested under authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing will be subject to suspension, revocation or non-renewal of this permit.

I certify under the penalties of perjury that, to the best of my knowledge and belief, I have filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

Signature of owner, manager or corporate officer

Date

Print name of owner, manager, or corporate officer

Tobacco Location and Sales Permit Information

Type of Establishment		
<input type="checkbox"/> bar/lounge only <input type="checkbox"/> restaurant only <input type="checkbox"/> restaurant with bar/lounge area <input type="checkbox"/> convenience store <input type="checkbox"/> gas station only <input type="checkbox"/> convenience store & gas station <input type="checkbox"/> liquor store	<input type="checkbox"/> pharmacy/drug store <input type="checkbox"/> private club <input type="checkbox"/> private club with restaurant open to public <input type="checkbox"/> grocery store <input type="checkbox"/> department store <input type="checkbox"/> other _____	
Days and hours of operation:		
Establishment location:	permanent structure	mobile
Tobacco will be marketed:	over the counter	vending machine
Retailer is:	part of a chain	independent

Retailers selling tobacco products must have a Tobacco Permit issued by this Board of Health in order to receive their annual retail food license.

Please read the following statements and sign your name in acknowledgement of these conditions to receive a Tobacco Permit.

- I understand that it is illegal to sell tobacco in any form to individuals under eighteen (18) years of age and that there are no exceptions.
- I attest that staff of this establishment will obtain photographic proof of age from all customers who are not obviously over twenty-seven (27) years of age before selling any tobacco products.
- I attest that the staff of this establishment will be trained to conduct tobacco sales legally.
- I attest that this establishment will not sell single cigarettes.
- I understand that the Board of Health may conduct several, unannounced tobacco compliance checks each year to determine that staff are checking for proof of age and not selling tobacco products to individuals under eighteen (18) years of age. I understand that minors involved in these checks will be under 18 years of age although they may appear older.
- I understand that checks will be made to determine if tobacco products are properly located per state and local tobacco regulations.
- I understand that the illegal sale of tobacco or repetitive non-compliance with state or local public health regulations may result in fines and/or the revocation or non-renewal of this permit.
- I understand that tobacco retailers selling other nicotine delivery products, including e-cigarettes, must have a **Nicotine Delivery Product** permit *in addition to* their Tobacco Permit in order to sell such other nicotine delivery products, including e-cigarettes.

Print name of individual applying for permit

Signature of person applying for permit

