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TOWN OF ROCKLAND

Board of Health

Town Hall 242 Union Street Rockland, Massachusetts 02370

2022 ANNUAL 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 | e following documents no later than December 1, 2021 | |
|--------------------|--|--|
| | 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 for \$125.00 | |
| | 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 sell any type of Tobacco Products in the Town of Rockland. NO Exceptions. Please provide all information no later than November 16, 2020

The temporary statewide ban of all vaping products is still in effect.

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

Telephone: (781) 871-1874 Ext 1005 Fax: 781-871-2644



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APPLICATION FOR TOBACCO PERMIT

\$125 Permit Fee

| Business Name: | |
|-----------------------------|--|
| Business Address: | |
| Mailing Address: | |
| Business phone#: | |
| 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 | | | | |
| | 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 is Means: | | | | |
| A) to at | A) The Rockland Board of Health, or its designee will send minors into my establishment to attempt the purchase of a tobacco product. | | | | |
| B) toba | B) The Rockland Board of Health, or its designee will conduct the compliance checks on all tobacco merchants, including bars and private clubs. | | | | |
| Initi | als | | | | |
| 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. | | | | |
| | cnowledge that I have read and understand all the above statements. I further understand that re to abide by these conditions may jeopardize my Tobacco Sales Permit. | | | | |
| | (Signature) Name of Business DATE | | | | |

Fax: 781-871-2644 Telephone: (781) 871-1874 Ext 1005



The Commonwealth of Massachusetts Department of Industrial Accidents 1 Congress Street, Suite 100 Boston, MA 02114-2017

www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.
TO BE FILED WITH THE PERMITTING AUTHORITY.

| Applicant Information | Please Print Legibly | | | |
|---|--|--|--|--|
| Business/Organization Name: | | | | |
| Address: | | | | |
| City/State/Zip: Phone #: | | | | |
| Are you an employer? Check the appropriate box: 1. | Business Type (required): 5. | | | |
| I am an employer that is providing workers' compensation instruction. Insurance Company Name: Insurer's Address: | | | | |
| City/State/Zip: | | | | |
| Policy # or Self-ins. Lic. # | Expiration Date:ion page (showing the policy number and expiration date). | | | |
| Failure to secure coverage as required under Section 25A of MC fine up to \$1,500.00 and/or one-year imprisonment, as well as c of up to \$250.00 a day against the violator. Be advised that a confine the DIA for insurance coverage verification. I do hereby certify, under the pains and penalties of perjury the | ivil penalties in the form of a STOP WORK ORDER and a fine opp of this statement may be forwarded to the Office of | | | |
| Signature: | Date: | | | |
| Phone #: | Date. | | | |
| Official use only. Do not write in this area, to be completed | by city or town official. | | | |
| | | | | |
| City or Town: Permit/License # Issuing Authority (circle one): 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office 6. Other | | | | |
| Contact Person: | Phone #: | | | |

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an *employee* is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An *employer* is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "every state or 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 for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required." Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. Also be sure to sign and date the affidavit. The affidavit should be returned to the city or town that the application for the permit or license is being requested, not the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
1 Congress Street
Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE
Fax # 617-727-7749
www.mass.gov/dia