



Town of Franklin

HEALTH DEPARTMENT

355 East Central Street

Franklin, Massachusetts 02038-1352

PERMIT # _____

FEE: \$150.00

TOBACCO AND NICOTINE DELIVERY PRODUCTS SALES PERMIT APPLICATION

Establishment Name	Corporate Name if Different
Establishment Address	Owner Name
Phone Mobile	Owner Phone Mobile
Mailing Address if Different	Owner Address
	Owner email
Manager Name	Emergency Phone Number

ESTABLISHMENT INFORMATION

Is this a chain store? Yes No

How many registers do you have? _____

Check the Establishment Type

- Gas Station Only Supermarket Grocery Convenience Store
 Gas Mini-mart Liquor Store Tobacconist
 Restaurant Private Club Other: List _____

Check any products sold in your establishment

- Cigarettes Packs Small Cigars/Cigarillos Roll Your Own Nicotine Del. Dev. (e-cig.)
 Cigarette Cartons Little Cigars Chewing Tobacco Blunt Wraps (not allowed)
 Single Cigars ≥\$2.50 Pipe Cigars Loose Tobacco Flavored Tobacco Products
 Rolling Papers Smokeless Tobacco Other: List _____

Department of Revenue Tobacco Sales License Number _____

Days and Hours of operation:

Sun: _____ Mon: _____ Tues: _____ Wed: _____ Thu: _____ Fri: _____ Sat: _____



TOWN OF FRANKLIN
BOARD OF HEALTH

The permit holder of the establishment applying for a Board of Health Tobacco and Nicotine Delivery Products Sales Permit must initial each of the statements below and sign the statement at the bottom.

_____ 1. I understand it is against the law to sell cigarettes, cigars, or any tobacco products to anyone younger than 21 years of age, regardless of how old the person looks.

_____ 2. I understand the Franklin Board of Health Regulation requires anyone selling tobacco or nicotine delivery products to conclusively establish that the customer is 21 years of age or older by means of state approved photographic ID such as a U.S. Military ID, MA Driver's License, or passport.

_____ 3. I understand the Franklin Board of Health will conduct frequent compliance checks of my business to ensure I am not selling tobacco and nicotine delivery products to minors.

_____ 4. I understand self-service tobacco displays from which the customer may select tobacco products are prohibited, except as provided for in section 7.1 of the regulation.

_____ 5. I understand the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.

_____ 6. I understand the sale of packaged cigars must include at least (4) cigars per package, and must be sold for no less than \$2.50 per (4) pack.

_____ 7. I understand I must display the MA Department of Public Health signs stating that "Sale of Tobacco to Minors is Prohibited".

_____ 8. I understand I must complete a transfer of permit application for approval by the Board of Health in advance of any proposed change in permit holder.

_____ 9. I understand no person or entity may install or maintain a vending machine to distribute or sell tobacco and/or nicotine delivery products within the Town of Franklin.

_____ 10. I understand no person or entity shall distribute or furnish without charge or at less than full retail price cigarettes, cigars, or other tobacco products, or coupons for cigarettes or any tobacco products in any public place or at any event open to the public.

_____ 11. I understand, in addition to any other permits that may be required, I am required to have a valid Town of Franklin Tobacco and Nicotine Delivery Products Sales Permit in order to sell tobacco in the Town of Franklin. I understand that sale of tobacco products without this permit may result in fines and suspension of the Town of Franklin Tobacco and Nicotine Delivery Products Sales Permit.

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

Signature _____

Date _____

Print Name _____