



Mayor Joshua A Garcia  
City of Holyoke

Timothy M. Rivers, Director  
Board of Health

## HOLYOKE BOARD OF HEALTH APPLICATION FOR "PERMIT FOR LOCATION AND SALE OF TOBACCO PRODUCTS"

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

### Please Read & Initial 1 thru 14

1. I understand that it is against the law to sell any tobacco product and/or matches/lighters to anyone less than 21 years of age; regardless of how old the person looks.
2. I understand that the Holyoke Board of Health Regulation requires anyone selling tobacco, lighters or matches to conclusively establish the customer's age is over 21 years old, by means of **government-issued photographic ID**.
3. I must check and verify photo ID for anyone **who wishes to purchase tobacco**.
4. I understand and agree that the Holyoke Board of Health/Tobacco Control Program may conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that:
  - a. The Board of Health/Tobacco Control Program may send persons under 21 into my establishment who will attempt to purchase tobacco products.
  - b. These persons may or may not look 21 years of age.
  - c. These persons may or may not have identification.
5. I understand that self-service tobacco displays from which the customer may select tobacco products, lights or matches are prohibited: all sales must be face-to-face.
6. I understand that tobacco vending machines are prohibited except in approved bars.
7. I understand that the sale of single or loose cigarettes, or cigarettes in packages smaller than 20 cigarettes is prohibited.
8. I understand that I must display Department of Public Health signs stating, "**Sale Of Tobacco To Persons Under 21 Prohibited**".
9. I will provide the Board of Health with proof of a current "**Cigarette Retail License**" from the Massachusetts Department of Revenue. (**Attach copy of DOR license**).
10. I understand that I am responsible for informing any and all persons who sell tobacco about both state and local regulations pertaining to tobacco sales and I am responsible for any violations of these regulations.
11. I understand that I may not sell tobacco products below state minimum prices.
12. I understand that penalties for violation of the regulation include monetary fines and/or suspension of this permit for **three days, seven days, thirty days, or one year**.
13. I understand that if I am found in violation, I cannot confront the minor who purchased the tobacco
14. **The Board of Health will notify me about mandatory Tobacco Control Program Training to take place annually.**

I have read and understand the Holyoke Board of Health "Regulations Affecting Smoking in Certain Places and Youth Access to Tobacco" and agree to abide by them. Smoking is not permitted in any public place or workplace.

Store Name \_\_\_\_\_ Address \_\_\_\_\_

Please Print Name \_\_\_\_\_ DOR# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_