



TOWN OF MILFORD
BOARD OF HEALTH
Milford Town Hall 52 Main Street, Milford MA
01757
Phone (508) 634-2315 Fax (508) 473-1380

TOBACCO SALES RENEWAL PERMIT APPLICATION

Annual Permit Fee \$200 (Payable to the Town of Milford)
APPLICATION FEES ARE NON-REFUNDABLE

Establishment: _____

Address: _____

Owner(s) Operator(s) Names: _____

Email: _____ Phone: _____

Mailing Address: _____

(If different from Establishment Address):

ALL SALES ARE OVER THE COUNTER

I, THE UNDERSIGNED HAVE OBTAINED AND REVIEWED THE REGULATIONS PERTAINING
TO THE SALE, VENDING AND DISTRIBUTION OF TOBACCO WITHIN THE TOWN OF
MILFORD.

Name of Applicant:

Date Application Completed:

*Signature of Applicant:

*BY SIGNING THIS APPLICATION, YOU ARE INDICATING THAT YOU HAVE INITIALED THE
ATTACHED CHECKLIST AFTER READING AND **UNDERSTANDING** THE TOBACCO
REGULATIONS FOR THE TOWN OF MILFORD.

This form must be initialed and signed by the owner/operator 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 regulations passed by the Milford Board of Health entitled "Sales of Tobacco Products to Minors" INITIALS:
2. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under 21 years of age, regardless of how old the person looks. INITIALS
3. I understand that the Town of Milford requires anyone selling tobacco to conclusively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 18 years of age. INITIALS:
4. I understand that the Town of Milford Tobacco Control Program (TCP) will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors.

THIS MEANS:

- a. TCP will send minors into my establishment to attempt the purchase of tobacco
 - b. These minors may or may not look 21 years of age.
 - c. These minors will respond truthfully when asked their age.
 - d. TCP will conduct these compliance checks on all tobacco merchants, including bars and private clubs, regardless of their type of business. INITIALS:
5. I understand that if I am caught selling tobacco to minors, I can be fined \$100.00. INITIALS:
 6. I understand that if I am caught selling tobacco to minors two times in any twelve month period, regardless of whether any of the tickets are appealed or dismissed, I will be called before the Milford Board of Health to explain why my permit should not be suspended. INITIALS:
 7. I understand that the Town of Milford prohibits that sale of single cigarettes (loosies). If I am caught selling single cigarettes, I will be fined \$100.00 INITIALS:

By signing this form, I acknowledge that I have read and understand all of the above statements. further understand that failure to abide by these conditions may jeopardize my Tobacco Sales Permit.

Owner/Operator Signature: _____ Date: _____