

**HEALTH DEPARTMENT**

484 Broadway, Room 20  
Everett, MA 02149  
(617) 394-2255

STEVE SUPINO  
EXECUTIVE DIRECTOR OF  
HEALTH & HUMAN SERVICES

**CITY OF EVERETT  
MASSACHUSETTS**



**BOARD OF HEALTH**

SEAN F. CONNOLLY, DPM  
CHAIR  
MELISSA MASSUA  
MEMBER  
KIM FERRANTE  
MEMBER

November 2, 2017

Re: Renewal – Annual Tobacco Permit

Dear Tobacco Permit Holder:

Pursuant to The Everett Board of Health Regulation Restricting the Sale of Tobacco Products, enclosed is the application package for the renewal of your annual tobacco permit. Permits are mandatory in accordance with the above referenced Regulation. ***Your 2017 permit will expire on December 31, 2017. Our records indicate that you have not renewed your 2018 tobacco permit to date.***

The enclosed renewal package includes:

1. Application For a Tobacco Sales Permit (two sides)
2. City of Everett Local Tax Verification Form (verified by the Tax Collector before submitted to the Health Department)
3. Workers' Compensation Insurance Affidavit
4. Employee Agreement Signature Page.

***Please return the above documents with a copy of your MA Department of Revenue Tobacco Retailer License and payment of \$50.00 payable to the City of Everett to: Everett Health Department, 484 Broadway, Room 20, Everett, MA 02149, before December 15, 2017.***

***Please have the Tax Verification Form authorized by the Everett Tax Collector's office before submitting your application to the Health Department.***

***The Employee Agreement Signature Page needs to be filled out by every employee who sells tobacco. A copy should be kept at your store for your files.***

Please contact the Health Department with any questions or concerns on this matter. Thank you for your cooperation.

Regards,

Donna Lento, Clerk  
City of Everett Health Department

***Encl. (Application for a Tobacco Sales Permit, Tobacco Sales Permit Checklist, Tax Verification Form & Workers' Compensation Insurance and Signature Page)***

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**APPLICATION FOR A TOBACCO SALES PERMIT**

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

Fee: \$50.00

Name of Establishment: \_\_\_\_\_

Type of Business: Grocery Store  Liquor Store  Convenience Store

Restaurant  Gas Station  Gas & Mini Mart  Bar/Tavern

Private Club  Other (Describe) \_\_\_\_\_

Days & hours of operation: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Is Mailing Address at (circle one) Business or Company/Corporate Office

Name & Title of Owner/Applicant: \_\_\_\_\_

Address of Owner/Applicant \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of Manager (if different from above): \_\_\_\_\_

Name of Emergency (24 hour) Contact Person: \_\_\_\_\_

Hone Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Type(s) of Tobacco to be sold: Cigarettes  Dip/Chew  Pipe Tobacco  Cigars

Other (specify): \_\_\_\_\_

How are tobacco products to be sold: over the counter  vending machine

If a vending machine, does it have a lock-out device? Yes  No

MA Department of Revenue Tobacco Retailer License Number: \_\_\_\_\_

(Attach proof of license)

Pursuant to MGL Chapter 62C, § 49 A, I certify under the penalties of perjury that to the best of my knowledge and belief all State tax returns have been filed and all State taxes have been paid as required under law.

\_\_\_\_\_  
Social Security Number or Tax ID Number

\_\_\_\_\_  
Signature of Applicant or Corporate Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of Corporate Officer (if applicable)

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<OVER>

**EVERETT TOBACCO SALES PERMIT CHECKLIST**

THIS FORM MUST BE COMPLETED 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 The Everett Board of Health Regulation Restricting the Sale of Tobacco ..... Initials: \_\_\_\_\_
2. I understand that it is against the law to sell cigarettes or any tobacco products to anyone under 21 of age, regardless of how old the person looks. .... Initials: \_\_\_\_\_
3. I understand that The Everett Board of Health Regulation Restricting the Sale of Tobacco Products requires anyone selling tobacco to positively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least 21 years of age. Proper identification consists of a valid driver's license or other form of positive identification (a picture I.D. that indicates date of birth)..... Initials: \_\_\_\_\_
4. I understand that the Federal Food and Drug Administration Regulations also prohibits the sale of tobacco to persons under age 21 and require tobacco retailers to see a photo I.D. with a birth date before selling tobacco to anyone under age 27. Violations may result in \$250.00 fine..... Initials: \_\_\_\_\_
5. No clerk shall sell cigarettes or other tobacco products to a person twenty one (21) years of age who has a note from an adult requesting such a sale..... Initials: \_\_\_\_\_
6. I understand that the 5 City Collaborative Tobacco Control Program will conduct frequent compliance checks of my business to ensure that my establishment is not selling tobacco products to minors. This means:
  - a) The 5 City Collaborative Tobacco Control Program will send minors into establishments to attempt the purchase of tobacco; and,
  - b) These minors may or may not look 21 years of age..... Initials: \_\_\_\_\_
7. I understand that if I or one of my clerks sells tobacco to minors a ticket will be written and a fine imposed by the Health and Human Services Department. If three violations are recorded a three-year period my permit can be suspended or revoked by the Everett Health and Human Services Department ..... 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 may jeopardize my Tobacco Sales permit.

