

TOBACCO CONTROL
PROGRAM-
SMOKING BAR PERMIT
APPLICATION



FOR OFFICE USE ONLY
DATE RECEIVED: _____
PAID BY:
() Check #: _____
() Money Order #: _____

This application must be completed in full and returned to the Department of Health and Human Services, located at 311 State Street Springfield MA 01105, with a check or money order of \$250.00. Please make check/money order made payable to City of Springfield. If you have any further questions, please call (413) 787-6740.

1. APPLYING FOR () NEW PERMIT () RENEWAL OF CURRENT PERMIT # _____
2. TYPE OF BUSINESS () TOBACCONIST () SMOKING BAR/TOBACCONIST
3. NAME OF ESTABLISHMENT: _____
DBA: _____
4. LOCATION OF ESTABLISHMENT:

ADDRESS

CITY STATE ZIP CODE
5. MAILING ADDRESS (IF DIFFERENT FROM LOCATION):

ADDRESS

CITY STATE ZIP CODE
6. ESTABLISHMENT OWNER:

NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY STATE ZIP CODE

TELEPHONE # FAX #

EMAIL

7. FEDERAL TAX IDENTIFICATION #: _____
8. HOURS OF OPERATION (DAYS & TIMES): _____
9. NAME OF MANAGER (IF DIFFERENT FROM OWNER): _____
10. LENGTH OF TIME AT THIS LOCATION: _____
11. HAS THIS LOCATION EVER BEEN CITED: _____



TOBACCO CONTROL PROGRAM
TOBACCONIST/SMOKING BAR
OWNER/OPERATOR STATEMENT

This statement must be completed in its entirety by the owner/operator of the establishment applying for a Smoking Bar/Tobacconist Program and returned with your Permit Application and Fee. No Permit will be issued until this statement is initialed and signed.

1. I have read and I understand all sections of the Mass Smoke-Free Workplace Law MGL270 §22

INITIAL

2. I have read and I understand all sections of the Guidelines for the Implementation and Enforcement of the Mass Smoke-Free Workplace Law MGL 270 §22

INITIAL

3. I understand that, in order to qualify as a Smoking Bar, the establishment must annually demonstrate that revenue generated from the serving of tobacco products must be equal to or greater than 51 percent (51%) of the total combined revenue generated by the sale of all tobacco products, beverages, and food.

INITIAL

4. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under 21 years of age, regardless of how old the person looks.

INITIAL

5. I understand that Smoking Bars and Retail Tobacco Stores are required to obtain a permit from the Tobacco Control Program of the City of Springfield.

INITIAL

6. I understand that all Smoking Bars must prohibit entry and access to the premises to persons under 21 years of age at all times. This means that an employee must inspect identification for proof that the person is at least 21 years of age before allowing their entry into the establishment.

INITIAL

7. I understand that all Smoking Bars must be clearly labeled as "Smoking Bars" and must post the signage provided by the Springfield Health and Human Service Tobacco Control Program. The signage reads:

WARNING! This establishment ay contain tobacco smoke. Exposure to secondhand smoke is known to cause cancer and heart disease. No person under the age of 21 may enter the premises.

Failure to post the required sign may result in a fine or suspension of my Permit.

INITIAL

8. I understand that DHHS Tobacco Control Program may conduct unannounced inspections of my business to ensure compliance with all other legal requirements concerning the entry of minors, signage requirements, and documentation of status as a Smoking Bar.

INITIAL

9. I understand that other government agencies, such as the City of Springfield Inspectional Services Department, Fire Department, or Licensing Division, may conduct additional inspections of my place of business.

INITIAL

10. I understand that smoking shall not be permitted in the establishment until I have compiled with all provisions of the Workplace Smoking Restrictions Regulation and Guidelines and have been issues a permit.

INITIAL

11. I understand that, if I permit entry to minors, I will be issued a fine and the establishments Permit may be revoked pursuant to Mass Smoke-Free Workplace Law 270 §22. No warning will be issued.

INITIAL

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions, as well as the requirements of the Smoking Restrictions Mass Smoke-Free Workplace Law may result in the revocation of my Smoking Bar Permit.

Signature of Owner

Date

Establishment Name

Address

City

State

Zip Code

