

BOH
Board of Health

Town of Whitman
P.O. Box 426
Whitman, MA 02382 ((781) 618-9755 fax (781) 618-9798

APPLICATION
Tobacco Sales and Location Permit
Please fill in all starred areas

Number: _____

Fee: \$100.00

Date of Issue: _____

Date of Expiration: October 31,

***Owner: _____
Name (Corporation name if incorporated)

*** Address: _____
(address) (city/town) (zip code)

***Telephone: _____

DOING BUSINESS AS:

*** _____
(Name)

*** _____
(address) (city/town) (zip code)

***Telephone: _____

*** _____
Applicant's Name: (please print)

*** _____
Signature

*** _____
Applicant's Date of Birth

*** _____
Applicant's SS#

*** _____
Title

*** _____
Date

*** (Circle One) convenience store gas/mini mart gas only liquor store

canteen private club retail/wholesale store pharmacy

Other: _____ grocery store

(continued on other side)

Whitman Board of Health Tobacco Control Program

This form needs to be initialed and signed by the owner/operator of the establishment applying for a Tobacco Sales and Location Permit.

1. I have read all sections of the REGULATIONS REGARDING THE SALE, VENDING AND DISTRIBUTION OF TOBACCO IN THE TOWN OF WHITMAN.

2. I understand that it is against the law to sell tobacco products to anyone under the age of 21, regardless of how old the person looks.

3. I understand that all clerks must ask for and see identification from anyone under 30 years of age to prove that the person is at least 21 years old.

4. I understand that the owner/operator of a business is responsible for any violation of REGULATIONS REGARDING THE SALE, VENDING AND DISTRIBUTION OF TOBACCO IN THE TOWN OF WHITMAN.

5. I understand that the Board of Health Tobacco Control Program will conduct frequent, unannounced compliance checks of my business to ensure that minors are unable to purchase tobacco.

6. I understand that the Board of Health Tobacco Control Program will conduct inspections of my business to ensure compliance with other sections of the regulation.

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 REGULATIONS REGARDING THE SALE, VENDING AND DISTRIBUTION OF TOBACCO IN THE TOWN OF WHITMAN may jeopardize my Tobacco Sales and Location Permit.

(Permit Applicant)

(Name of Establishment)

(Date)