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**TOWN OF WAYLAND
BOARD OF HEALTH**

APPLICATION FOR TOBACCO LOCATION PERMIT FY2022

Date:_____

Expires: 6/30/22

NAME OF BUSINESS:_____

BUSINESS ADDRESS:_____

MAILING ADDRESS:_____

**PERSON RESPONSIBLE FOR THE BUSINESS- SEE UNDERLINED SECTION ON REVERSE SIDE
(INSTRUCTIONS FOR FOLLOWING QUESTIONS):**

- If the business is a sole proprietorship, the information provided below should be for the proprietor. (Owner).
- If the business is a corporation, the information provided below should be for an officer of the corporation who will be held responsible for any criminal acts of the corporation.
- If the business is a partnership, the information provided below should be for a partner who will be held liable for any criminal acts of the partnership.

Name of Person responsible for the Business (please print):

Address of Person Responsible for the Business:

Telephone#

Cell Phone#

Email address:

Social Security Number of the person responsible for the Business:_____

NOTE: This application must be filled out completely before a permit will be issued. INCOMPLETE APPLICATIONS WILL BE RETURNED.

I, the undersigned applicant agree to the conditions listed on the back of this application.

Applicant's Signature

Public Health Director

- Tobacco Location Permits are non-transferable and are only valid for the applicant at the location indicated on the front of this application.
- Tobacco Location Permits must be renewed yearly, July 1 of each year. It is my responsibility, as applicant/permit holder to apply for a permit each year.
- I agree to abide by all laws concerning tobacco, including, but not limited to: Regulations, Bylaws, Codes and/or Statutes of the Wayland Board of Health, the Town of Wayland, the Commonwealth of Massachusetts, and laws of the United States. It is my responsibility, as the applicant/permit holder, to learn these laws and to follow all applicable laws. Failure to follow these laws may result in a fine and/or suspension/revocation of non-tobacco permits issued by the Wayland Board of Health and the Town of Wayland.
- I acknowledge that my establishment will be regularly inspected by a Wayland Board of Health agent to ensure compliance with all applicable laws. Inspections may include compliance checks in which a person under 21 years of age attempts to purchase tobacco products from my establishment. Because both federal law and Wayland regulations require that identification be checked when purchasers appear to be under 27, it is possible that those participating in compliance checks, may lie about their age, and may give false information verbally. I understand that my establishment will be in violation of federal, state, and Wayland laws if I or an employee sells any tobacco product to anyone under the age of 21. Regardless of what the purchaser says identification must be checked to confirm age.
- I understand that it is my responsibility to properly train my employees/agents of all laws concerning tobacco.
- I understand that all penalties will be applied to the holder of the tobacco permit.
- I understand that if a citation is issued as the result of a violation of any Wayland Board of Health regulation, I will have the following options:
 1. The fine can be paid in full, within 21 days of the notice. Payment of the fine will operate as a final disposition of the matter and there will be no resulting criminal record.
 2. Within 21 days of notice, if I elect, the matter can be contested in a non-criminal hearing.

Failure to pay fines or appear at a hearing, even a hearing which I have requested, will result in a criminal complaint being issued against the person listed on the front of this application, as the person responsible for the business.

- It is the right of the Wayland Board of Health to modify its regulations at any time, with notice as required by law.
- Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under the penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.