



TOWN OF WEBSTER
Health Department
350 Main St. Webster, MA 01570
(508) 949-3800 x4002

Camille Griffin, MPH, REHS/RS
Health Director

Danyel Guiou
Assistant



Public Health
Prevent. Promote. Protect.

Janet Stoica, Chairman
Iwona Miller, Vice Chairman
Matthew Wyke, Member
Anne Violette, Member
Pete Carboneau, Member

Tobacco Permit Application

Complete the following application. Please print legibly. Incomplete application and missing documents may delay the review and permit process.

1. Type of Application

Date: _____

New Applicant

Renewal of Existing Tobacco Permit

2. Establishment / Business Information

Establishment Name (d/b/a): _____

Address: _____

Webster, MA 01750

Establishment Phone Number: _____

Establishment Email: _____

3. Owner Information

Full Name of Owner: _____

Home Address: _____

Phone Number: _____

Cell Phone: _____

Email: _____

- If Corporation, Association or Partnership, attach a list of the Officer's Names, Addresses, and Phone Numbers

4. Manager Information

Name of Applicant: _____

Phone Number: _____

Email: _____

5. Emergency Contact Information

Name: _____

Title: _____

Phone Number: _____

Cell Phone: _____

6. Hours of Operation

Sun _____

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____

7. Type of Establishment

Check the applicable box(s) below:

Convenience Store Gas Station Only Gas Mini-mart Grocery Liquor Store

Other – Specify: _____

8. Check the applicable product(s) sold at your Establishment:

Cigarettes Electronic Nicotine Delivery Systems Cigars & Smoking Tobacco Food Items
 Smoke Accessories

Statement: Pursuit to M.G.L Chapter 62C, Section 49A, I _____ certify under the penalties of perjury that I, to my best knowledge and belief, have filed all State Tax returns and paid all State Taxes required under law. I hereby attest to the accuracy of the information provided in the application and affirm to comply with the 105 CMR 665.000: *Minimum Standards for Retail Sale of Tobacco and Electronic Nicotine Delivery Systems*, the *Regulation of the Webster Board of Health Restricting the Sale of Tobacco Products*, and *Town of Webster Tobacco Regulations*. I acknowledge I am responsible for training any and all employees at the above establishment who will be responsible for Tobacco Product sales on federal, state and local laws regarding the sale of tobacco.

Signature: _____ Print: _____

To obtain a Tobacco Permit, please submit the following:

Completed "Tobacco Permit Application". Please print legibly. Missing information may cause a delay in the review and permit process.

Permit Fee: \$150 made payable to "Town of Webster". Credit cards are not accepted at this time. **All Fees are non-refundable.**

Copies of any Tobacco Retailer Licenses issued by the Department of Revenue for each type of tobacco product sold at your establishment. Separate DOR licenses are required for Cigarettes, Cigars and Smoking Tobacco, and Electronic Nicotine Delivery Systems. **A permit will not be issued until this documentation is provided.**

Completed "Worker's Compensation Insurance Affidavit": General Businesses (page 3). Attached a copy of the worker's compensation policy declaration page (showing the policy number and expiration date).

For Official Use Only

Approved as submitted

Approved as submitted with the following condition(s): _____

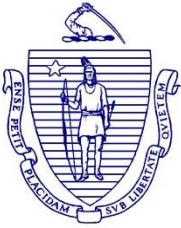
Disapproved as submitted – Reason(s): ** _____

**** Applicant can resubmit an updated application or provide additional information to address the reason(s) why the application was disapproved.**

Date Reviewed: _____ Reviewed By: _____ Title: _____

Date Permit was Issued: _____

**Incomplete applications and missing documents may delay the review and permitting process.
A Tobacco Permit is non-transferable.
A new owner of an establishment must apply for a new permit.**



**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. I am a employer with _____ employees (full and/or part-time).*
2. I am a sole proprietor or partnership and have no employees working for me in any capacity.
[No workers' comp. insurance required]
3. We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4. We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

5. Retail
6. Restaurant/Bar/Eating Establishment
7. Office and/or Sales (incl. real estate, auto, etc.)
8. Non-profit
9. Entertainment
10. Manufacturing
11. Health Care
12. Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

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