



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

**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 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
- 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:

Please visit www.worcesterma.gov for the complete City of Worcester Tobacco ordinance.

The Division of Public Health may 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 in writing to Karyn E. Clark, Director of Public Health

If you have any questions, please contact the Worcester Division of Public Health's Tobacco Control Office at (508) 799-8548.

Thank you,

Director of Public Health





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

\$150.00 fee due with application

This application is for (check all that apply):

Vape Shop

Hookah Bar

New Permit

Cigar Bar

Renewal

Tobacconist

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: _____