

**TOWN OF SOUTH HADLEY  
BOARD OF HEALTH  
116 MAIN STREET, SUITE 102  
SOUTH HADLEY, MA 01075  
Telephone (413) 538-5013  
Fax (413)-538-5012**

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 checklist has been initialed and signed.*

**INITIAL**

- 1. I understand that it is against the law to sell any tobacco product and/or matches/lighters to anyone less than 18 years of age, regardless of how old the person looks.
- 2. I understand that the South Hadley Board of Health Regulation requires anyone selling tobacco, lighters or matches to conclusively establish the customer's age as over 18 years old, by means of government-issued photographic ID.
- 3. I must check and verify photo ID for anyone under age 27 years.
- 4. I understand and agree that the South Hadley Board of Health will conduct frequent compliance checks of my business to ensure that tobacco products are not sold to minors. This means that:
- 5. The Board of Health will send minors into my establishment who will attempt to purchase tobacco products.
- 6. These minors may or may not look 18 years of age.
- 7. These minors may or may not have ID.
- 8. I understand that self-service tobacco displays from which the customer may select tobacco products, lighters or matches are prohibited: all sales must be face-to-face.
- 9. I understand that tobacco vending machines are prohibited.
- 10. I understand that the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.
- 11. I understand that I must display Department of Public Health signs stating, "Sale of Tobacco to Minors Is Prohibited".
- 12. I will provide the Board of Health with proof of current "Cigarette Retailers License" from the Massachusetts Department of Revenue. (Attach copy of DOR license) License # \_\_\_\_\_
- 13. 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.
- 14. I understand that I may not sell tobacco products below state minimum prices.
- 15. I understand that penalties for violation of the regulation include monetary fines and/or suspension of this permit for seven days, thirty days or one year.

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

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

Please Print Name \_\_\_\_\_