

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED: \_\_\_\_\_

PERMIT FEE: \$ \_\_\_\_\_

PERMIT ISSUED

LATE FEE: \$ \_\_\_\_\_

DATE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

TOTAL FEE = \$ \_\_\_\_\_

ID#: \_\_\_\_\_

# CITY OF NEW BEDFORD HEALTH DEPARTMENT Tobacco Products and Nicotine Delivery Products 2016 Sales Permit Application

*Renewal Applications must be submitted by 12/1/15 or a \$50.00 late filing fee will apply.*

Check type of application:       New (Initial)       Renewal       Amended

PLEASE PRINT CLEARLY

1) Establishment Trade Name: \_\_\_\_\_

2) Establishment Address: \_\_\_\_\_ Zip: \_\_\_\_\_

3) Establishment Mailing Address (if different): \_\_\_\_\_

4) Establishment Telephone No.: (    )      Fax No.: (    )

5) Applicant Name: \_\_\_\_\_ Applicant's Title: \_\_\_\_\_

6) Applicant Address: \_\_\_\_\_ TEL. No.: (    )

7) Establishment Owner's Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_ (MI) \_\_\_\_\_

Association, Corporation, Partnership, Legal Entity Name: \_\_\_\_\_

8) Owner's Address (if different from applicant): \_\_\_\_\_

9) Establishment is OWNED by: (Check one)

- Association
- Corporation
- Individual
- Partnership
- Other Legal Entity

10) If owned by a corporation or a partnership, give name, title and home address of officers or partner(s) as registered with the Secretary of State

(Please provide an attachment if necessary):

<u>Officer/Partner's Name</u>	<u>Title</u>	<u>Home Address</u>
_____	_____	_____
_____	_____	_____

11) Establishment is: (Check one)

- Part of Chain
- Independent

(First) (Last) (MI)

12) Person Directly Responsible for Daily Operations (Owner, Person in Charge, Supervisor, Manager etc.):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: (    )      24 Hour Emergency Number: (    )

13) District or Regional Supervisor (if applicable):

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Telephone No: (    ) \_\_\_\_\_

Address: \_\_\_\_\_

Fax No.: (    )      24 Hour Emergency Number: (    )

14) Style of Establishment: (Check only one)

- |  |   |   |   |
|--|---|---|---|
| <input type="checkbox"/> Bar               | <input type="checkbox"/> Gas Station Only | <input type="checkbox"/> Liquor Store           | <input type="checkbox"/> Restaurant Only  |
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Gas Mini-Mart    | <input type="checkbox"/> Membership Association | <input type="checkbox"/> Other (specify): |
| <input type="checkbox"/> Department Store  | <input type="checkbox"/> Grocery Store    | <input type="checkbox"/> Restaurant (Bar Area)  |   |

**Tobacco Products and Nicotine Delivery Products Permit Application (continued)**

**15) Municipal Real Estate Property Information:** Plot #: \_\_\_\_\_ Lot #: \_\_\_\_\_  
**Owner's Name:** \_\_\_\_\_  
**Owner's Address:** \_\_\_\_\_

**16) Days and Hours of Operation:** \_\_\_\_\_

**17) Number of Employees Selling Tobacco and Nicotine Delivery Products:** \_\_\_\_\_

**18) Number of Cash Registers Where Products are Sold:** \_\_\_\_\_

<b>19) Products Sold – Tobacco Products</b>	<b>Electronic Nicotine Delivery Products</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check all that apply.</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, check all that apply.</b>
<input type="checkbox"/> Blunts	<input type="checkbox"/> E-Cigarettes
<input type="checkbox"/> Bluntarillos	<input type="checkbox"/> E-Blunts
<input type="checkbox"/> Chew Tobacco	<input type="checkbox"/> E-Pipes
<input type="checkbox"/> Cigarettes	<input type="checkbox"/> E-Hookah
<input type="checkbox"/> Cigarillos	<input type="checkbox"/> Other (List): _____
<input type="checkbox"/> Cigars	
<input type="checkbox"/> Dissolvable Tobacco	
<input type="checkbox"/> Little Cigars	
<input type="checkbox"/> Pipe/Loose Tobacco	
<input type="checkbox"/> Roll Your Own Tobacco	
<input type="checkbox"/> Snuff <input type="checkbox"/> Snus	
<input type="checkbox"/> Other (List): _____	

**ATTEST:**

**20) I have read, understand, and completed the New Bedford Board of Health's 2016 Tobacco Products and Nicotine Delivery Products Sales Permit Acknowledgment and Checklist Form.** Initials \_\_\_\_\_

**21) I understand that before a permit will be issued, I must submit the following documents with this 2014 Tobacco Products and Nicotine Delivery Products Sales Permit Application.**

- Original 2016 Permit Acknowledgement and Checklist Form
- Copy of my 2014-2016 Massachusetts Department of Revenue Tobacco Retailer's License
- Current Workers Compensation Affidavit

*(I have attached the above documents to this application)* Initials \_\_\_\_\_

**22) I will train sales staff/employees to conduct tobacco and nicotine delivery product sales legally.** Initials \_\_\_\_\_

**23) I understand that the New Bedford Health Department and the New Bedford Police Department will conduct periodic unannounced checks, to monitor compliance with provisions of the Tobacco Control Regulation "Restricting Tobacco Products and Nicotine Delivery Products" and applicable state laws.** Initials \_\_\_\_\_

**24) I understand that illegal sales of Tobacco Products and Nicotine Delivery Products and/or egregious non-compliance with the Board of Health's Tobacco Control Regulations shall result in fines, and/or a temporary suspension or possible revocation of this permit.** Initials \_\_\_\_\_

**25) I understand that this Tobacco and Nicotine Delivery Products Permit is non-transferable by establishment owner or by location and expires each year on December 31<sup>st</sup>. A permit will not be renewed if the permit holder has failed to pay all fines issued and the time period to appeal the fines has expired.** Initials \_\_\_\_\_

**26) Enter Establishment Owner's Tax Identification Number as reported to Massachusetts Department of Revenue:**

✓ If owned by an individual:  Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_

✓ If owned by an association, corporation, partnership, or other legal entity:

Federal Identification Number: \_\_\_\_\_

Pursuant to MGL c. 62 C, sec.49A, I certify under the penalties of perjury that the owner(s) of this establishment, to the best of my knowledge and belief, have filed all applicable tax returns and paid all taxes required under law. I, the undersigned, attest to the accuracy of the information provided in this application, and affirm that this retail establishment will comply with Board of Health Tobacco Control Regulation Restricting the Sale of Tobacco Products and Nicotine Delivery Products and all other applicable laws. I have been instructed that a copy of the regulation is available at the New Bedford Health Department. I also agree under the penalties of perjury to be in compliance with all Drug Enforcement Agency Laws and New Bedford City Ordinances regarding the sale of illegal products and drug paraphernalia.

**28) Applicant /Authorized Signatory – Print name, date of birth (D.O.B.), title clearly and sign below.**

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_

*Payment is due with application.*