



TOWN OF WATERTOWN

Board of Health

Administration Building
149 Main Street
Watertown, MA 02472
Phone: 617-972-6446
Fax: 617-972-6499
www.watertown-ma.gov

Larry Ramdin, MPH, REHS, CHO, CP-FS
Director of Public Health

2021 RENEWAL FOR TOBACCO PRODUCTS SALES PERMIT APPLICATION

Dear Applicant:

Enclosed please find your 2021 Renewal for Tobacco Products Sales Permit Application. Please complete the enclosed application and return to the Health Department with the following documentation to renew your Tobacco Products Sales Permit:

- Completed Tobacco Products Sales Permit Application
- Completed Worker's Compensation Insurance Affidavit
- Copy of MA Department of Revenue Tobacco Sales Permit
- \$150.00 Permit Fee(s), checks payable to "Town of Watertown".

Completed applications and all supporting documentation must be received **prior to November 30, 2020**. A late fee of **fifty (\$50.00) dollars** will be assessed for all non-submittal of all applications and/or incomplete application packets received after November 30, 2020. Please note that any missing information may cause a delay in the permit renewal process. **Failure renew you permit and submit a completed by November 30, 2020 may result in a suspension or revocation of your Tobacco Products Sales Permit.**

This is a reminder of Governor Baker's September 24, 2019 public health emergency order banning "*The sale or display of all vaping products to consumers in retail establishments, online, and through any other means, including all non-flavored and flavored vaping products, including mint and menthol, including tetrahydrocannabinol (THC) and any other cannabinoid, is prohibited in the Commonwealth.*" Please visit <https://www.mass.gov/guides/vaping-public-health-emergency> for more information regarding this emergency public health order.

We are in the process of transitioning to electronic permitting and inspection reports. We are requesting that you provide a valid email address with this application to receive permitting information, inspection reports, and correspondence from the Health Department.

Thank you for your attention to this matter and your anticipated compliance. The Health Department office hours are Monday – Friday, 8:30 AM – 5:00 PM. Should you have any questions please contact this office at (617) 972-6446.

Sincerely,

Larry Ramdin, MPH, MA, REHS, CP-FS
Director of Public Health



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APPLICATION FOR TOBACCO PRODUCTS SALES PERMIT

Fee: \$ 150.00

1) Name of Establishment: _____

2) Establishment Address: _____

3) Establishment Telephone: _____ Fax: _____

4) Mailing Address (if different): _____

5) Name & Title of Applicant: _____ Email: _____

6) Address of Applicant: _____ Telephone: _____

7) Name of Owner (If different from applicant): _____ Email: _____

8) Address of Owner (If different from applicant): _____

9) Corporate or Partner Name, list information below:

| Name | Title | Home Address | Telephone |
|-------|-------|--------------|-----------|
| _____ | _____ | _____ | _____ |

10) Emergency Response Person: _____ 24 hr. Emergency Telephone _____

All valid **Email Address(es)** to receive all Health Department correspondence, permitting information, and inspection reports: _____

11) Type of Business (check all that apply):

- Retail Food Store (food establishment in which primary activity is the sale of food items to the public for off-premises consumption – supermarket, grocery store, bakery, convenience store, min-mart, liquor store, etc.)
- Retail Store (establishment whose primary purpose is to sell any goods, wares, merchandise, articles or other items - gas station only)
- Retail Tobacco Store (establishment whose primary purpose is to sell *tobacco products*)

12) Attach a copy of MA Department of Revenue Tobacco Permit.

13) Days and Hours of Operation: _____

APPLICATIONS MUST BE COMPLETELY FILLED OUT WITH SUPPORTING DOCUMENTS AND A FEE PAYABLE TO THE “TOWN OF WATERTOWN”. PERMITS WILL BE MAILED DIRECTLY TO THE ESTABLISHMENT.

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

Federal Identification Number

Signature of Individual or Corporate Officer

Date

Tobacco Products Sales Permit Checklist

This form must be completed by the owner/operator of the establishment applying for a Tobacco Products Sales Permit. To access the Watertown Board of Health *Regulation Regarding Smoking and the Sale and Use of Tobacco Products* please visit the Watertown website at <https://www.watertown-ma.gov/> and follow the steps below:

- Click on Government,
- Click on Health under Town Departments,
- Click on Regulations, Applications & Fees on the blue bar on the left side,
- Scroll down to Tobacco Products and click Regulations Regarding Smoking and the Sale and Use of Tobacco Products.
-

| | | Initials |
|----|---|----------|
| 1) | I have read and I understand all sections of the Watertown Board of Health <i>Regulation Regarding Smoking and the Sale and Use of Tobacco Products</i> . | |
| 2) | I understand that it is against the law to sell cigarettes and <i>tobacco products</i> to anyone under 21 years of age, regardless of how old the person looks. | |
| 3) | I understand that the Board of Health Regulation, and State and Federal law require businesses to establish positive proof of age before selling <i>tobacco products</i> to any customer under 27 years of age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age. Proper identification consists of a valid driver’s license or other form of positive identification (a government issued picture I.D. that indicate date of birth). | |
| 4) | No clerk shall sell <i>tobacco products</i> to a person under 21 years of age who has a note from an adult requesting such a sale. | |
| 5) | I understand that the owner/operator of a business holding a Tobacco Products Sales Permit will be responsible for all violations of the Watertown <i>Regulation Regarding Smoking and the Sale and Use of Tobacco Products</i> . | |
| 6) | I understand that the Watertown Health Department will conduct unannounced compliance checks of my business to ensure that individuals under the minimum legal sales age are unable to purchase Tobacco Products from my business. This means: a) Health Department will send individuals under the legal sales age into my establishment to attempt to purchase Tobacco Products. b) These individuals under the age of 21 years may or may not look 21 years of age. | |
| 7) | I understand that other government agencies, such as the Food and Drug Administration, the State Attorney General’s Office, or the Department of Revenue may conduct additional compliance checks of my place of business. | |
| 8) | I understand that if I or one of my clerks violates the regulation a ticket will be written and a fine imposed by the Health Department. If a repeat violation occurs within a 24 month period, the amount of the fine increases and a suspension of the license for a period of time will result. By regulation, four or more violations within 24 months will cause the license to be revoked. | |

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| 9) I understand that no person shall sell or distribute any flavored <i>tobacco products</i> (except tobacco, menthol, mint or wintergreen flavors) at retail except in retail tobacco stores. | |
| 10) I understand that Watertown Board of Health <i>Regulation Regarding Smoking and the Sale and Use of Tobacco Products</i> has changed in 2017, including but not limited to: implementation on minimum pricing on single cigars, banning blunt wraps, no new tobacco sales permits issued to establishments within 500 foot buffer around schools, and a cap on the number of Tobacco Products Sales Permits issued in Watertown. | |

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 all the requirements of the Watertown Board of Health *Regulation Regarding Smoking and the Sale and Use of Tobacco Products*, may jeopardize my Tobacco Products Sales Permit.

Name of Business _____ Owner _____
Please Print Please Print Name

X _____ Date _____
Owner/Operator Signature