

CITY OF SPRINGFIELD
DEPARTMENT OF HEALTH & HUMAN SERVICES
311 State Street
SPRINGFIELD, MA 01105



APPLICATION FOR RETAIL TOBACCO PERMIT

The owner must complete both sides of this form. A permit may be issued only after the signed Application for Retail Tobacco Permit, a current copy of your Massachusetts Department of Revenue Retailer License To Sell Tobacco Products and fee are received. All permits reviewed by Health & Human Services staff.

☐ NEW
☐ RENEWAL

<hr/> Corporate Name / Parent Company	<hr/> Owner Name
<hr/> DBA ("Doing Business As" Name) (Business Name)	<hr/>
() Store Phone	() Owner Phone
() Store Fax	() Owner Mobile Phone
<hr/> Business Address (City, Street, ZIP Code)	<hr/> Owner Address (Street, City, Zip Code)
<hr/> Mailing Address (City, State, Zip Code)	<hr/> Owner Email
<hr/> Establishment Federal ID or Social Security Number	<hr/> Manager Name

Establishment Information

Is this a chain store?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this an adult only establishment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the establishment within 1000 ft. of a school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the establishment within 1000 ft. of a playground?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Check the restricted products sold in the establishment.	<input type="checkbox"/> Keno <input type="checkbox"/> Liquor <input type="checkbox"/> Lottery <input type="checkbox"/> Other:	

Check the establishment type (PLEASE CHOOSE ONE)

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Supermarket	<input type="checkbox"/> Grocery	<input type="checkbox"/> Private Club
<input type="checkbox"/> Gas Mini-mart	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Tobacconist	<input type="checkbox"/> Vape shop
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Retail Discount	<input type="checkbox"/> Other: List _____	

Check any products sold in your establishment

<input type="checkbox"/> Cigarettes Packs	<input type="checkbox"/> Small Cigars/Cigarillos	<input type="checkbox"/> Roll Your Own	<input type="checkbox"/> Nicotine Delivery Devices (e-cigarettes)
<input type="checkbox"/> Cigarette Cartons	<input type="checkbox"/> Little Cigars (Omega, Winchester)	<input type="checkbox"/> Chewing Tobacco	<input type="checkbox"/> Bunt Wraps
<input type="checkbox"/> Single Cigars <\$5	<input type="checkbox"/> Pipe Cigars (Black and Mild)	<input type="checkbox"/> Loose Tobacco	<input type="checkbox"/> Flavored Tobacco Products
<input type="checkbox"/> Single Cigars >\$5	<input type="checkbox"/> Rolling Papers	<input type="checkbox"/> Smokeless Tobacco	<input type="checkbox"/> Other: List _____

Permit Information

			License /Permit #
Does the establishment have a liquor license?	<input type="checkbox"/> Yes <input type="checkbox"/> No		_____
DOR License for Sale of Cigarettes	<input type="checkbox"/> Yes <input type="checkbox"/> No	Must provide a copy	_____
DOR License for Sale of Cigars & Smoking Tobacco	<input type="checkbox"/> Yes <input type="checkbox"/> No	Must provide a copy	_____
DOR License for Sale of Electronic Nicotine Delivery Systems	<input type="checkbox"/> Yes <input type="checkbox"/> No	Must provide a copy	_____
DOR Sales and Use Tax Registration Certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No	Must provide a copy	_____

Signatures

Name of Applicant (Please Print)

Date

Springfield Department of Health & Human Services

Date

A check mark signifies your understanding and agreement. I understand and agree that:

- ☐ 1. It is against the law to sell any tobacco product (e.g. e-cigarettes) to anyone less than 21 years of age, regardless of how old the person looks.
- ☐ 2. Anyone selling tobacco products must conclusively establish the customer's age as over 21 years old, by means of government-issued photographic ID.
- ☐ 3. Anyone selling tobacco must check and verify official government photo ID for anyone less than 27 years of age.
- ☐ 4. **I must consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment.**
- ☐ 5. Self-service tobacco product displays from which the customer may select products are prohibited.
- ☐ 6. The sale of single or loose cigarettes, or cigarettes in packages of fewer than 20 cigarettes is prohibited.
- ☐ 7. I may not distribute any free samples of tobacco products (e.g. e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or at a reduced price below the minimum retail price determined by the Massachusetts Department of Revenue.
- ☐ 8. Tobacco vending machines are prohibited except for adult only establishments.
- ☐ 9. I may not sell tobacco products, including multiple packs below state minimum prices as posted on the Massachusetts Department of Revenue ([DOR](http://www.mass.gov/dor/businesses/help-and-resources/cigarette-and-tobacco-tax/)) website: <http://www.mass.gov/dor/businesses/help-and-resources/cigarette-and-tobacco-tax/>
- ☐ 10. Penalties for violation of the regulation include monetary fines and/or suspension of this permit for seven days, thirty days or one year.
- ☐ 11. The Tobacco Sales Permit will not be issued until all outstanding penalties incurred by the previous permit holder and/or taxes owed to the City of Springfield are satisfied.
- ☐ 12. I may not allow any employee to sell tobacco products (e.g. e-cigarettes) until such employee reads this regulation and state laws regarding the sale of tobacco and signs a statement, a copy of which will be placed on file, that he/she has read the regulation and applicable state laws.
- ☐ 13. I must prominently display a copy of the "Permit to Sell Tobacco Products".
- ☐ 14. I must provide the Springfield Department of Health and Human Services with proof of a current "Cigarette Retailers License" from the Massachusetts Department of Revenue (DOR) and my DOR business permit (**Attach a copy of each permit/license**).
- ☐ 15. **I must display Department of Public Health signs stating, "Sale of tobacco to Minors is prohibited".**

I have received, read and understand the Board of Health regulation "Restricting the Sale of Tobacco Products" and agree to abide by it.

Signature

Date

Print Name

For Internal Use

Approved: ☐ Yes ☐ No Permit Fee: \$ Permit #: Fee Paid: ☐ Yes ☐ No Other: _____