Name of Business: \_\_\_\_\_

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

Please Print

Please Sign

## Form CT-RL Instructions

You must obtain a tobacco retailer license before purchasing and selling cigarettes and/or cigars and smoking tobacco. **You must be registered to collect sales tax before applying for a tobacco retailer license.** If you have not registered for sales tax, go to DOR's website at [www.mass.gov/dor](http://www.mass.gov/dor) or call the Customer Service Bureau at (617) 887-MDOR.

Enter all information on application as shown on sample.

Check the box which indicates how you sell cigarettes (cigarettes include "little cigars" and smokeless tobacco). If you sell cigarettes over the counter, there is a \$50 fee for obtaining or renewing your license. If you sell cigarettes in vending machines, there is a \$50 fee for **each** machine. Complete a separate application for each vending machine. There is no fee if you are only selling cigars and/or smoking tobacco.

**Legal name of business.** Enter the legal name of your business for mailing purposes. For most retailers this will be the same as their trade name.

**Federal Identification.** Enter your Federal Identification (FID) number. Under Massachusetts law, if you are not a sole proprietor, you must have a FID number to sell cigarettes and/or cigars and smoking tobacco.

**Mailing address.** If you want your application sent to a location other than the retail sale location, enter that address here. Be sure

to include the Zip code. Also enter your telephone number for that address, including the area code.

**Trade name.** If the retail sale location is different from the mailing address, enter the trade name of the retail sale location here. If the retail sale location and mailing address are the same, leave this section blank.

**Address of retail sale location.** Enter the address of the retail sale location. If this address is the same as the mailing address, leave this section blank. Also enter the telephone number for the sale location, including the area code.

Enter the name(s) of the owner(s) of the business.

Enter the type of business in which you sell cigarettes, cigars and/or smoking tobacco; for example, grocery store, gas station, etc.

Enter the e-mail address, if any, of the business owner.

**Certifications and Signature.** Be sure to read and initial the two certifications above the signature line. Sign your name above, and enter your printed name and title and the date on this application. Your application will not be processed without your initials, printed name, and signature. Make your check(s) payable to the Commonwealth of Massachusetts. Mail your application along with any required fee to: **Massachusetts Department of Revenue, PO Box 7004, Boston, MA 02204.**

### Certification and Signature

Read and initial   *PF*   I hereby certify that I understand the following actions constitute violations of law, which carry criminal and/or civil penalties, and which could lead to the suspension or revocation of my tobacco retailer license:

Selling or possessing with intent to sell cigarettes or little cigars (but not including smokeless tobacco) without a Massachusetts stamp affixed to each individual package.

Knowingly purchasing or possessing cigars or smoking tobacco not manufactured, purchased or imported by a Massachusetts-licensed cigar distributor.

Read and Initial   *PF*   I hereby certify that I agree to conform with the provisions of the Massachusetts General Laws, Chapters 62C and 64C, as amended and with all rules and regulations made thereunder, and have complied with all laws of the Commonwealth relating to taxes.

Signed under the penalties of perjury.

Signature	Title	Print name	Date
<i>Peter Flaherty</i>	owner	Peter Flaherty	7/31/14



# Form CT-RL Application for Tobacco Retailer License

Rev. 7/14

**Massachusetts  
Department of  
Revenue**

This application is for a tobacco retailer license for the period October 1, 2014 through September 30, 2016. Please read the instructions below. License fee is \$50 for over-the-counter cigarette sales, and \$50 for each cigarette vending machine. Complete a separate application for each vending machine. There is no fee if you are only selling cigars and/or smoking tobacco.

