



CITY OF NORTH ADAMS, MASSACHUSETTS

Inspection Services

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**Application for Permit to Sell Retail Tobacco Products**

Fee - \$150.00

In accordance with regulations promulgated under Chapter 111, Chapter 31 of the General Laws of Massachusetts, I hereby apply for a permit to sell retail tobacco in North Adams, Massachusetts.

Name of business \_\_\_\_\_

Name of business owner \_\_\_\_\_ Telephone number \_\_\_\_\_

Business address \_\_\_\_\_  
*Street City State Zip*

Mailing address \_\_\_\_\_  
*(If different) PO Box/Street City State Zip*

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Signature of owner

Date

Make checks payable to City of North Adams

Employer / Employee Agreement Statement must be submitted for consideration

## Employer Agreement Statement

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

\_\_\_\_\_ I understand that it is against the law to sell cigarettes or any tobacco product to anyone under the age of 21 (effective January 2, 2016).

\_\_\_\_\_ I understand that the City of North Adams Board of Health regulations require the examination of photographic government issued identification prior to the sale of cigarettes or any tobacco product.

\_\_\_\_\_ I understand that the City of North Adams or their designated agents will conduct compliance checks of my business to ensure that I am not selling tobacco products to minors.

\_\_\_\_\_ I understand that self-service displays are prohibited.

\_\_\_\_\_ I understand that the sale of single or loose cigarettes in packages smaller than 20 cigarettes is prohibited.

\_\_\_\_\_ I understand that the sale of a single cigar cannot be any less than a retail price of \$2.50 or an original package of two or more cigars no less than \$5.00 of retail price (effective January 2, 2016).

\_\_\_\_\_ I understand that I must display the proper signage in accordance with M.G.L. Chapter 270, Section 7. I also understand that such signs are free and I can obtain them from the Tobacco Awareness Program at any time.

\_\_\_\_\_ I understand that vending machines are prohibited.

\_\_\_\_\_ I understand and I am familiar with the new Attorney General Regulations.

\_\_\_\_\_ I understand that smoking is prohibited in workplaces and is punishable by a fine.

\_\_\_\_\_ I understand that selling tobacco products without first obtaining a local and state license may result in fines and/or suspension of other health department permits and licenses.

\_\_\_\_\_ I understand that before selling any tobacco product, I must complete and successfully pass the Certified Tobacco Clerk training.

\_\_\_\_\_ I understand that to sell tobacco products, I must be at least 18 years of age.

\_\_\_\_\_ I have read and understand the penalties for violating any provision of the Board of Health regulation and I understand that any permit issued by the City of North Adams to sell tobacco products may be suspended for violating any provision of the regulation.

**I have received, read, and agree to abide by the City of North Adams Tobacco Control Regulations.**

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Employer signature

Print name

Date



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**Employee Agreement Statement**

- I understand that it is against local, state, and federal regulations to sell tobacco products to minors.
- I understand that I must be at least 18 years of age to sell tobacco products.
- I understand that I must successfully complete the Certified Tobacco Clerk training to sell tobacco products.
- If a person attempting to buy a tobacco product looks under 27 years of age, I will ask for photo identification.

Store name \_\_\_\_\_

Facility address \_\_\_\_\_

Employee signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Employee signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

Employee signature \_\_\_\_\_ Print name \_\_\_\_\_ Date \_\_\_\_\_

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**Employer/Employee Agreement**