

Natick Board of Health  
13 East Central St., Natick, MA 01760  
Telephone: 508-647-6460 \* Fax: 508-647-6466

APPLICATION FOR TOBACCO SALES AND LOCATION PERMIT

Permit # \_\_\_\_\_

PLEASE PRINT OR TYPE

**Full Name of Person, Owner, Firm or Corporation Applying:**

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Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal ID #: 04 \_\_\_\_\_ or Social Security #: \_\_\_\_\_

**Massachusetts Department of Revenue Number (5 digits):** \_\_\_\_ \_

Telephone Number of Applicant: (        ) \_\_\_\_\_

Name of Business: \_\_\_\_\_

Location of Business: \_\_\_\_\_

Mailing Address of Business (if different) \_\_\_\_\_

Telephone Number of Establishment: (        ) \_\_\_\_\_

Name of Responsible Person: \_\_\_\_\_

I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Tobacco Products Sold:  cigarettes  cigars  chew/spit/snuff/dip  pipe/pouch

bidis  Gum Smoke®  Other (specify): \_\_\_\_\_

Mail to: Natick Board of Health Tobacco Control Program, 13 East Central Street, Natick, MA 01760

**PLEASE COMPLETE OTHER SIDE**

# Town of Natick Board of Health Tobacco Control Program

## Permit for Location & Sales of Tobacco Checklist

This page is to be read, initialed and signed by the owner/operator/permit holder of the establishment applying for a tobacco permit.

I have read all sections of the Town of Natick REGULATIONS AFFECTING SMOKING IN CERTAIN PLACES AND YOUTH ACCESS TO TOBACCO. \_\_\_\_\_

I have a current cigarette sales permit with the Massachusetts Dept. of Revenue. \_\_\_\_\_

I understand that it is a violation of the Regulations to sell any tobacco product to anyone under eighteen years of age, regardless of how old the person looks. \_\_\_\_\_

I understand that Town of Natick Regulations require the businesses to ask for and examine identification proving that the person is at least eighteen years of age. \_\_\_\_\_

I understand that the owner/operator/permit holder of business selling tobacco products will be held responsible for any and all violations of Natick Regulations. \_\_\_\_\_

I understand that the Natick Board of Health Tobacco Control Program will conduct frequent and unannounced compliance checks of my business to make sure that minors are unable to purchase tobacco from my place of business. \_\_\_\_\_

Natick Board of Health Tobacco Control Program will send minors into my establishment to attempt the purchase of tobacco. \_\_\_\_\_

These minors may or may not look eighteen years of age. \_\_\_\_\_

I understand that, under no circumstances, will the minors return to my establishment during or after the compliance check. \_\_\_\_\_

I understand that the Natick Board of Health Tobacco Control Program will conduct unannounced inspections of my business to ensure compliance with all other sections of the Regulation. \_\_\_\_\_

I understand that if an employee from my establishment is caught selling tobacco to minors, I will be issued a penalty pursuant to the Regulation and that no warning will be issued. \_\_\_\_\_

I understand that I am responsible for educating my employees on the Regulations, as well as insuring compliance with all sections of it. \_\_\_\_\_

By signing this form, I acknowledge that I have read all of the above statements. I further understand that failure to abide by these conditions, as well as the REGULATIONS AFFECTING SMOKING IN CERTAIN PLACES AND YOUTH ACCESS TO TOBACCO may jeopardize my permit for location and sales of tobacco products.

\_\_\_\_\_  
Owner/Operator/Permit Holder

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