



Town of Franklin

HEALTH DEPARTMENT
355 East Central Street
Franklin, Massachusetts 02038-1352
p. 508-520-4905 f. 508-520-4989

NEW: Y or N
RENEWAL: Y or N
CALENDAR YEAR: _____
FEE AMOUNT: \$150.00

APPLICATION FOR TOBACCO PRODUCTS SALES PERMIT

ESTABLISHMENT NAME: _____

ESTABLISHMENT ADDRESS: _____
Street. City or town

STATE: _____ **ZIP CODE** _____

MAILING ADDRESS: _____
Street City or town

Zip Code _____

MA DEPT. OF REVENUE CIGARETTE RETAILER'S LICENSE NUMBER _____

APPLICANT'S NAME _____

NAME OF OWNER (if different from applicant) _____

PERSONAL CONTACT NAME _____ **PHONE** _____

Type of Business
(Check one) _____ **CORPORATION** _____ **PARTNERSHIP** _____ **SOLE OWNER**

Name of Corporate Officers: (to be signed by each)

President _____
Name Address

Treasurer _____
Name Address

Clerk _____
Name Address

Name of Partners: (to be signed by each)

Name Address

Name Address

Name of Sole Owner: (to be signed)

Name Address

Store Sells:

Meat Produce Dry Groceries Dairy Frozen Foods

HOURS OF OPERATION:

MONDAY _____ TUESDAY _____ WEDNESDAY _____

THURSDAY _____ FRIDAY _____ SATURDAY _____

SUNDAY _____

Signature _____
Owner/Operator

Date _____

Social Security Number or Federal ID: _____

The permit holder of the establishment applying for a Board of Health Tobacco 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 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 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 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 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 Products Sales Permit.

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

Signature _____

Print Name _____

Date _____

Important: All pages of the Tobacco Products Sales Permit application must be completed in order for the application to be considered valid and complete.