**Registration Information.** Please print. **Note:** You must be registered for sales tax before applying.

How are cigarettes sold?  Over the counter  Vending machine

Please check all that apply:  Cigarettes (including little cigars and smokeless tobacco)  Cigars and/or smoking tobacco

Legal name of business	Federal identification number	Application number (DOR use only)		<b>CODE-3</b>
Mailing address	City/Town	State	Zip	Telephone
Trade name				
Street address of retail sale location	City/Town	State	Zip	Telephone
Name(s) of owner(s)	Type of business	E-mail address		

**Certification and Signature**

Read and initial \_\_\_\_ I hereby certify that I understand the following actions constitute violations of law, which carry criminal and/or civil penalties, and which could lead to the suspension or revocation of my tobacco retailer license:

**Selling or possessing with intent to sell cigarettes or little cigars (but not including smokeless tobacco) without a Massachusetts stamp affixed to each individual package.**

**Knowingly purchasing or possessing cigars or smoking tobacco not manufactured, purchased or imported by a Massachusetts-licensed cigar distributor.**

Read and initial \_\_\_\_ I hereby certify that I agree to conform with the provisions of the Massachusetts General Laws, Chapters 62C and 64C, as amended and with all rules and regulations made thereunder, and have complied with all laws of the Commonwealth relating to taxes.

Signed under the penalties of perjury.

Signature	Title	Print name	Date
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Mail to: Massachusetts Department of Revenue, PO Box 7004, Boston, MA 02204.



The Commonwealth of Massachusetts  
 Department of Industrial Accidents  
 Office of Investigations  
 600 Washington Street  
 Boston, MA 02111  
 www.mass.gov/dia

**Workers' Compensation Insurance Affidavit: General Businesses**

**Applicant Information**

**Please Print Legibly**

Business/Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Are you an employer? Check the appropriate box:**

- 1.  I am an 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. [No workers' comp. insurance required]
- 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 req.]

**Business Type (required):**

- 5.  Retail
- 6.  Restaurant/Bar/Eating Establishment
- 7.  Office and/or Sales (incl. real estate, auto, etc.)
- 8.  Non-profit
- 9.  Entertainment
- 10.  Manufacturing
- 11.  Health Care
- 12.  Other \_\_\_\_\_

\*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

\*\*If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

**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. # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration 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 \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 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.

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

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

Phone #: \_\_\_\_\_

**Official use only. Do not write in this area, to be completed by city or town official.**

City or Town: \_\_\_\_\_ Permit/License # \_\_\_\_\_

**Issuing Authority (circle one):**

- 1. Board of Health
- 2. Building Department
- 3. City/Town Clerk
- 4. Licensing Board
- 5. Selectmen's Office
- 6. Other \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

# Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**"

Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

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## Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

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## City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

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The Department's address, telephone and fax number:

The Commonwealth of Massachusetts  
Department of Industrial Accidents  
**Office of Investigations**  
600 Washington Street  
Boston, MA 02111

Tel. # 617-727-4900 ext 406 or 1-877-MASSAFE

Fax # 617-727-7749

[www.mass.gov/dia](http://www.mass.gov/dia)

# TOBACCO AGREEMENT

## MASSACHUSETTS GENERAL LAWS, CHAPTER 270, SECTION 6 – TOBACCO SALES TO MINORS

*“Whoever sells a cigarette, chewing tobacco, snuff or any tobacco in any of its forms to any person under the age of eighteen or, not being his parent or guardian, give a cigarette, chewing tobacco, snuff or tobacco in any of its forms to any person under the age of eighteen shall be punished by a fine of not less than one hundred dollars for the first offense, not less than two hundred dollars for a second offense and not less than three hundred dollars for any third or subsequent offense.”*

### I agree to the following rules about the sale of tobacco products:

\_\_\_ I have received a copy of the City of **Everett’s** regulation restricting the sale of tobacco products.

\_\_\_ I understand that the minimum legal sale age in **Everett** is twenty-one **(21)**.

\_\_\_ I will not accept a note from an adult giving permission to a person under the age of **(21)** to buy tobacco products.

\_\_\_ In turn, management agrees to support my judgment to make the sale in any of the cases described above.

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Store Manager’s Signature

\_\_\_\_\_  
Date

(This agreement will be maintained in your personnel file as part of your permanent employee record)

The retailer education project is jointly sponsored by the Massachusetts Tobacco Control Program and the Office of the Attorney General, funded by the Department of Public Health. For questions please call Massachusetts Department of Public Health at 1-617-624-6000.

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For more information, contact your local Board of Health.

**NO I.D. NO TOBACCO**