



B. Dale Magee, MD, MS
Commissioner

CITY OF WORCESTER, MASSACHUSETTS
Division of Public Health



Public Health
Prevent. Promote. Protect.

Derek S. Brindisi
Director

**APPLICATION TO SELL TOBACCO PRODUCTS
CHECKLIST**

Attached are the required forms to sell tobacco products within the City of Worcester. Please complete every applicable item. **Incomplete applications will not be accepted and returned.**

- Completed application for a permit to sell tobacco products
- Certificate of Compliance proving compliance with the Worker's Compensation Act
- *For smoking/hookah bars only:* Copy of valid Massachusetts State Smoking Bar License from MA Department of Revenue (DOR)
- Copy of current MA Department of Revenue (DOR) Tobacco Retailer License
- Certificate of Compliance with Worcester revised ordinance governing revenue collection
- Tobacco Permit Application Fee: \$150.00 – **Please make check payable to the City of Worcester**
- Applications received after December 31st: add \$50.00 for a late fee

Important Information:

The City of Worcester's Tobacco Ordinance has been revised to include a ban on tobacco vending machines and an increase in the enforcement period from 12 to 24 months for selling to minors. Please visit www.worcesterma.gov for the complete ordinance.

The Division of Public Health will review quarterly DOR reports for all smoking and hookah bars.

Should the establishment discontinue selling tobacco products or should the establishment close, the Division of Public Health must be notified.

If you have any questions, please contact the Worcester Division of Public Health's Tobacco Control Office at (508) 799-8566.

Sincerely,

Derek S. Brindisi
Director



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APPLICATION FOR A PERMIT TO SELL TOBACCO PRODUCTS

(Office use only)

Approved: _____ Fee paid: _____ Permit number: _____
Disapproved: _____ Date paid: _____ \$150.00 fee due with application
Date: _____

This application is for (check all that apply):
[] Retail [] Hookah Bar [] New Permit [] Cigar Bar [] Renewal [] Tobacconist

IS THIS PROPERTY OWNED OR OPERATED BY THE CITY OF WORCESTER? Y / N

Business name: _____
Business address: _____
City: _____ State: _____ Zip code: _____
Business telephone number(s): _____
Business hours of operation: _____
Owner of business: _____
Owner's address: _____
E-mail address: _____

Where would you like correspondence sent?
(If different than the above address)

Mailing address: _____
City: _____ State: _____ Zip code: _____
E-mail address: _____

Pursuant to MGL Chapter 62C, Section 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 laws.


Social Security Number or Federal ID Number _____ Signature of Individual _____
Date _____ Corporate Name (if applicable) _____

**CERTIFICATE OF COMPLIANCE
PROVING COMPLIANCE WITH THE WORKERS' COMPENSATION ACT**

Section 25C of Chapter 152 of the Massachusetts General Laws requires that every 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 until it has received acceptable evidence of compliance with the Workers' Compensation Insurance coverage required by law.

As a person or company seeking a license or permit to operate a business or to construct buildings, or the renewal of such a license or permit, you must supply one of the following by attaching it to the Certificate of Compliance.


IF YOU HAVE EMPLOYEES:

 I submit a Certificate of Insurance showing workers' compensation insurance or a copy of a policy of workers' compensation in effect as of the date upon which the issuance or renewal of the license or permit is requested.


IF YOU DO NOT HAVE EMPLOYEES:

In certain circumstances, listed below, workers' compensation insurance is not required. If one of the situations applies to you, please check off the appropriate exemption. A notary must sign this sworn statement. **DO NOT** sign the form until told to do so by the Notary Public.

Commonwealth of Massachusetts
County of Worcester, Massachusetts

 I am self-employed and have no employees who work for me, and do all of the work of my business, named _____ at _____, Worcester, myself. Therefore, I am not required to obtain workers' compensation insurance.

OR

 I and _____ are the owners of the business named _____ at _____, Worcester and we have no employees. Therefore, we are not required to obtain workers' compensation insurance.

I certify that the above is true and correct under the pains and penalties of perjury this _____ day of _____, 20 _____.

Signature

On this _____ day of _____, 20 _____, before me, the

undersigned notary public, personally appeared _____, proved to me through satisfactory evidence of identification, which was _____ to be the person whose name is signed on this document, and who swore or affirmed to me that the contents of the document are truthful and accurate to the best of his/her belief.

Notary Public
My commission expires: _____

**CERTIFICATION OF COMPLIANCE WITH WORCESTER REVISED ORDINANCE
GOVERNING REVENUE COLLECTION**

Pursuant to M.G.L. c. 40, Section 57 and Worcester Revised Ordinances, Chapter 11, Article 2, Section 1, et. Seq. I hereby certify, under the pains and penalties of perjury, that the undersigned applicants, and all parties having an ownership interest therein, have complied with the laws of the Commonwealth of Massachusetts and the City of Worcester regarding payment of all local taxes, fees, assessments, betterments, or any other municipal charges of any kind.

**GIVE FULL NAMES AND RESIDENCES OF ALL PERSONS AND PARTIES
INTERESTED IN THE APPLICATION**

Give first and last name in full; in case of a corporation give names of President, Treasurer and Manager; and in case of firms, give names of individual members.

1. If a Proprietorship:

Name of Owner: _____

Business Address: _____

Home Address: _____

Business telephone: _____

Home telephone: _____

2. If a Partnership:

Full Name and Addresses of all Partners:

<u>Names</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____

Business Address: _____

Business Phone: _____

3. If a Corporation

Full Legal Name: _____

State of Incorporation: _____

Principal Place of Business: _____

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____

Owners of Corporation:

<u>Name</u>	<u>Address</u>	<u>% of stock</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

4. If a Trust

Name of Trust: _____

Business Address: _____

Names of Trustees: _____

Address: _____

(Use additional sheets if necessary)

DATED THIS _____ DAY OF _____, 20_____

BY: _____

NAME: _____

TITLE: _____

BUSINESS ADDRESS: _____

SOCIAL SECURITY or FEDERAL IDENTIFICATION NUMBER: _____