

TOWN OF EASTON



BOARD OF HEALTH

136 ELM STREET
NORTH EASTON, MA 02356-0129
Tel. (508) 230-0620

APPLICATION FOR A TOBACCO SALES PERMIT

PURSUANT TO SECTION 31, CHAPTER 111 OF THE GENERAL LAWS OF THE COMMONWEALTH OF MASSACHUSETTS AND THE REGULATIONS OF THE EASTON BOARD OF HEALTH

PLEASE PRINT IN INK OR TYPE

NAME OF APPLICANT: _____

NAME OF ESTABLISHMENT: _____

BUSINESS ADDRESS: _____

_____, MA ZIP CODE _____

MAILING ADDRESS (IF DIFFERENT): _____

TELEPHONE NUMBER: _____

FEDERAL TAX. I.D. NUMBER (FEIN) _____

IN CONFORMANCE WITH MGL C.270, SECTION 6, WHOEVER SELLS A CIGARETTE, CHEWING TOBACCO, SNUFF, OR TOBACCO IN ANY OF ITS FORMS TO ANY PERSON UNDER THE AGE OF EIGHTEEN (18), SHALL BE PUNISHED BY A FINE OF NOT LESS THAN ONE HUNDRED DOLLARS (\$100.00) FOR THE FIRST OFFENSE, NOT LESS THAN TWO HUNDRED (\$200.00) FOR THE SECOND OFFENSE, AND NOT LESS THAN THREE HUNDRED DOLLARS (\$300.00) FOR THE THIRD OR ANY SUBSEQUENT OFFENSE.

PLEASE RETURN SIGNATURE AFFIDAVIT, WORKMEN'S COMP. AFFIDAVIT AND POLICY DECLARATION PAGE, A COPY OF YOUR DEPARTMENT OF REVENUE LICENSE (FORM CT 3A) AND THE \$200.00 FEE PAYABLE TO TOWN OF EASTON.

*****All renewal permits not received by January 1st will be assessed a late fee of \$50.00 per month.***

Permits expire at the end of the calendar year

OVER

EASTON BOARD OF HEALTH

**AFFIDAVIT
RETAIL SALE OF CIGARETTES**

“NO PERSON OR ENTITY SELLING TOBACCO PRODUCTS WITHIN THE TOWN OF EASTON SHALL ALLOW ANYONE TO SELL CIGARETTES OR OTHER TOBACCO PRODUCTS UNTIL SUCH EMPLOYEE READS THE BOARD OF HEALTH REGULATIONS AND MASSACHUSETTS GENERAL LAW, CHAPTER 270, SECTIONs 6 & 7 REGARDING THE SALE OF TOBACCO AND SIGNS A STATEMENT THAT (S)HE UNDERSTANDS AND WILL UPHOLD THESE REGULATIONS.” THIS ORIGINAL FORM WILL BE PLACED ON FILE IN THE OFFICE OF THE BOARD OF HEALTH

THIS STATEMENT SHOULD BE SIGNED BY EVERY EMPLOYEE SELLING TOBACCO PRODUCTS.

ESTABLISHMENT: _____

ADDRESS: _____

TELEPHONE: _____

OWNER: _____

EMPLOYEE

DATE

EMPLOYEE	DATE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____

OFFICE USE ONLY	COMMENTS
_____ W.C. Affidavit	
_____ Fee	
_____ W.C. Dec. Page	
_____ Signature Affidavit	
_____ Form CT 3A	
	Office Initials—Appl. Complete _____