



TOWN OF ROCKLAND

Board of Health

Town Hall

242 Union Street

Rockland, Massachusetts 02370

PERMIT FOR TOBACCO & VAPING PRODUCTS

Enclosed is your application to sell Tobacco and Vaping products in the Town of Rockland which is required each year for consideration. Applications must be filed with the Board of Health Office.

Please provide the following documents:

- Completed Workers' Compensation Affidavit
- Certificate of Workers Comp Liability (if applicable)
- Certificate of General Liability Insurance
Insurance rider must be addressed to:
The Town of Rockland BOH, 242 Union St Rockland, MA. 02370
- Tobacco Sales Permit Check list
- Massachusetts Retailer License for Sale of Tobacco
- Check made payable to the Town of Rockland in the appropriate amount
- Completed & signed Application

You must have a tobacco permit if you have a cigarette vending machine, sell vaping products cigarettes or cigars from a mobile food cart, or if you sell cigarettes or cigars at a hotel from behind the counter. Be sure you have the name of your Business on your Tobacco Sales Permit Check list along with a phone number.

If you don't have a copy of the Amended Regulations of the Rockland Board of Health pertaining to the Sale of Tobacco Products to minors enacted in June 1999 and revised as of December 20, 2018, you may pick one up at the Board of Health Office.

*It is important the applicant signs and completes all sections of application, incomplete applications will be returned. Any business that does not secured their permits will be considered "Out of Business", operating without a license and must start the entire process of submitting plans and filing a new application to operate a Food Establishment in the Town of Rockland. **NO Exceptions.***

PLEASE NOTE THIS WILL BE THE ONLY NOTIFICATION YOU WILL RECEIVE REGARDING THIS PERMIT.

Sincerely,
Delshaune R. Flipp

Telephone: (781) 616-6815

Fax: 781-871-2644

dflipp@rockland-ma.gov



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APPLICATION FOR TOBACCO PERMIT

Business Name: _____

Business Address: _____

Business Telephone: _____

F.I.D. # _____

Contact Person: _____

Contact Person Telephone # _____

Email Address _____

Signature of Applicant _____ **Date** _____

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TOBACCO SALES PERMIT CHECKLIST

This form must be initialed and signed by the owner/operator of the establishment applying for a Tobacco Sales Permit from the Town of Rockland Board of Health. No permit will be issued until this checklist has been completed and returned.

1. I have received, read and I understand all sections of the Regulations of the Rockland Board of Health Regarding the Sale of Tobacco Products to Minors enacted in June 1999 and revised December 20, 2018. **Initials** _____
2. I understand that it is against the law to sell tobacco products to anyone under the age of Twenty-One (21) years of age, regardless of how old the person looks. **Initials** _____
3. I understand that the Rockland regulations require anyone selling tobacco products to conclusively establish the customer's age. This means that the clerk must ask for and see identification proving the person is at least Twenty-One (21.) **Initials** _____
4. I understand that Rockland Board of Health will conduct periodic compliance checks of my business to ensure that my establishment is not selling tobacco products to minors

This Means:

- A) The Rockland Board of Health, or its designee will send minors into my establishment to attempt the purchase of a tobacco product.
- B) The Rockland Board of Health, or its designee will conduct the compliance checks on all tobacco merchants, including bars and private clubs.

Initials _____

5. I understand that if I am caught selling tobacco products to minors, I will be penalized in accordance with Section 10 of the Town of Rockland Board of Health Tobacco Sales Regulations, enacted on June 1, 1999 and revised **December 20, 2018**, a copy of which was previously provided.

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

(Signature)

Name of Business

DATE

Telephone: (781) 616-6815

Fax: 781-871-2644

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