



CITY OF FRAMINGHAM
Public Health Department



Public Health
Prevent. Promote. Protect.

(508) 532-5470
health@framinghamma.gov
www.framinghamma.gov

MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Adult-only Retail Tobacco Store Plan Review Application

Complete the application below. Please print legibly. An incomplete application and/or missing documents may delay the review process.

Establishment Information

Date: _____
Name of Establishment (d/b/a): _____
Address of Establishment: _____ Framingham, MA 0170 _____
Establishment Telephone Number: _____

Owner Information

Name of Legal Owner of the Establishment: _____
Owner's Home Address: _____
Owner's Telephone Number: _____ Owner's Email: _____

Applicant Information

Applicant's Name: _____ Title: _____
Address: _____
Telephone Number: _____ Email: _____

Manager / Person-In-Charge (PIC) Information

Name of Manager(s) / PIC: _____
Telephone Number: _____ Email: _____
Name of Emergency Contact Person: _____
24 Hours Telephone Number: _____ Email: _____

Hours of Operation

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Do you currently have a valid Tobacco Permit? Yes No

If Yes, what is your Tobacco Permit Number? _____

Will food or drinks be offered / sold at the establishment? Yes No

Will a dumpster be onsite? Yes No

If yes, provide the name of company used for dumpster pick-up(s): _____

Frequency of pick-up(s): _____

Note: According to M.G.L c. 111, Section 31A, no person shall remove or transport garbage, offal or other offensive substances through the streets of any city or town without first obtaining a permit from the board of health of such city or town.

**Submit plans / sketch of the proposed Adult-only Retail Tobacco Store.
Include and identify the following:**

Interior and exterior layout including entrance and exit doors

Register location

Types of product(s) to be sold

Placement of product(s)

Restroom(s)

Utility / Mop sink (disposal of waste water)

Indicate on the plan where the required signage will be placed

Type of surfaces / materials for floor, walls and ceiling

Dumpster location

Note: An incomplete application and/or missing documents may delay the review process and issuing a permit

I, _____ hereby attest to the accuracy of the information provided and affirm to comply with the "Regulation of the Framingham Board of Health Restricting the Sale of Tobacco Products and Smoke Accessories".

Signature: _____ Print: _____

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

Disapproved as submitted – Reason(s): ** _____

****Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: _____

Date Permit was Issued: _____