Weymouth Health Department

Director
Daniel McCormack,
R.S., C.H.O

Mayor
Robert L. Hedlund

Health Department
75 Middle Street
Weymouth, MA 02189
Tel. (781) 340-5008
Fax. (781) 682-6112

Tobacco Sales Permit Process Letter

Completed application packets must be mailed or dropped off at the Health Department. Applications cannot be submitted electronically. Contact our office at 781-340-5008 with any questions.

All documents requiring signature must be signed and each section completed in full. Incomplete applications will be returned. Your application must include the following documentation:

- ☐ Completed Signed Application. *** The Application must be typed and printed. Please **do not** hand-write applications. ***
- ☐ All State Tobacco related licenses (You must supply your own copies of licenses with your application)
  - ☐ *Cigarette State License*
  - ☐ *Cigar State License*
  - ☐ *E-cig State License*
- ☐ Workers' Compensation Insurance Information:
  - ☐ Completed Workers' Compensation Affidavit portion of application (pg. 2)
  - ☐ Workers' Compensation declaration page (if you have employees)
- ☐ Fee:
  - ☐ Checks (made payable to Town of Weymouth) or ☐ Cash

All permits are annual and
Renewals are due
December 15th

Health Dept. Use Only:
Total Permit Fee: **$100**
Payment Type: _____

Weymouth Health Department

75 Middle Street – Weymouth, MA 02189
Phone: 781-340-5008 Fax: 781-682-6112

2024 TOBACCO SALES PERMIT APPLICATION

Name of Establishment:		
Establishment Address:		Zip Code:
Mailing Address (if different):		
Name & Title of Applicant (must be manager, supervisor or owner):		
Name of Owner (if different than applicant)		
Email:		
Telephone:		
If Corporation or Partnership, give name, title and home address of partners.		
Name	**Title**	**Home Address**
State of Incorporation:	Name & Address of Local Agent:	

Type of Establishment (please check):

- ☐ Bar / Tavern
- ☐ Gas Station
- ☐ Adult Retail Tobacco Store
- ☐ Retail Store
- ☐ Convenience Store
- ☐ Liquor Store
- ☐ Restaurant
- ☐ Supermarket

Type of State Tobacco License(s) you hold: (Please Check):

- ☐ Cigarette Retail License
- ☐ Cigar or other Tobacco Product Retail License
- ☐ Electronic Cigarette Retail License
- ☐ Cigarette Distributor License

*****YOU MUST INCLUDE A COPY OF YOUR STATE LICENSE(S)**

**** PAGE 1 OF 2 - PLEASE TURN OVER ****

WORKERS' COMPENSATION INSURANCE AFFIDAVIT: GENERAL BUSINESS

Business/Organization Name:
_____

Address: _____

City/State/Zip: _____

Are you an employer? Check the appropriate box:
1. ☐ I am a 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.
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 required.)

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. # _____

*****Attach a copy of the workers' compensation policy declaration page (showing the policy # and 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 $1500 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 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.

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

Pursuant to MGL Chapter 62 C., Section 49A, I certify under the penalties of perjury that I, to the best of my knowledge and believe, have filed all state tax returns and paid state taxes required under law.

I have also read Board of Health Regulation #31 – Governing the Sale of Tobacco and Nicotine Delivery Products I will also comply with all Massachusetts Tobacco Regulations including Chapter 270 Section 6.

Print Name: _____Signature: _____

Date: _____

- **Return this <u>application and $100 fee</u> to: Weymouth Health Department, 75 Middle Street, Weymouth MA 02189**
- **You must include your <u>Worker's Compensation Insurance declaration page</u> with your application**
- **Permits are annual and are valid January 1st through December 31st of each year.**
- ****Include a copy of <u>any and all State Tobacco related licenses</u> you hold** (New requirement)**