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



APPLICATION FOR RETAIL TOBACCO PERMIT

Owners applying for a Tobacco Permit must complete both sides of this form. A permit will be issued only after the signed Application for Retail Tobacco Permit, the applicable fee, and a current copy of the Massachusetts Department of Revenue Retailer License to Sell Tobacco Products have been received. All applications are reviewed by Health and Human Services staff.

ALL SECTIONS OF THE APPLICATION MUST BE FULLY COMPLETED.

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED OR PROCESSED. Check one: ■ NEW APPLICATION RENEWAL APPLICATION Corporate Name / Parent Company **Owner Name** DBA ("Doing Business As" Name) (Business Name) Owner Phone Owner Mobile Phone Owner Address (Street, City, Zip Code) Store Phone **Business Address** (City, Street, ZIP Code) Owner Email **Mailing Address** (City, State, Zip Code) Manager's Name Establishment Federal ID or Social Security Number Manager's Phone **Establishment Information** Is this a chain store? Yes ΠNο Is this an adult only establishment? ☐ Yes □ No Check the restricted products sold in the establishment. Liquor | Lottery Other: Check the establishment type (PLEASE CHOOSE ONE) Convenience Store ☐ Supermarket/Grocery Store ☐ Smoke shop Gas Station Mini-mart ☐ Liquor Store Other: _ Check any products sold in your establishment ☐ Cigarette Cartons/Packs ☐ Little Cigars/Cigarillos Chewing Tobacco ☐ Blunt Wraps Other:_ Pipe Cigars (Black and Mild) Loose Tobacco Single Cigars Rolling Papers Smokeless Tobacco ☐ E-cigarettes/Vapes **Permit Information** A COPY OF EACH LICENSE OR PERMIT MARKED "YES" MUST ACCOMPANY THIS APPLICATION. ADDITIONALLY, PLEASE LIST THE LICENSE AND/OR PERMIT NUMBER BELOW. License /Permit # DOR License for Sale of Cigarettes □ Yes No DOR License for Sale of Cigars & Smoking Tobacco □ Yes No DOR License for Sale of Electronic Nicotine Delivery Systems Yes No DOR Sales and Use Tax Registration Certificate ☐ Yes No

Yes Yes

Springfield DHHS Food Permit

No

Tobacco Regulation Review	
A check mark signifies your understanding and agreement. I understand and agree that:	
1.	Anyone selling tobacco products must conclusively establish the customer's age as over 21 years old, by means of government-issued photographic ID.
2 .	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.
□ 3.	The sale and display of flavored tobacco products, including menthol cigarettes and any tobacco or vaping products containing flavor additives, is prohibited, except as expressly permitted under Massachusetts law (e.g., in licensed adult-only smoking bars under restricted conditions). Retailers are responsible for ensuring full compliance with this regulation.
☐ _{4.}	Anyone selling tobacco must check and verify official government photo ID for anyone less than 27 years of age.
□ _{5.}	I must consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment.
□ _{6.}	Self-service tobacco product displays from which the customer may select products are prohibited.
7.	The sale of single or loose cigarettes, or cigarettes in packages of fewer than 20 cigarettes is prohibited.
8.	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.
□ _{9.}	Tobacco vending machines are prohibited except for adult only establishments.
1 0.	I may not sell tobacco products, including multiple packs below state minimum prices as posted on the Massachusetts Department of Revenue (DOR) website.http://www.mass.gov/dor/businesses/help-and-resources/cigarette-and-tobacco-tax/
11.	Penalties for violation of the regulation include monetary fines and/or suspension of this permit for seven days, thirty days or one year.
1 2.	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.
1 3.	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.
□ _{14.}	I must prominently display a copy of the "Permit to Sell Tobacco Products".
1 5.	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).
□ _{16.}	I must display Department of Public Health signs stating, "Sale of tobacco to Minors is prohibited".
Signature	
By signing below, I acknowledge that I have received, read, and understand the regulations listed above and agree to comply with its provisions. I further attest that all information provided is true and accurate to the best of my knowledge.	
Signat	ure Date
Print Name	
For Internal Use	
Approv	red: Ves No Permit Permit #: Fee Yes No Other: