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MEMORIAL BUILDING
150 Concord Street, Room 205
Framingham, MA 01702

Smoke Accessory Sales Permit Plan Review and Application

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

Note: A holder of a valid Tobacco Product Sales Permit, that also posses a Retail Food Permit may sell Tobacco Products without Characterizing Flavor but MAY NOT sell Smoke Accessories or Flavored Tobacco Products.

Type of Application

- New Business Permit
First time applying for a permit
- Renewal of Existing Smoke Accessory Sales Permit

Establishment Information

Date: _____

Name of Establishment (d/b/a): _____

Address of Establishment: _____ Framingham, MA 0170 _____

Establishment Telephone Number: _____

Owner's Information

Name of Legal Owner of the Establishment: _____

Owner's Home Address: _____

Owner's Telephone Number: _____ Owner's Email: _____

Applicant's Information

Applicant's Name: _____ Title: _____

Address: _____

Telephone Number: _____ Email: _____

Manager's / Person-In-Charge (PIC) Information

Name of Manager(s) / PIC: _____

Telephone Number: _____ Email: _____

Emergency Contact Information

Name of Emergency Contact Person: _____

24 Hours Telephone Number: _____ Email: _____

Hours of Operation

Mon _____ Tue _____ Wed _____ Thu _____ Fri _____ Sat _____ Sun _____

Establishment Information

Is the establishment located within 500 feet of a public or private elementary or secondary school as measured by a straight line from the nearest point of the property line of the school to the nearest point of the site of the business (establishment) premises? Yes No

Will food or drinks be offered / sold at the establishment? Yes No

Will CBD foods / drinks be offered / sold at the establishment? Yes No

Will a dumpster be onsite? Yes No

- If yes, provide the name of company used for dumpster pick-up: _____
- Frequency of pick-up: _____

To obtain a Smoke Accessory Sales Permit, submit plans / sketch of the proposed Smoke Accessory Sales Establishment. Include and identify the following:

- Completed **“Smoke Accessory Sales Permit Plan Review and Application.”** Incomplete applications and missing documents may cause a delay in the review and permitting process.
- Applicable Fee: **\$100.00**. Make checks payable to the **“City of Framingham”**. **All fees are nonrefundable.**
- Completed **“Workers Compensation Insurance Affidavit”** – See page 3. Attached a copy of the workers’ compensation policy declaration page that shows the policy number and expiration date.
- Interior and exterior layout including entrance and exit doors
- Register location
- Types of product(s) to be sold
- Placement of product(s)
- Restroom(s)
- Utility / Mop sink for the disposal of waste water
- Indicate on the plan where the required signage will be placed
- Type of surfaces / materials for floor, walls and ceiling
- Dumpster location

Please note, any missing information may cause a delay in the decision making process.

Entry of persons under the age of twenty-one (21) years old is PROHIBITED at ALL times.

Statement: Pursuant to M.G.L. Ch. 62C, Sec. 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 Regulation of the Framingham Board of Health “Restricting the Sale of Tobacco Products and Smoke Accessories.”

Signature: _____ Print: _____

For Official Use Only

Approved as submitted

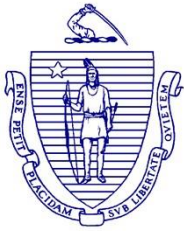
Approved as submitted with the following conditions: _____

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: Public Health Inspector

Date Permit was Issued: _____



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