NEW BEDFORD BOARD OF HEALTH

TOBACCO PRODUCTS AND ELECTRONIC NICOTINE DELIVERY SYSTEMS SALES PERMIT ANNUAL 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 Electronic Nicotine Delivery Systems Sales Permit. No permit will be issued until this checklist has been initialed, signed and submitted with your completed permit application.

☐ I have read and understand all subsections within the Ne Sale of Tobacco Products and Electronic Nicotine Delivery	•
	Initials
twenty-one (21) years of age, regardless of how old the	to product or electronic nicotine delivery systems to anyone less than person looks. The distribution of free samples is prohibited, and no de any tobacco product or electronic nicotine delivery system without e.
	Initials
establish the customer's age. This means the clerk must ask	tobacco products or electronic nicotine delivery systems to conclusively for and observe a form of government-issued photographic identification for act or electronic nicotine delivery system. This identification serves as proof
	Initials
☐ I understand that agents of the Board of Health will cond products and electronic nicotine delivery systems are no	luct compliance checks of all retail establishments to ensure that tobacco
	shment periodically to attempt the purchase of these products.
- · · · · · · · · · · · · · · · · · · ·	inor or the enforcement agent during or after the compliance check may
	Initials
☐ I understand that if my establishment is found to be selling be subject to a fine and/or permit suspension or even revocated.	ng tobacco products or electronic nicotine delivery systems to minors, I wil tion as set forth in the Regulation.
	Initials
☐ I understand that the Regulation and/or Massachusetts C products and electronic nicotine delivery systems, except	onsumer Protection Laws prohibit self-service displays of all tobacco in Adult-Only Retail Tobacco Establishments.
	Initials
	lectronic Nicotine Delivery Systems Sales Permit and a current valid icense must be posted at the establishment at all times in a manner
r	Initials
	ent Form must be read and signed by each employee selling tobacco the time of hire and at least once annually, and be kept on site at all times, inspection.
• •	Initials
	elivery systems retailer, I must also comply with the Board of Health
regulation prohibiting smoking in Workplaces and Public Place	Initials
	tion 17-19 effective November 27, 2007, prohibits the sale of blunt 4C §32I as drug paraphernalia. Violators are subject to a fine of or revocation of the retailer's permit.
	Initials
	state law 105 CMR 665, the sale of flavored combustible cigarettes and flavored chewing tobacco, flavored cigars/cigarillos, flavored vaping
	Initials
	understand all of the above statements, and I further understand my Tobacco Products and Electronic Nicotine Delivery Systems
Francisco Company	
Establishment Name	Establishment Address
Title	Signature

DATE:__

09.07.22