

**HEALTH DEPARTMENT**

484 Broadway, Room 20  
Everett, MA 02149  
(617) 394-2255

ALBA CRUZ-DAVIS, PhD, MPH  
INTERIM DIRECTOR OF PUBLIC  
HEALTH

**CITY OF EVERETT**

MASSACHUSETTS



**BOARD OF HEALTH**

SEAN F. CONNOLLY, DPM  
CHAIR  
JUDITH A. MURPHY, BSN/RN  
MEMBER

**APPLICATION FOR A TOBACCO SALES PERMIT**

Date: \_\_\_\_\_ **Fee: \$50.00**

Name of Establishment: \_\_\_\_\_

Type of Business:      Grocery Store                      Liquor Store                      Convenience Store      \_\_\_\_\_  
                                 Restaurant                      Gas Station                      Gas & Mini Mart                      Bar/Tavern      \_\_\_\_\_  
                                 Private Club                      Other (Describe)                      \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Is Mailing Address at (circle one) Business or Company/Corporate Office

Name & Title of Owner/Applicant: \_\_\_\_\_

Address of Owner/Applicant \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Manager (if different from above): \_\_\_\_\_

Name of Emergency (24 hour) Contact Person: \_\_\_\_\_

Hone Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type(s) of Tobacco to be sold: Cigarettes \_\_\_\_\_ Dip/Chew \_\_\_\_\_ Pipe Tobacco \_\_\_\_\_ Cigars \_\_\_\_\_

Other (specify): \_\_\_\_\_

How are tobacco products to be sold:      over the counter                      vending machine \_\_\_\_\_

If a vending machine, does it have a lock-out device? Yes \_\_\_\_\_ No \_\_\_\_\_

MA Department of Revenue Tobacco Retailer License Number: \_\_\_\_\_  
(Attach proof of license)

Pursuant to MGL Chapter 62C, § 49 A, I certify under the penalties of perjury that to the best of my knowledge and belief all State tax returns have been filed and all State taxes have been paid as required under law.

Social Security Number or Tax ID Number \_\_\_\_\_

Signature of Applicant or Corporate Name \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature of Corporate Officer (if applicable) \_\_\_\_\_

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<OVER>

**EVERETT TOBACCO SALES PERMIT CHECKLIST**

THIS FORM MUST BE COMPLETED BY THE OWNER/OPERATOR OF THE ESTABLISHMENT  
APPLYING FOR A BOARD OF HEALTH TOBACCO SALES PERMIT

No permit will be issued until this checklist has been initialed and signed.

1. I have read and I understand The Everett Board of Health Regulation Restricting the Sale of Tobacco .....Initials: \_\_\_\_\_
2. I understand that it is against the law to sell cigarettes or any tobacco products to anyone under 18 of age, regardless of how old the person looks.....Initials: \_\_\_\_\_
3. I understand that The Everett Board of Health Regulation Restricting the Sale of Tobacco Products requires anyone selling tobacco to positively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 18 years of age. Proper identification consists of a valid driver's license or other form of positive identification (a picture I.D. that indicates date of birth).....Initials: \_\_\_\_\_
4. I understand that the Federal Food and Drug Administration Regulations also prohibits the sale of tobacco to persons under age 18 and require tobacco retailers to see a photo I.D. with a birth date before selling tobacco to anyone under age 27. Violations may result in \$250.00 fine..... Initials: \_\_\_\_\_
5. No clerk shall sell cigarettes or other tobacco products to a person under eighteen (18) years of age who has a note from an adult requesting such a sale.....Initials: \_\_\_\_\_
6. I understand that the 5 City Collaborative Tobacco Control Program will conduct frequent compliance checks of my business to ensure that my establishment is not selling tobacco products to minors. This means:
  - a) The 5 City Collaborative Tobacco Control Program will send minors into establishments to attempt the purchase of tobacco; and,
  - b) These minors may or may not look 18 years of age..... Initials: \_\_\_\_\_
7. I understand that if I or one of my clerks sells tobacco to minors a ticket will be written and a fine imposed by the Health and Human Services Department. If three violations are recorded a three-year period my permit can be suspended or revoked by the Everett Health and Human Services Department.....Initials: \_\_\_\_\_

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 may jeopardize my Tobacco Sales permit.

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

Owner/Operator: \_\_\_\_\_

Please Print

\_\_\_\_\_

Please Sign