



### Smoke Accessory Sales Permit Plan Review and Application

According to the Regulation of the Framingham Board of Health Restricting the Sale of Tobacco Products and Smoke Accessories, Section I, no person shall sell or otherwise distribute smoke accessories with the City of Framingham without first obtaining a Smoke Accessory Sales Permit issued annually. This is not applicable to Adult-Only Retail Tobacco Stores or Marijuana Retailers.

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

Note: A holder of a Tobacco Product Sales Permit, that also posses a Retail Food Permit may sell Tobacco Products without Characterizing Flavor but MAY NOT sell Smoke Accessories or Flavored Tobacco Products.

#### 1. Type of Application

Date: \_\_\_\_\_

**New** Business Permit - First time applying for a permit

**Renewal** of Existing Smoke Accessory Sales Permit – Have you made any changes to your operation

since the approval of your original permit application?  Yes  No

If Yes, submit information specified under Section A & B on page 2 & 3

#### 2. Establishment Information

Name of Establishment (d/b/a): \_\_\_\_\_

Address of Establishment: \_\_\_\_\_ Framingham, MA 0170 \_\_\_\_\_

Establishment Telephone Number: \_\_\_\_\_

#### 3. Owner Information

Name of Legal Owner of the Establishment: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's Telephone Number: \_\_\_\_\_ Owner's Email: \_\_\_\_\_

#### 4. Applicant Information

Applicant's Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

#### 5. Manager / Person-In-Charge (PIC) Information

Name of Manager(s) / PIC: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 6. Emergency Contact Information

Name of Emergency Contact Person: \_\_\_\_\_

24 Hours Telephone Number: \_\_\_\_\_ Email: \_\_\_\_\_

## 7. Hours of Operation

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

## 8. Establishment Information

**According to the Regulation of the Framingham Board of Health Restricting the Sale of Tobacco Products and Smoke Accessories, Section I. 8. b. - A Smoke Accessory Sales Permit shall not be issued to any new applicant for a retail location within five hundred (500) feet of a public or private elementary or secondary school as measured by a straight line from the nearest point of the property line of the school to the nearest point of the property line of the site of the applicant's business premises.**

**According to Section I.8.c - A Smoke Accessory Sales Permit shall not be issued to any new applicant for a retail location within five hundred (500) feet of a retailer with a valid Smoke Accessory Sales Permit or a valid Tobacco Product Sales Permit as measured by a straight line from the nearest point of the property line of the retailer with a valid Smoke Accessory Sales Permit or a valid Tobacco Product Sales Permit to the nearest point of the property line of the site of the applicant's business premises.**

Is the establishment located within five hundred (500) feet of a public or private elementary or secondary school?  Yes  No

Is the establishment located within five hundred (500) feet of a retailer with a valid Smoke Accessory Sales Permit or a valid Tobacco Product Sales Permit?  Yes  No

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

Will CBD foods / drinks be offered / sold at the establishment?  Yes  No

If yes, a variance from the Framingham Board of Health is required to sell foods infused with CBD. To request a variance, see: <https://www.framinghamma.gov/DocumentCenter/View/47948/Variance-Request-Form-with-BOH-Decision>

Will a dumpster be onsite?  Yes  No

If yes, provide the name of company used for dumpster pick-up: \_\_\_\_\_

Frequency of pick-up: \_\_\_\_\_

### A. To obtain a "Smoke Accessory Sales Permit", for both New applicants and permit Renewals, submit the following (1, 2 & 3 below):

- 1. Completed "Smoke Accessory Sales Permit Plan Review and Application." Incomplete applications and missing documents may cause a delay in the review and permitting process.
- 2. Fee: **\$100.00**. Make checks payable to the "City of Framingham". **All fees are nonrefundable.** Credit cards are accepted online only at this time.
- 3. Completed "Workers Compensation Insurance Affidavit" – See page 4. Attached a copy of the workers' compensation policy declaration page that shows the policy number and expiration date.

**B. For New business permit applicants or Renewal of an existing permit with changes in the approved permit application, submit plans / sketch of the proposed establishment. Include and identify the following:**

- 4. Interior and exterior layout including entrance and exit doors
- 5. Register location
- 6. Types of product(s) to be sold
- 7. Placement of product(s)
- 8. Restroom(s)
- 9. Utility / Mop sink for the disposal of waste water
- 10. Indicate on the plan where the required signage will be placed
- 11. Type of surfaces / materials for floor, walls and ceiling
- 11. Dumpster location

**Please note, any missing information may delay the decision making & permitting process.**

**Entry of persons under the age of twenty-one (21) years old is PROHIBITED at ALL times.**

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 49A, I, \_\_\_\_\_, certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I attest to the accuracy of the information provided in the application. I have read the Regulation of the Framingham Board of Health Restricting the Sale of Tobacco Products and Smoke Accessories and understand I am responsible for instructing any and all employees who will be responsible for Smoke Accessory sales regarding federal, state, and local laws regarding the sale of such products and the regulation.

Signature: \_\_\_\_\_ Print: \_\_\_\_\_

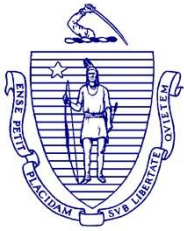
**For Official Use Only**

- 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: Public Health Inspector

Date Permit was Issued: \_\_\_\_\_



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 1 Congress Street, Suite 100  
 Boston, MA 02114-2017  
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.  
 TO BE FILED WITH THE PERMITTING AUTHORITY.

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am a employer with \_\_\_\_\_ employees (full and/ or part-time).\*
- 2.  I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3.  We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]\*\*
- 4.  We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.**

Insurance Company Name: \_\_\_\_\_

Insurer's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Policy # or Self-ins. Lic. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).**

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

**I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

**City or Town:** \_\_\_\_\_ **Permit/License #** \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

**Contact Person:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance.

Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant.

Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
1 Congress Street  
Boston, MA 02114-2017  
Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE  
Fax # 617-727-7749  
[www.mass.gov/dia](http://www.mass.gov/dia)