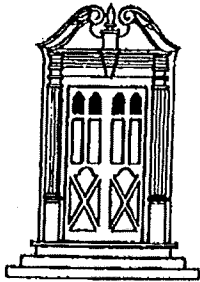
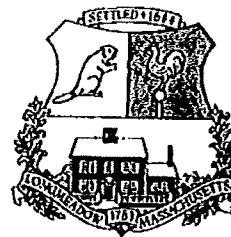


FEE: \$ 275.00



town of
LONGMEADOW, MASSACHUSETTS

phone: (413) 565-4140 20 Williams Street 01106



BEVERLY S. HIRSCHHORN, CHO, MPH
Health Director

BOARD OF HEALTH

MICHAEL COPPOLA, M.D.

BARRY IZENSTEIN, M.D.

ROBERT RAPPAPORT, D.M.D.

RICHARD STINGART, M.D.

MARY P. TOYE, R.N., M.S.

APPLICATION FOR LONGMEADOW TOBACCO SALES PERMIT

Application is made for a permit to sell tobacco and tobacco products in the Town of Longmeadow accordance with provisions of the Board of Health regulations effective March 7, 1994 & August 7, 1997

Name _____

Address _____

Phone No. _____ Name of Business _____

If applicant is partnership, full name and address of partners:

Is applicant a Corporation: _____ State of Corporation: _____

Full name and address of:
President _____

Treasurer _____

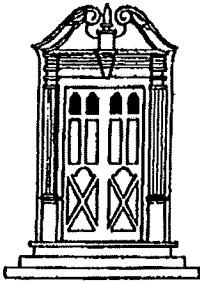
Clerk _____

Types of tobacco products sold (check):

Cigarettes _____ Chewing Tobacco _____

Cigars _____ Bidi's _____ Pipe Tobacco _____ Clove _____

Signature _____ Date _____



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July 18, 2011

Dear Tobacco Retailer Licensee:

Please be advised that the Longmeadow Board of Health has the following requirements for re-licensure of tobacco retailers:

1. Kindly attach a copy of your Mass. Dept. of Revenue License to the enclosed annual tobacco retailer application. You will not be able to receive a local board of health tobacco sales permit without providing documentation of a current Dept. of Revenue license. In addition, the state license must be prominently displayed in your establishment.
2. Sign-off of employees. You will be required to obtain a written sign-off by all employees who sell tobacco indicating they have read and understand the provisions of the local Longmeadow regulation and the applicable state laws. This sign-off shall be kept on file by the employer. I may check this provision when I perform on-site inspections.

Please feel free to call this office if you need clarification of this notice.

Yours truly,

Beverly S. Hirschhorn, MPH/CHO
Health Director

TOBACCO SALES PERMIT CHECKLIST

This form must be initialed and signed by the owner of the establishment applying for a Board of Health Tobacco Sales Permit. No permit will be issued until this checklist has been initialed and signed.

1. I have read and I understand all provisions of the Longmeadow Board of Health's Regulation restricting the sale of Tobacco Products. Initials _____

2. I understand that it is a violation of Longmeadow regulation to sell cigarettes or any "Tobacco Product" to anyone under **21** years of age, regardless of how old the person looks. Initials _____

3. The Town of Longmeadow Regulation requires the owner of an establishment to control the sale of "Tobacco Products". Initials _____

4. I understand that Longmeadow regulations ban the sale of flavored tobacco products, except mint, menthol, wintergreen or "tobacco" flavored. Initials _____

5. I understand that the Longmeadow Board of Health will conduct frequent compliance checks of my business to ensure that my business is not selling tobacco products to individuals under age **21**. This means:
 - a. The Longmeadow Board of Health will send individuals under age **21** into my establishment to attempt to purchase "Tobacco Products". Initials _____
 - b. The Individuals participating in compliance checks may or may not look **21** years of age. Initials _____
 - c. The individuals participating in compliance checks will not have ID on their possession. They will answer truthfully in regard to their correct age and possession of an ID. Initials _____

6. I understand that if I am caught selling tobacco to individuals under age **21** or prohibited flavored tobacco products, I will be fined \$100 for the first offense, \$200 for the second offense, and \$300 for the third offense. The number of offenses is computed from the date of the first violation. Initials _____

7. The Town of Longmeadow amended tobacco regulation does include provisions regarding suspension and revocation of Tobacco Sales Permits. Initials _____

8. I understand that self-service displays of tobacco products are prohibited in the Town of Longmeadow. Initials _____

9. I understand the minimum purchase conditions for the sale of Tobacco Product ("Out of Package Sales") in the Town of Longmeadow. Initials _____

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 may jeopardize my Tobacco Sales Permit.

