



CITY OF NEWBURYPORT HEALTH DEPARTMENT

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APPLICATION FOR PERMIT TO SELL TOBACCO PRODUCTS

FEE: \$100.00

Date: _____

Business Name: _____

Location: _____

Address for Ordinance notifications (if different from above): _____

Email Address: _____

Phone Number: _____ Fax Number: _____

Name & Title of Applicant: _____

Name of Owner (if different from applicant): _____

Manager: _____

Types of Tobacco Sold: (check all that apply)

- Chewing Tobacco
- Cigars
- Cigarettes
- Pipe Tobacco
- Snuff

NOTE: A copy of the establishment's current state tobacco sales license issued by the Massachusetts Department of Revenue must be submitted with this application.

I, _____, certify that the signs posted in this store conform to Massachusetts
(store owner or manager)
General Law Chapter 270, Section 6. I understand that removal of these signs can result in revocation of this permit to sell tobacco.

Signature: _____ Date: _____

For Health Department Use Only:

Permit Approved by: _____ Disapproved Reason: _____

Please read the following statements and sign your name in acknowledgement of these conditions that allow you to sell cigarettes and other tobacco products.

- Δ I have read, understand, and will uphold the Newburyport Tobacco Control Regulations which state in part that no person shall sell tobacco or nicotine delivery products or permit tobacco or nicotine delivery products to be sold to a person under the age of 19, or give tobacco or nicotine delivery products to a person under the age of 19.
- Δ I have read, understand and will uphold Massachusetts General Law Chapter 270 Sections 6 & 7, which state that the sale of tobacco products to underage persons is illegal and punishable by fines of up to \$300.00. Any store selling tobacco products must post a copy of MGL Ch 270 Sec 6 & 7.
- Δ I understand that it is illegal to sell tobacco in any form to individuals younger than 19 years of age, and that there are no exceptions.
- Δ I will obtain photographic proof of age from all customers under the age of 27 years.
- Δ I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes, is prohibited.
- Δ I understand that vending machines and self-service displays for tobacco sales are prohibited.
- Δ I understand that I am responsible for training my employees concerning the above and furthermore, I am responsible for their actions while in my employ.
- Δ I understand that my tobacco permit will be suspended for repeated violations.

I agree to abide by the above statements.

Signature of permit holder

Date

Print Name

Name of Establishment