

**NEW BEDFORD BOARD OF HEALTH
TOBACCO PRODUCTS AND NICOTINE DELIVERY PRODUCTS SALES PERMIT
2016 ACKNOWLEDGMENT & CHECKLIST FORM**

This form must be completed, initialed and signed by the owner/authorized signatory of the establishment applying for a New Bedford Board of Health Tobacco Products and Nicotine Delivery Products Sales Permit. No permit will be issued until this checklist has been initialed, signed and submitted with your completed 2016 Permit Application.

I have read and understand all subsections within the Board of Health Tobacco Control Regulation "Restricting the Sale of Tobacco Products and Nicotine Delivery Products."

Initials _____

I understand that it is against the law to sell **ANY** tobacco product or nicotine delivery product to anyone less than eighteen (18) years of age, regardless of how old the person looks and that the distribution of free samples is prohibited except for the use of coupons from newspapers, periodicals or attached packaging.

Initials _____

I understand that the Regulation requires anyone selling tobacco products or nicotine delivery products to conclusively establish the customer's age. This means the clerk must ask for and see government-issued photographic identification for any customer who appears to be under 27 years of age as proof that the person is at least eighteen (18) years of age prior to the sale.

Initials _____

I understand that agents of the Board of Health will conduct compliance checks of all retail establishments to ensure that tobacco products and nicotine delivery products are not being sold to minors. This means:

- a. Agents of the Board will send minors into my establishment periodically to attempt the purchase of these products.
- b. These minors may or may not possess any identification, but will respond truthfully when asked their age.
- c. Any reported confrontational behavior towards the minor or the enforcement agent during or after the compliance check may result in a permanent revocation of the permit.

Initials _____

I understand that if my establishment is caught selling tobacco products or nicotine delivery products to minors, I will be subject to a fine and/or permit suspension or even revocation as set forth in the Regulation.

Initials _____

I understand that the Regulation and/or Massachusetts Consumer Protection Laws prohibit self-service displays of all tobacco products and nicotine delivery products, except in Adult-Only Establishments.

Initials _____

I understand that my "original" Tobacco Products and Nicotine Delivery Products Sales Permit and a current valid Massachusetts Department of Revenue Tobacco Retailer's License must be posted at the establishment at all times in a manner conspicuous to the public.

Initials _____

I understand that the Board of Health *2015 Employee Agreement* Form must be read and signed by each employee selling tobacco products and/or nicotine delivery products at the time of hire and at least once annually, be kept **on site** at all times, and be in a known location by all employees and available for inspection.

Initials _____

I understand that tobacco and/or nicotine delivery product Retailer's *must* also comply with the Board of Health Regulation prohibiting smoking in Workplaces and Public Places and the Massachusetts Smoke-Free Workplace Law.

Initials _____

I understand that the City of New Bedford Ordinance Section 17-19 effective November 27, 2007 prohibits the sale of blunt wrappers as a local ordinance in conjunction with MGL Ch 94C §32I as drug paraphernalia. Violators are subject to a fine of \$200 and a Board of Health hearing for possible suspension or revocation of the retailer's permit.

Initials _____

I understand that as of September 22, 2009, pursuant to Section 907(a)(1)(A) of the Federal Food, Drug and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act, "*a cigarette or any of its parts (including the tobacco, filter, or paper) shall not contain an artificial or natural flavor (other than tobacco or menthol) or an herb or spice.*"

Initials _____

By signing this form, I acknowledge that I have read and understand all of the above statements, and I further understand that failure to abide by these conditions may jeopardize my Tobacco Products and Nicotine Delivery Products Sales Permit. Please *print* clearly and *sign* name legibly.

Establishment Name

Establishment Address

Title

Signature