



**Town of Wilbraham  
Board of Health  
Application for Tobacco Sales Permit**

Please type or print clearly. Mail the completed application, the attached agreement, and the \$100 annual permit fee to:

**Town of Wilbraham  
Local Licensing Authority  
240 Springfield Street,  
Wilbraham, MA. 01095**

Permit Holder

Name of business or proprietor: \_\_\_\_\_

Business mailing address: \_\_\_\_\_

Business contact name (for licensing purposes): \_\_\_\_\_

Business telephone: \_\_\_\_\_

E-mail, if preferred: \_\_\_\_\_

Business Location

D/B/A: \_\_\_\_\_

Wilbraham location (street and number): \_\_\_\_\_

Location manager for tobacco sales: \_\_\_\_\_

If corporation:

State of Incorporation: \_\_\_\_\_

*Please Print legibly*

**Both pages 1 and 2 must be complete in order for the application  
to be considered.**

The applicant for this retail tobacco sales permit must initial each of the statements below and sign the statement at the bottom, indicating that you have read and understand the regulations governing tobacco retail sales in the Town of Wilbraham.

**Please initial each item and sign at bottom:**

\_\_\_\_\_ 1. I understand that it is against the law to sell cigarettes, cigars or any tobacco product to anyone under 18 years of age, regardless of how old the person looks.

\_\_\_\_\_ 2. I understand that the Wilbraham Board of Health Regulations requires anyone selling tobacco to conclusively establish that the customer is 18 years of age or older by means of government approved photographic ID such as a U. S. Military ID, driver's license, or passport.

\_\_\_\_\_ 3. I understand that the Wilbraham Board of Health will conduct frequent compliance checks of my business to ensure that I am not selling tobacco products to minors. This means that the Board of Health will send minors into my establishment who will attempt to purchase tobacco and that these minors may or may not look 18 years of age.

\_\_\_\_\_ 4. I understand that self-service tobacco displays from which the customer may select tobacco products are prohibited.

\_\_\_\_\_ 5. I understand that the sale of single or loose cigarettes or cigarettes in packages smaller than 20 cigarettes is prohibited.

\_\_\_\_\_ 6. I understand that I must display the MA Department of Public Health signs stating, "Sale of Tobacco to Minors is Prohibited."

\_\_\_\_\_ 7. I understand that I must complete a transfer of permit application for approval by the Board of Health in advance of any proposed change in permit holder.

\_\_\_\_\_ 8. I understand that no person or entity may install or maintain a vending machine to distribute or sell tobacco products within the Town of Wilbraham.

\_\_\_\_\_ 9. I understand that no person or entity shall distribute or furnish without charge or at less than full retail price cigarettes, cigars or other tobacco products or coupons for cigarettes or any tobacco products in any public place or at any event open to the public.

\_\_\_\_\_ 10. I understand that sale or distribution of tobacco products by delivery services to customers at locations other than the permit holder's business address is prohibited.

\_\_\_\_\_ 11. I understand that smoking or allowing smoking in public places is punishable by a fine as outlined in Massachusetts General Laws (Smoke-free Workplace Law).

I have received, read and agree to abide by all clauses of the Wilbraham Tobacco Control Regulations.

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

Please print name and title \_\_\_\_\_