Print Owner Name

Date

Owner Signature

Name of Establishment

**STATEMENT OF EMPLOYEE OF
LONGMEADOW TOBACCO SALES PERMIT HOLDER**

The Regulations of the Longmeadow Board of Health pertaining to the Sale of Tobacco Products require an employee of an establishment that holds a Longmeadow tobacco sales permit to read this regulation and the applicable provisions of the Massachusetts State Law (M.G.L. Chapter 270, Section 6 and 7) governing tobacco sales. Such employee must sign a statement attesting to his/her reading of the aforementioned regulations and laws. This statement is to be maintained on file by the tobacco sales permit holder in employee records.

I understand that the Longmeadow Board of Health Regulation Restricting the Sale of Tobacco Products prohibits the sale of tobacco products to any person under 21 years of age. Furthermore, federal regulations require age verification of purchasers of tobacco products up to age 27, Cigarettes, E-Cigarettes, Vape, Smokeless Tobacco Products, loose or chewing tobacco, snuff, cigars, rolling papers, bidis, blunts and pipes are examples of tobacco products. Violation of this regulation is punishable by fines up to \$300. The regulation also includes provisions for suspension or revocation of the Tobacco Sales permit.

The Longmeadow Board of Health conducts regular compliance checks to determine if stores are selling tobacco to minors. Selling tobacco to a minor may result in the suspension or revocation of this store's permit to sell tobacco products. In addition, representatives from the State Attorney General's Office or the Food and Drug Administration may also conduct compliance checks of the store.

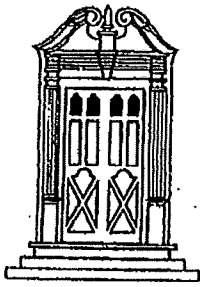
By signing this form, I agree to the following:

1. I have read the Town of Longmeadow Board of health Regulation Restricting the Sale of Tobacco Products and I understand the requirements.
2. I understand that it is against local regulations to sell Tobacco Products to any person under the age of **21**.
3. I understand that federal law requires purchasers of tobacco products under **27** years to provide age verification.
4. If the customer cannot provide proof of his or her age, I will not under any circumstances make the sale.
5. I understand that I can only accept government-issued identification containing the bearer's date of birth and photograph as proof of identification.
6. I understand I must carefully check the identification document to determine if the bearer is age **21** or older.

Employee's Signature / Date

Tobacco Sales Permit Holder's / Manager's Signature / Date

Name of Establishment



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**MANDATORY CERTIFICATION FOR APPLICANTS
FOR BOARD OF HEALTH LICENSES**

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 law.

Signature of Individual or Corporate Name
(Mandatory)

By: Corporate Office Mandatory, if Applicable

Social Security or Federal Identification Number
(Voluntary)

Your license(s) will not be issued unless this certification clause 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 Mass G.L.C. 62C. S.49A.



The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 600 Washington Street
 Boston, MA 02111
 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1. I am an employer with _____ employees (full and/or part-time).*
- 2. I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
- 3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
- 4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5. Retail
- 6. Restaurant/Bar/Eating Establishment
- 7. Office and/or Sales (incl. real estate, auto, etc.)
- 8. Non-profit
- 9. Entertainment
- 10. Manufacturing
- 11. Health Care
- 12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. # _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: LONGMEADOW Permit/License # _____

Issuing Authority (circle one):
 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
 6. Other _____

Contact Person: OVERLY S. HIRSCHORN Phone #: (413) 565-4140