

# Annual Application for Tobacco Location Permit

Fee: \$200.00 *check payable to: Town of Holliston*

Date: \_\_\_\_\_

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

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

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

Business Telephone: \_\_\_\_\_

Business E-mail address: \_\_\_\_\_

Massachusetts Department of Revenue (DOR) License Number: \_\_\_\_\_

**The *Applicant* is the *person responsible for the business***  
– see underlined section on reverse side.

## INSTRUCTIONS FOR THE FOLLOWING QUESTIONS:

- If the business is a sole proprietorship, the information provided below should be for the proprietor.
- If the business is a corporation, the information provided below should be for an officer of the corporation who will be held liable for any criminal acts of the corporation.
- If the business is a partnership, the information provided below should be for a partner who will be held liable for any criminal acts for the partnership.

Name of applicant (please print): \_\_\_\_\_

Address of applicant: \_\_\_\_\_

Date of Birth of applicant: \_\_\_\_\_

Social Security Number of applicant: \_\_\_\_\_

***This application must be filled out completely before permit will be issued.  
Incomplete applications will be returned.***

**I, the undersigned applicant agree to the conditions listed on the back of this application.**

\_\_\_\_\_  
Applicant's Signature

=====

*Office use below:*

**Permit Expiration Date:** \_\_\_\_\_ **Permit #** \_\_\_\_\_

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_  
Health Director/Agent

## Instructions for Tobacco Location Permit Application

- Tobacco Location Permits are non-transferable and are only valid for the applicant at the location indicated on the front of this application.
- Tobacco Location Permits must be renewed yearly, by December 31 of each year. It is my responsibility, as applicant/permit holder to apply for a permit each year.
- I agree to abide by all laws concerning tobacco, including, but not limited to: Regulations, Bylaws, Codes and/or Statutes of the Holliston Board of Health, the Town of Holliston, the Commonwealth of Massachusetts, and the laws of the United States (including FDA regulations). It is my responsibility, as the applicant/permit holder, to learn these laws and to follow all applicable laws. Failure to follow these laws may result in a fine and/or suspension/revocation/non-renewal of my tobacco permit, as well as possible suspension/revocation/non-renewal of non-tobacco permits issued by the Holliston Board of Health and the Town of Holliston.
- I acknowledge that my establishment will be regularly inspected by a Holliston Board of Health agent to ensure compliance with all applicable laws. Inspections may include compliance checks in which a minor (a person under 21 years of age) attempts to purchase tobacco products from my establishment. Because both federal law and Holliston regulations require that identification be checked when purchasers appear to be under 27, it is possible that minors participating in compliance checks, (1) may be over 20 years old, but under 21, (2) may lie about their age, and (3) may give false information verbally. I understand that my establishment will be in violation of federal, state and Holliston laws if I or an employee sells any tobacco product to a minor. Regardless of what the minor says identification must be checked to confirm age.
- I understand that it is my responsibility to properly train my employees/ agents of all laws concerning tobacco.
- I understand that all penalties will be applied to the holder of the tobacco permit.
- I understand that if a citation is issued as the result of a violation of any Holliston Board of Health regulation, I will have the following options:
  - **The fine can be paid in full, within 21 days of the notice. Payment of the fine will operate as a final disposition of the matter and there will be no resulting criminal record.**
  - **Within 21 days of the notice, if I elect, the matter can be contested in a non-criminal hearing.**

Failure to pay fines or to appear at a hearing; even a hearing which I have requested, will result in criminal complaint being issued against the person listed on the front of this application, as the person responsible for the business.

- It is the right of the Holliston Board of Health to modify its regulations at any time, with notice as required by law.
- Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.