

Permit Agreement Form

Williamsburg Board of Health

This form must be signed by the owner/operator of the establishment applying to the Williamsburg Board of Health for a Retail Tobacco Sales Permit. No permit will be issued until this form is signed.

1. I have read and understand all subsections of the Board of Health's "Regulations affecting the Sale of Tobacco Products", and I understand that this permit must be renewed annually.
2. I understand that it is against the law to sell cigarettes or any tobacco product to anyone under 18 years of age, regardless of how old the person looks.
3. I understand that the Board of Health's regulations require anyone selling tobacco products to verify the age of any prospective customer who is under 27. This means that the clerk must ask for and examine identification proving the person is at least 18 years of age.
4. I understand that the Board of Health's regulations require the owner/operator of an establishment to ensure compliance with the regulations. This means that I will train my employees to conduct tobacco sales in a legal manner.
5. I understand the Board of Health or its designees will conduct regular, unannounced compliance checks of my business to ensure that neither I nor my employees are selling tobacco products to minors. This means that:
 - a) the Board of Health will send minors into my business to attempt the purchase of tobacco.
 - b) these minors may or may not look 18 years of age.
 - c) these minors will state their correct age if asked.
6. I understand that, based on the results of such compliance checks, the penalties specified in the tobacco sales regulations will be enforced, that is,
 - a) The Board of Health will issue a written warning the first time I or any of my employee of my business sells tobacco to a minor.
 - b) I will be fined \$100 the second time I or any of my employee of my business sells tobacco to a minor.
 - c) I will be fined \$200 the second time I or any of my employee of my business sells tobacco to a minor.
 - d) My tobacco sales permit shall be suspended by the Board of Health the fourth time I or any of my employee of my business sells tobacco to a minor.

By signing this form, I acknowledge that I have read and understand all of the above statements. I further understand that failure to abide by these conditions may jeopardize my Retail Tobacco Sales Permit.

Name of Establishment: _____

Signature of owner/operator: _____ Date: _____