



**TOWN OF WEST SPRINGFIELD
HEALTH DEPARTMENT**

Fee \$50.00

26 Central Street, Suite 18
West Springfield, MA 01089-2754
Phone: (413) 263-3206 FAX: (413) 737-1583
www.west-springfield.ma.us

Application for Permit to Sell Tobacco Products

Date: _____

Business Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

Name & Address of Owner: _____

Name & Title of Applicant: _____

Manager: _____

Please check box indicating you are including required copy of your MA State Tobacco License

Types of Tobacco Sold: (check all that apply)

Chewing Tobacco

Cigars

Pipe Tobacco

Cigarettes

Snuff

I, _____, certify that the signs posted in this store conform to Mass.
Legibly print Applicant's Name

General Law Chapter 270, Section 6. I understand that removal of these signs may result in revocation of the permit to sell tobacco.

Signature: _____ Date: _____

THIS APPLICATION FORM IS 2-SIDED

LICENSES WILL NOT BE ISSUED UNLESS THIS APPLICATION IS COMPLETELY FILLED OUT

Please read the following statements and sign your name in acknowledgement of these conditions to sell cigarettes and other tobacco products.

- ✓ I have read Massachusetts General Law Chapter 270 Sections 6 & 7, which state that the sale of tobacco products to persons under age 18 is illegal and punishable by fines of up to \$300.00.
- ✓ Any stores selling tobacco products must post a copy of MGL Ch. 270 Sec. 6 & 7.
- ✓ I understand that it is illegal to sell tobacco in any form to individuals younger than 18 years of age, and that there are no exceptions.
- ✓ I will obtain photographic proof of age from all customers under the age of 27 years.
- ✓ I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes, is prohibited.
- ✓ I understand that vending machines and **self-service displays** for tobacco sales are prohibited.
- ✓ I understand that I am responsible for training my employees concerning the above and furthermore, I am responsible for their actions while in my employ. *
- ✓ I understand that my tobacco permit will be suspended for repeated violations.

I agree to abide by the above statements.

Signature of Applicant

Date

Print Name

Name of establishment

* Please provide a copy of training materials or documentation that employees have been trained

.....

For Health Department Use Only:

Permit Approved by: _____

Disapproved

Reason: _____