



**CITY OF WORCESTER, MASSACHUSETTS**  
Department of Health & Human Services  
**Division of Public Health**

Matilde Castiel, MD  
Health & Human Services  
Commissioner

Karyn E. Clark  
Public Health  
Director

**2020 APPLICATION TO SELL TOBACCO PRODUCTS,  
INCLUDING NICOTINE DELIVERY PRODUCTS  
CHECKLIST**

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

- Completed application for a permit to sell tobacco products
- For smoking bars (cigar/hookah) only:* Copy of valid Massachusetts State Smoking Bar License from MA Department of Revenue (DOR)
- Copy of **both** current MA Department of Revenue (DOR) Tobacco Retailer License- **Sale of Cigarettes and Sale of Cigars and Smoking Tobacco**
- Tobacco Permit Application Fee: **\$250.00** – **Please make check payable to the City of Worcester**
- Applications received after December 31<sup>st</sup>: add \$50.00 for a late fee
- Statement of Declaration must be signed.
- For new permit applicants, pre-opening inspections are **mandatory**. Please schedule an appointment with the tobacco inspector at 508-799-8531 ext. 33180.

**Important Information:**

Please visit [www.worcesterma.gov](http://www.worcesterma.gov) for the complete City of Worcester Tobacco Ordinance, Sale of Tobacco Products Regulations, and Cigar & Flavored Tobacco Regulations.

The Division of Public Health may review quarterly DOR reports for all cigar and hookah bars.

Should the establishment discontinue selling tobacco products or should the establishment close, the Division of Public Health must be notified in writing to Karyn E. Clark, Director of Public Health.

If you have any questions, please contact the Worcester Division of Public Health at (508) 799-8531.

Thank you,

Director of Public Health



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## 2020 APPLICATION FOR A PERMIT TO SELL TOBACCO PRODUCTS, INCLUDING NICOTINE DELIVERY PRODUCTS

**\$250.00 fee due with application**

**This application is for:**       **New Permit (pre-opening inspection required)**     **Renewal**

**Type of establishment:**

- Adult-Only Store (circle one): Smoking Bar / Vape Shop / Smoke Shop / Tobacconist
- General Retail Store (circle all that apply): Gas Station / Convenience Store / Grocery Store
- Private Club

Business name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Mailing address: \_\_\_\_\_

(if different than above address) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business telephone number(s): \_\_\_\_\_

Business hours of operation: \_\_\_\_\_

Owner of business: \_\_\_\_\_

Owner's address: \_\_\_\_\_

**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)



**2020 TOBACCO RETAIL PERMIT**

**STATEMENT OF DECLARATION ON TOBACCO REGULATION**

I, \_\_\_\_\_, have accessed via the City of Worcester website the  
Name  
following tobacco regulations: *Tobacco Control Ordinance, Cigar & Flavored Tobacco Products Regulations*, and *Sale of Tobacco Products Regulations (the "Regulations")*. I have read the Regulations and I understand the requirements, provisions and penalties contained therein.

I, \_\_\_\_\_, have received a copy of the *Order of the*  
Name  
*Commissioner of Public Health (the "Order")* declaring the temporary prohibition of the sale and display of all vaping products and e-cigarettes effective September 24, 2019. I have read the Order and I understand the requirements, provisions and penalties contained therein.

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