# TOWN OF BRIMFIELD

COMMONWEALTH OF MASSACHUSETTS

BOARD OF HEALTH

23 Main Street
PO Box 76
Brimfield, MA 01010
(413) 245-4100 x3
(413) 245-4107 Fax

## Application for Tobacco Sales Permit

Please print or type clearly. Mail the completed application, a check for $100.00 payable to the Town of Brimfield and the attached agreement to:

**Brimfield Board of Health**
**23 Main Street**
**P.O. Box 76**
**Brimfield, MA 01010**

Date: _____

Name of Establishment: _____
DBA: _____
Business Address: _____
Phone: _____
Business Mailing Address: _____
Name and Title of Applicant (Permit Holder): _____
Address of Applicant (Permit Holder): _____
Name of Owner (if different): _____ Phone: _____
Name of Manager (if different): _____ Phone: _____
Home Address of Manager: _____ Phone: _____

Give name, title, and home address of all officers, directors (if a corporation), partners (including limited and general partners if a partnership), and trustee(s) (if a trust):

| Name | Title | Home Address | Phone |
|---|---|---|---|

State of Incorporation: _____
Name of Local Agent: _____
Address: _____

**Both Pages 1 and 2 must be completed in order for the application to be considered to be valid.**

**The permit holder of the establishment applying for a Board of Heath Tobacco Sales Permit, as required by the Brimfield Board of Health Tobacco Control Regulations, must initial each of the statements below and sign the statement at the bottom.**

_____1. I understand that it is against the law to sell cigarettes, cigars, or any other tobacco product to anyone under 18 years of age, regardless of how old the person looks.

_____2. I understand that the Brimfield Board of Health Regulations requires anyone selling tobacco products to conclusively establish (by means of state approved photographic ID such as a U.S Military ID, MA Driver's License, or passport) that the customer is 18 years of age or older.

_____3. I understand that the Brimfield Board of Health will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors. This means that the Board of Health will send minors into my establishment who will attempt to purchase tobacco products and that these minors may or may not look 18 years of age.

_____4. I understand that self-service tobacco displays, from which customers may select tobacco products, are prohibited.

_____5. I understand that the sale of single or loose cigarettes or cigarettes in packages smaller than 20 in number is prohibited.

_____6. I understand that I must display the MA Department of Public Health sign stating that the "Sale of Tobacco to Minors is Prohibited."

_____7. I understand that I must complete a new application for approval by the Board of Health in advance of any proposed change in permit holder.

_____8. I understand that no person or entity shall distribute, furnish without charge, or sell at less than state minimum price any cigarettes, cigars, or other tobacco products. I understand that coupons offering free cigarettes or any other tobacco product are prohibited.

_____9. I understand that the sale or distribution of tobacco products by delivery services to customers at locations other than the permit holder's business address is prohibited.

_____10. I understand that smoking or allowing smoking in "Certain Places" is punishable by the fine schedule and may include suspension of Board of Health license(s) and permit(s) as outlined in Section 7 of the Brimfield Tobacco Control Regulations.

**I have received, read, and agree to abide by all clauses of the Brimfield Tobacco Control Regulations.**

_____ _____

**Signature** **Date**

**Please print name**_____