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Director of Health & Human Services
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TOBACCO PRODUCT SALES PERMIT (Two Pages)

Permit Fee: \$125.00 (Check or Money Order)

Establishment Name (DBA): _____

Business Address: _____
Please Include Zip Code

Owner's Name: _____

Manager's Name: _____

Establishment Phone Number: _____ Cell Number: _____

If the Establishment is owned by a Corporation or LLC, please complete the section below. Otherwise, write "Not Applicable"

Corporation Name: _____

Mailing Address: _____
Please Include Zip Code

Contact Person: _____

Corporation Phone Number: _____

PLEASE SIGN BELOW:

I have read and understand all of the conditions for obtaining a tobacco vendor permit, including that by applying I am consenting to unannounced inspections and compliance checks. I have read and understand the Code of Mass. Regulations 105 CMR 665.000 and the City of Lowell Board of Health Tobacco Regulations, which regulate the sale of tobacco and state, among other things, that the sale of tobacco to anyone younger than 21 is illegal. I further understand that if my establishment is not in compliance with the above-stated Regulations, it will be subject to fines and permit suspensions issued by agents of the Lowell Board of Health.

Signature

Date

For Office Use Only

State License #: _____ TC Permit #: _____ Permit Date: _____ Check #: _____

IMPORTANT:

This page is part of the tobacco permit application

Please write your name initials after each statement and sign at the bottom

Acknowledgments

I, _____, the tobacco permit applicant, hereby acknowledge the following:

1. The sale of **flavored** traditional tobacco products of any kind is prohibited; _____
2. The sale of **flavored** vaping products is prohibited; _____
3. The sale of vaping products containing more than 35mg/ml of nicotine is prohibited, except in adult-only retail tobacco stores; _____
4. Each retailer is required to have letters from tobacco manufacturers certifying the tobacco products sold at the store **are not flavored**; _____
5. Retailers that sell vaping products are required to have letters from the manufacturers certifying the **products don't exceed 35mg/ml of nicotine**; _____
6. Tobacco manufacturers' letters must be kept in the store, organized, and ready for inspection; _____
7. The sale of flavored enhancers to be used with a tobacco or vaping product is prohibited; _____
8. Tobacco signs provided by the Lowell Tobacco Control program are required by law and must be kept posted as instructed by the enforcement officer; _____
9. Valid tobacco permit and state tobacco licenses must be **posted visibly at all times**; _____
10. The sale of tobacco products and/or vaping products to anyone younger than 21 years of age is prohibited; _____
11. The verification of a valid government-issued photographic identification is required before the sale of any tobacco or vaping product; _____
12. Cooperation during unannounced inspections is required; _____
13. The Lowell Tobacco Control program and the FDA conduct unannounced compliance checks where minors (under 21) attempt to purchase tobacco and vaping products; _____
14. **The sale or the mere presence of blunt wraps and packs of cigars containing fewer than 4 cigars is prohibited**; _____
15. The penalties for most violations include fines ranging from **\$1,000 to \$5,000 per violation and suspension of your tobacco permit for up to 30 consecutive business days**. _____
16. These preceding statements are highlights of provisions contained in 105 CMR 665 and local tobacco regulations. I understand it is my responsibility to read these regulations in their entirety and abide by all their provisions. I am also responsible for adequately training all my workers, whether they are employees, contractors, friends or family members. _____

Applicant's signature

Date