

**CITY OF WALTHAM**  
**MASSACHUSETTS**  
**BOARD OF HEALTH**

MICHELLE M. FEELEY  
DIRECTOR OF PUBLIC HEALTH

**APPLICATION FOR LOCATION AND SALES OF TOBACCO/VAPING PRODUCTS**  
**IN THE CITY OF WALTHAM**  
**PLEASE COMPLETE BOTH SIDES**

**Fee: \$110.00 for a one year permit - Payable to the City of Waltham**

**Check#**

**Date:**

**\*\*\*PLEASE CONTACT THE MASSACHUSETTS DEPARTMENT OF REVENUE- TOBACCO**  
**SALES FOR A SALES PERMIT NUMBER AT 617-887-5090.**

**Date:** \_\_\_\_\_

**Establishment Name:** \_\_\_\_\_

**Establishment Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Type of Business: (Check One)**

Grocery Store \_\_\_\_\_

Convenience Store \_\_\_\_\_

Gas Station \_\_\_\_\_

Liquor Store \_\_\_\_\_

Pharmacy \_\_\_\_\_

Restaurant \_\_\_\_\_

Bar \_\_\_\_\_

Other \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Owners Address:** \_\_\_\_\_

**Owners Home Phone Number:** \_\_\_\_\_

**Managers Name:** \_\_\_\_\_

**Types of Tobacco Sold:** Cigarettes \_\_\_\_\_ Cigars \_\_\_\_\_ Pipe Tobacco \_\_\_\_\_

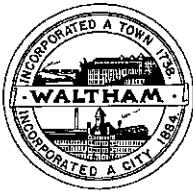
Spit/Chewing Tobacco \_\_\_\_\_ Other Products \_\_\_\_\_

Any and all Vaping Products \_\_\_\_\_

In accordance with the provisions of G. L. C. 111 s. 31 and any other applicable law. The Board of Health of the City of Waltham requires that any and each establishment required to hold a state license to sell tobacco and/or vaping products shall also hold and maintain a valid Permit for Location and Sales of Tobacco/Vaping Products from the City of Waltham. Effective date: July 1, 2000.

**Department of Revenue License Number:** \_\_\_\_\_

**119 School Street, Waltham, MA 02451 Phone: 781-314-3305 Fax: 781-314-3319**



# CITY OF WALTHAM

MASSACHUSETTS

BOARD OF HEALTH

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DIRECTOR OF PUBLIC HEALTH

## WALTHAM HEALTH DEPARTMENT

### TOBACCO AND VAPING PRODUCT SALES AND LOCATION CHECKLIST

This form must be completed by the owner/operator of the establishment applying for a permit for location and sales of tobacco and vaping products.

1. I have read and understand all sections of the Waltham Board of Health regulation concerning youth access to tobacco/vaping products.

\_\_\_\_\_  
INITIALS

2. I understand that it is against the law to sell cigarettes or any tobacco/vaping product to anyone under the age of 21 years, regardless how old the person looks.

\_\_\_\_\_  
INITIALS

3. I understand the Board of Health organization, and State and Federal law require businesses to establish positive proof of age before selling tobacco/vaping to any customer under 27 years of age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age.

\_\_\_\_\_  
INITIALS

4. I understand that the owner/operator of a business holding a tobacco/vaping sales permit will be responsible for all violations of the Waltham Board of Health regulations controlling the sale of tobacco/vaping products.

\_\_\_\_\_  
INITIALS

5. I understand that the Waltham Board of Health Tobacco/Vaping Problem may conduct unannounced compliance checks of my business to ensure that minors are unable to purchase tobacco/vaping from my business. This means: WTCP may send minors into my establishment to attempt to purchase tobacco/vaping. These minors may or may not look 21 years of age.

\_\_\_\_\_  
INITIALS

6. I understand that other government agencies, such as the Food & Drug Administration or the States Attorney General's Office, may conduct additional compliance checks of my place of business.

\_\_\_\_\_  
INITIALS

7. I understand that if I am caught selling Tobacco/Vaping to minors, I will be issued a citation pursuant to the Board of Health regulation. If I am repeatedly cited, I will be called for a hearing before the Waltham Board of Health to show cause as to why my permit should not be suspended.

\_\_\_\_\_  
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 as well as all the requirements of the Waltham Health Department Board of Health Youth Access Products regulation may jeopardize my permit for Location and Sales of Tobacco/Vaping products.

**Owner/Operator:** \_\_\_\_\_

**Date:** \_\_\_\_\_