

Town of Uxbridge Board of Health

21 South Main Street Uxbridge, MA 01569 508-278-8600 Ext.8 boh@uxbridge-ma.gov

Tobacco Retail Permit Application

(Permits expire yearly on December 31st)

The owner must complete both side of this form. A permit may be issued only after all required information, attachments and signatures are received. All permits must be approved by the Board of Health/Health Department.

Annual Fee: \$125.00

Late Fee: \$50.00

(checks made payable to Town of Uxbridge)

Please print clearly

Establishment Name (Listed on DOR Business License)	Owner Name			
DBA ('Doing Business As" Name / Store Front Name				
Establishment Phone Number				
Establishment Phone Number	Owner's Phone Number			
Establishment Address	Owner Address			
Establishment Mailing Address	Owner's Mailing Address			
Establishment email	Owner Email			
Manager Name				
Establishment Information				
Is this a chain Store?	□ Y	es 🗆 No		
Is this an adult only retail tobacco store?	□ Y	es □ No		
Is this establishment within 1,000 feet of a school?	□ Y			
Check the establishment type				
□ Gas station only □ Convenience store	□ Gas mini-mart	□ Liquor store		
□ Tobacconist □ Private club	□ Other: List:			
Check any products sold in your establishment				
□ Cigarette packs □ Small cigars/cigarillos	□ Roll your own	□ E-liquids		
□ Cigarette cartons □ Little/cigars (Omega, Winc		□ Rolling paper		
□ Single Cigars < \$5.00 □ Tipped Cigars (Black and M		□ Smokeless tobacco		
· · · · · · · · · · · · · · · · · · ·	•	□ SITIOKEIE22 (ODACCO		
□ Single Cigars > \$5.00 □ Electronic nicotine delivery	system (e-digarettes)			
□ Other: List				

Please attach a copy of all Department of Revenue Tobacco Sales Permit (s)

		A check mark signifies your understanding and agreement. I understand and agree that:		
	1.	It is against the law to sell any tobacco product including electronic nicotine delivery systems (e.g., e-cigarettes) to anyone under 21 years old regardless of how old the person looks.		
	2.	Anyone selling tobacco products including electronic nicotine delivery systems must conclusively establish the customer's age is 21 years or above by means of government-issued photographic ID.		
	3.	Anyone selling tobacco products including electronic delivery systems must check and verity official government issued photo ID for all tobacco purchases.		
	4.	I consent to unannounced, periodic inspections and compliance checks of the permitted retail est		
	5.	Self-service tobacco product including electronic nicotine delivery system displays from which the customer my select products are prohibited.		
	6.	Sale of single or loose cigarettes or cigarettes in packages of fewer than 20 cigarettes are prohibited.		
	7.	I many not sell or distribute a single cigar with a retail value of under \$2.50, or a package of two or more cigars for less than \$5.00 or more.		
	8.	I may not distribute any free samples of tobacco products including electronic delivery products (e.g., e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or cigarettes at a price below the minimum retail price determined by the Massachusetts Department of Revenue.		
	9.	Tobacco vending machines are prohibited.		
	10.	Non-residential Roll-Your-Own machines are prohibited.		
	11.	Blunt wraps are prohibited.		
	12.	Penalties for violations of the regulation include monetary fines and/or suspension of this permit		
	13.	If I sell the permitted establishment, the buyer will be unable to receive this permit unless any outstanding fines have been paid and any permit suspensions have been served.		
	14.	This permit will not be renewed if the permit holder has failed to pay all fines and served all permit suspension issued and the time period to appeal has expired		
	15.	I may not allow any employee to sell tobacco products including electronic nicotine delivery systems (e.g., e-cigarettes) until such employee reads this regulation, state and federal laws regarding the sale of tobacco and sign a statement, a copy of which will be placed on file, that he/she has read the regulations and applicable state law.		
	16.	I must prominently display a copy of this permit.		
	17.	I must provide the Board of Health with proof of all current applicable licenses for the Massachusetts Department of Revenue (DOR) and my DOR business permit. (Attach a copy of each permit/license).		
	18.	I must display Department of Public Health signs stating, "It is illegal to sell or give tobacco products (including E-cigarettes) to anyone under 21", the State law sign; health warning sign for E-cigarettes; sales of flavored E-cigarettes is prohibited sign, adult-only retail tobacco stores must also display a sign stating you must be 21+ to enter.		
	19.	I must display signs provided by the Board of Health that discloses referral information about cessation.		
I have received, read and understand the Board of Health regulations "Restricting the Sale of Tobacco Products"				
Print	Nam	e Date		
Sign	Signature			

REAP ATTESTATION FORM

Massachusetts Department of Revenue

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

*Signature of Individual or Corporate Name (Mandatory)	
By: Corporate Officer (Mandatory, if applicable)	
**Social Security Number (Voluntary) or Federal Identification Number	

^{*}This license will not be issued unless this certification is signed by the applicant.

^{**}Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. This request is made under the authority of Massachusetts General Law C. 62C. s. 49A.