

FOR BOARD OF HEALTH USE ONLY

DATE RECEIVED: _____

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DATE: _____

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TOTAL FEE = \$ _____

ID#: _____

CITY OF NEW BEDFORD HEALTH DEPARTMENT
Tobacco Products and Electronic Nicotine Delivery Systems

1213 Purchase Street, New Bedford, MA 02740- Telephone (508) 991-6199

Annual Sales Permit Application

Renewal Applications must be submitted by Dec 1st or late filing fee will apply.

Check type of application: ☐ New (Initial) ☐ Renewal ☐ Amended
PLEASE PRINT CLEARLY TODAY'S DATE: _____

1) Establishment Name: _____

2) Establishment Address: _____

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): _____

Owner's E-Mail Address: _____

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):

Officer/Partner's Name Title Home Address

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)

- ☐ Bar ☐ Gas Station Only ☐ Liquor Store ☐ Restaurant Only
☐ Convenience Store ☐ Gas Mini-mart ☐ Membership Association ☐ Other (specify):
☐ Department Store ☐ Grocery Store ☐ Restaurant (Bar Area)

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

ATTEST:

20) I have read, understand, and completed the New Bedford Board of Health's Tobacco Products and Electronic Nicotine Delivery Systems 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 Tobacco Products and Electronic Nicotine Delivery Systems Sales Permit Application.

- ☐ Original Renewal Year Permit Acknowledgement and Checklist Form
- ☐ Copy of Renewal Year 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 electronic nicotine delivery systems 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 Electronic Nicotine Delivery Systems" and applicable state laws. Initials _____

24) I understand that illegal sales of Tobacco Products and Electronic Nicotine Delivery Systems 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 Electronic Nicotine Delivery Systems Permit is non-transferable by establishment owner or by location and expires each year on December 31st. 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 Electronic Nicotine Delivery Systems" 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.