



TOWN OF FRAMINGHAM  
 Department of Public Health  
 150 Concord Street  
 Framingham, MA 01702-8368

Physical Office Location: 31 Flagg Drive, Door 14 Framingham, MA

**Board of Health**  
 Michael R. Hugo, Esq., Chairman  
 Laura T. Housman, MPH, Secretary  
 David W. Moore, M.D.

**Director of Public Health**  
 Michael Blanchard, MS, REHS/RS

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**Application for a Permit to sell Tobacco Products and Nicotine Delivery Products**  
**Fee: \$100.00 (payable to the Town of Framingham)**

**ESTABLISHMENT INFORMATION**

Establishment Name (d/b/a)

Establishment Address

Establishment Phone

Establishment Email

Manager's Name

Manager's Phone

**OWNER INFORMATION**

Owner's Name

Owner's Address (city, state, zip)

Owner's phone      Owner's Mobile

Owner's email

**HOURS OF OPERATION**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_  
 Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

**TYPE OF ESTABLISHMENT**

- |  |                                       |                                      |
|--|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> Convenience Store | <input type="checkbox"/> Liquor Store | <input type="checkbox"/> Restaurant  |
| <input type="checkbox"/> Gas Station Only  | <input type="checkbox"/> Pharmacy     | <input type="checkbox"/> Tobacconist |
| <input type="checkbox"/> Gas Mini-mart     | <input type="checkbox"/> Private Club | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Grocery           |                                       |                                      |

**TYPE OF PRODUCTS SOLD**

- |                                       |  |  |
|---------------------------------------|--|--|
| <input type="checkbox"/> Bidis        | <input type="checkbox"/> Dissolvable Tobacco   | <input type="checkbox"/> Roll Your Own Tobacco |
| <input type="checkbox"/> Blunts       | <input type="checkbox"/> Flavored Tobacco Products   | <input type="checkbox"/> Snuff                 |
| <input type="checkbox"/> Bluntarillos | <input type="checkbox"/> Nicotine Delivery Products (e-cigarettes, other electronic devices) | <input type="checkbox"/> Snus                  |
| <input type="checkbox"/> Blunt wraps  | <input type="checkbox"/> Pipe / Loose Tobacco  | <input type="checkbox"/> Little Cigars         |
| <input type="checkbox"/> Cigarettes   |  | <input type="checkbox"/> Chewing Tobacco       |
| <input type="checkbox"/> Cigarillos   |  | <input type="checkbox"/> Other _____           |
| <input type="checkbox"/> Cigars       |  |  |

**SIGNATURE**

By signing this form, I the undersigned, attest to the accuracy of the information provided in this application

Permit Applicant Signature

Date

**\* PROVIDE A COPY OF ESTABLISHMENT'S DEPARTMENT OF REVENUE SALES PERMIT  
 FRAMINGHAM BOARD OF HEALTH**

**TOBACCO PRODUCTS AND NICOTINE DELIVERY PRODUCTS SALES PERMIT  
ACKNOWLEDGMENT & CHECKLIST FORM**

**This form must be completed, initialed and signed by the owner/authorized signatory of the establishment applying for a Framingham Board of Health Tobacco Products and Nicotine Delivery Products Sales Permit. No permit will be issued until this checklist has been initialed, signed and submitted with your completed 2015 Permit Application.**

I have read and understand all subsections within the Board of Health Tobacco Control Regulation "Restricting the Sale of Tobacco Products and Nicotine Delivery Products."  
Initials \_\_\_\_\_

I understand that it is against the law to sell **ANY** tobacco product or nicotine delivery product to anyone less than twenty-one (21) years of age, regardless of how old the person looks and that the distribution of free samples is prohibited except for the use of coupons from newspapers, periodicals or attached packaging.  
Initials \_\_\_\_\_

I understand that the Regulation requires anyone selling tobacco products or nicotine delivery products to conclusively establish the customer's age. This means the clerk must ask for and see government-issued photographic identification for any customer who appears to be under 27 years of age as proof that the person is at least eighteen (18) years of age prior to the sale.  
Initials \_\_\_\_\_

I understand that agents of the Board of Health will conduct compliance checks of all retail establishments to ensure that tobacco products and nicotine delivery products are not being sold to minors. This means:  
a. Agents of the Board will send minors into my establishment periodically to attempt the purchase of these products.  
b. These minors may or may not possess any identification, but will respond truthfully when asked their age.  
c. Any reported confrontational behavior towards the minor or the enforcement agent during or after the compliance check may result in a permanent revocation of the permit.  
Initials \_\_\_\_\_

I understand that if my establishment is caught selling tobacco products or nicotine delivery products to minors, I will be subject to a fine and/or permit suspension or even revocation as set forth in the Regulation.  
Initials \_\_\_\_\_

I understand that the Regulation and/or Massachusetts Consumer Protection Laws prohibit self-service displays of all tobacco products and nicotine delivery products, except in Adult-Only Establishments.  
Initials \_\_\_\_\_

I understand that my "original" Tobacco Products and Nicotine Delivery Products Sales Permit and a current valid Massachusetts Department of Revenue Tobacco Retailer's License must be posted at the establishment at all times in a manner conspicuous to the public.  
Initials \_\_\_\_\_

I understand that an *Employee Agreement Form* must be read and signed by each employee selling tobacco products and/or nicotine delivery products at the time of hire and at least once annually, be kept **on site** at all times, and be in a known location by all employees and available for inspection.  
Initials \_\_\_\_\_

I understand that tobacco and/or nicotine delivery product Retailer's *must* also comply with the Board of Health Regulation prohibiting smoking in Workplaces and Public Places and the Massachusetts Smoke-Free Workplace Law.  
Initials \_\_\_\_\_

I understand that Tobacco Products and Nicotine Delivery Products Sales Permits are not transferable and are only valid for the applicant at the location indicated on this document.  
Initials \_\_\_\_\_

I understand that as of September 22, 2009, pursuant to Section 907(a)(1)(A) of the Federal Food, Drug and Cosmetic Act, as amended by the Family Smoking Prevention and Tobacco Control Act, "a cigarette or any of its parts (including the tobacco, filter, or paper) shall not contain an artificial or natural flavor (other than tobacco or menthol) or an herb or spice."  
Initials \_\_\_\_\_

**By signing this form, I acknowledge that I have read and understand all of the above statements, and I further understand that failure to abide by these conditions may jeopardize my Tobacco Products and Nicotine Delivery Products Sales Permit. Please print clearly and sign name legibly.**

\_\_\_\_\_  
Establishment Name

\_\_\_\_\_  
Establishment Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature