



PERMIT APPLICATION FOR ANNUAL TOBACCO PRODUCT SALES PERMIT

THIS APPLICATION MUST BE COMPLETE AND SUBMITTED EACH YEAR PRIOR TO DECEMBER 1ST

ANY APPLICATION THAT IS INCOMPLETE, RECEIVED ON, OR POST MARKED AFTER DECEMBER 1ST WILL BE ASSESSED AN ADDITIONAL \$100 LATE FEE.



- FULLY COMPLETED APPLICATION PAGES 1 - 5
- COPY OF EASTABLISHMENTS MASSACHUSETTS DEPARTMENT OF REVENUE RETAILER LICENSE(S) FOR SALE OF CIGARETTES, SALE OF CIGARS AND SMOKING TOBACCO, AND/OR SALE OF ELECTRONIC NICOTINE DELIVERY SYSTEMS.
- MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION (PAGE 4)
- MASSACHUSETTS WORKERS' COMPENSATION INSURANCE AFFIDAVIT (PAGE 5)
- COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER
- COPY OF ACORD CERTIFICATE FOR WORKERS' COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (*If Applicable*)
- PLOT PLAN SHOWING SURROUNDING RETAIL ESTABLISHMENTS WITHIN 1,000 FEET (*NEW PERMITS ONLY – REFERENCE MENDON'S TOBACCO REGULATIONS PARAGRAPH 10 SECTION B*)
- NON-REFUNDABLE PAYMENT (CHECKS PAYABLE TO THE TOWN OF MENDON)



**EMAILED APPLICATIONS
WILL NOT BE ACCEPTED**

ALL APPLICATIONS MISSING PAYMENT, INFORMATION, DOCUMENTATION, AND/OR EXPIRED CERTIFICATION(S) WILL BE DENIED AND RETURNED TO THE APPLICANT, RESULTING IN DELAY OF PROCESSING APPLICATION AND ISSUING OF THE PERMIT.

APPLICATIONS ARE NOT TRANSFERABLE FOR ANY REASON.



**Town of Mendon
Board of Health**

18 Main Street | Mendon, MA 01756
PH: (508) 634-2656 | Email: BOH@MendonMA.Gov



IMPORTANT:

Use the **TAB** key to move to the next line – **DO NOT USE the ENETER key.**



ANNUAL TOBACCO PRODUCT SALES PERMIT APPLICATION

CALENDAR YEAR				LATE FEE		
2025	2026	2027	2028	2026	2027	2028
\$150	\$190	\$215	\$235	\$125	\$145	\$160

The owner must complete and submit all pages (1-5) of this form. A permit may be issued only after all the required information, required attachments and signatures are received. All permits must be approved by the Board of Health.

Establishment's Name (listed on DOR Business License)

Owner's Name

Doing Business As / Store Front Name (If Different from Above)

Owner's Mailing Address

Establishment's Address

Owner's City State Zip Code

MENDON **MA** **01756**
City State Zip Code

Owner's Phone Number

Establishment's Phone

Owner's Email Address

Establishment's Email Address (If Applicable)

BOARD OF HEALTH OFFICE USE ONLY	Permit # Issued:	COMPLETED APPLICATION
<input type="checkbox"/> FULLY COMPLETED APPLICATION PAGES 1 - 5 <input type="checkbox"/> COPY OF EASTABLISHMENTS MASSACHUSETTS DEPARTMENT OF REVENUE RETAILER LICENSE(S) FOR SALE OF CIGARETTES, SALE OF CIGARS AND SMOKING TOBACCO, AND/OR SALE OF ELECTRONIC NICOTINE DELIVERY SYSTEMS. <input type="checkbox"/> MASSACHUSETTS REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION (PAGE 3) <input type="checkbox"/> MASSACHUSETTS WORKERS' COMPENSATION INSURANCE AFFIDAVIT (PAGE 4) <input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR GENERAL LIABILITY INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER <input type="checkbox"/> COPY OF ACORD CERTIFICATE FOR WORKERS' COMPENSATION INSURANCE WITH THE MENDON BOARD OF HEALTH LISTED AS THE CERTIFICATE HOLDER (If Applicable) <input type="checkbox"/> PLOT PLAN SHOWING SURROUNDING RETAIL ESTABLISHMENTS WITHIN 1,000 FEET (NEW PERMITS ONLY – REFERENCE MENDON'S TOBACCO REGULATIONS PARAGRAPH 10 SECTION B) <input type="checkbox"/> NON-REFUNDABLE PAYMENT (CHECKS PAYABLE TO THE TOWN OF MENDON)		
HEALTH AGENT NOTE(S): <hr/> <hr/> <hr/> <hr/>		

APPROVED **Health Agent Signature:** _____ **Date:** _____

ANNUAL TOBACCO PRODUCT SALES PERMIT APPLICATION

ESTABLISHMENT INFORMATION

Is this a chain store? YES NO

Is this an adult only retail tobacco store? YES NO

Is the establishment within 500 ft. of a school? YES NO

Is the establishment within 500 ft. of a playground? YES NO

Check other restricted products sold in the establishment. Liquor Lottery Keno Other: _____

CHECK THE ESTABLISHMENT TYPE

Gas Station Only Supermarket Grocery Convenience Store

Gas Mini-Mart Liquor Store Tobacconist Pharmacy

Restaurant Private Club Other: List _____

CHECK ANY PRODUCTS SOLD IN YOUR ESTABLISHMENT

Cigarette Packs Small Cigars/Cigarillos Roll Your Own Electronic Nicotine Delivery Systems (e-cigarettes)

Cigarette Cartons Little Cigars (Omega, Winchester) Chewing Tobacco E-Liquids

Single Cigars (Less than \$5) Tipped Cigars (Black and Mild) Loose Tobacco Blunt Wraps

Single Cigars (More than \$5) Rolling Papers Smokeless Tobacco Flavored Tobacco Products

Other: List _____

PERMIT INFORMATION

License/Permit # _____

Does the establishment have a liquor license? YES NO _____

Department of Revenue Tobacco Sales Permit(s) **MUST ATTACH** YES NO _____

SIGNATURE

Permit Applicant Signature: _____ Date: _____

TOBACCO PRODUCT SALES PERMIT APPLICATION

A CHECK MARK SIGNIFIES YOUR UNDERSTANDING AND AGREEMENT.

I UNDERSTAND AND AGREE THAT:

- 1. It is against the law to sell any tobacco product including electronic nicotine delivery systems (e.g., e-cigarettes) to anyone under 21 years old regardless of how old the person looks.
- 2. Anyone selling tobacco products including electronic nicotine delivery systems must conclusively establish the customer's age as over 21 years old by means of government-issued photographic ID.
- 3. Anyone selling tobacco products including electronic delivery systems must check and verify official government issued photo ID for all tobacco purchases.
- 4. I consent to unannounced, periodic inspections and compliance checks of the permitted retail establishment.
- 5. Self-service tobacco product including electronic nicotine delivery system displays from which the customer may select products are prohibited.
- 6. The sale of single or loose cigarettes or cigarettes in packages of fewer than 20 cigarettes are prohibited.
- 7. I may not sell or distribute a single cigar with a retail value of under \$2.50, or a package of two or more cigars for less than \$5.00 or more.
- 8. I may not distribute any free samples of tobacco products including electronic delivery products (e.g., e-cigarettes) and I may not accept any means, instruments or devices that allow for the redemption of tobacco products for free or cigarettes at a price below the minimum retail price determined by the Massachusetts Department of Revenue.
- 9. Tobacco vending machines are prohibited.
- 10. Non-residential Roll-Your-Own machines are prohibited
- 11. Flavored tobacco products and vape products can only be sold in licensed smoking bars, for on-site consumption only.
- 12. Unflavored e-cigarettes with nicotine content over 35 mg/ml can only be sold in adult-only retail tobacco stores and licensed smoking bars. Flavored e-cigarettes with any strength of nicotine content can only be sold in licensed smoking bars, for on-site consumption only.
- 13. Blunt wraps are prohibited.
- 14. Penalties for any violation of the regulations 105 CMR 665.000: Minimum Standards for Retail Sale of Tobacco and Electronic Nicotine Delivery Systems regulated by the Commonwealth of Massachusetts Department of Public Health and/or the Town of Mendon – Tobacco Regulations that are regulated by the Mendon Board of Health, may include monetary fines and/or suspension of this Permit.
- 15. If I sell the permitted establishment, the buyer will be unable to receive this Permit unless any outstanding fines have been paid and any permit suspensions have been served.
- 16. This Permit will not be renewed if the permit holder has failed to pay all fines and served all permit suspension(s) issued and the time period to appeal has expired.
- 17. I may not allow any employee to sell tobacco products including electronic nicotine delivery systems (e.g., e-cigarettes) until such employee reads the Town of Mendon – Tobacco Regulations, including all state and federal laws regarding the sale of tobacco and signs a statement, a copy of which will be placed on file, that he/she has read the regulations and applicable state laws.
- 18. I must prominently display a copy of this Permit.
- 19. **I MUST PROVIDE THE BOARD OF HEALTH WITH PROOF OF ALL CURRENT APPLICABLE LICENSES FROM THE MASSACHUSETTS DEPARTMENT OF REVENUE (DOR) AND MY DOR BUSINESS PERMIT (ATTACH A COPY OF EACH PERMIT/LICENSE).**
- 20. I must display Department of Public Health signs stating, "It is Illegal to Sell or Give Tobacco Products (Including E-Cigarettes) to Anyone Under 21", the State Law sign; Health Warning Sign for E-cigarettes; Sale of Flavored E-cigarettes is Prohibited sign. Adult-only Retail Tobacco Stores must also display a sign stating you must be 21+ to enter.
- 21. I must display signs provided by the Board of Health that discloses referral information about cessation.

I have received, read and understand [Mendon's Tobacco Regulations](#) promulgated by the Mendon Board of Health and agree to abide by them.

Print Name _____

Signature _____

Date _____



MASSACHUSETTS DEPARTMENT OF REVENUE

REVENUE ENFORCEMENT AND PROTECTION (REAP) ATTESTATION

This request is made under the authority pursuant to Massachusetts General Law Ch. 62C. Section 49A.

I certify under the Penalties of Perjury That I Have Filed All Massachusetts State Tax Returns and Paid ALL Massachusetts State and Town Taxes Required under Law.

Company Name

MENDON **MA** **01756**

Company's Physical Address

City State Zip

Company's Mailing Address (If Different from Above)

City State Zip

Company's Phone Number

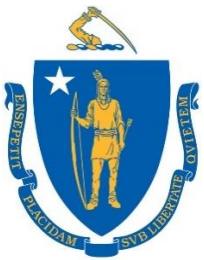
***Signature of Individual (Mandatory)**

By: Corporate Officer (Mandatory, If Applicable)

****Social Security # (Voluntary) or Federal Identification Number**

* This license will not be issued unless this certification clause is signed by the applicant.

** Your Social Security number will be furnished to the Massachusetts Department of Revenue to determine whether you have met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation.



**The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette, Boston, MA 02111-1750
www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

APPLICANT INFORMATION – PLEASE PRINT LEGIBLY

Business/Organization Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Are you and 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 § 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: Board of Health Building Dept. City/Town Clerk Licensing Board

Selectmen's Office 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center 2 Avenue de Lafayette,
Boston, MA 02111-1750
Tel. (857) 321-7406 or 1-877-MASSAFE
Fax (617) 727-7749
www.mass.gov/dia

Form Revised July 2019



MASSACHUSETTS DEPARTMENT OF REVENUE

FORM CT-3T INFORMATION

WHAT LICENSES DO I NEED?

- a. To sell cigarettes you need the "Retailer License for Sale of Cigarettes;"
- b. To sell cigars and other tobacco products you need the "Retailer License for Sale of Cigars and Smoking Tobacco;"
- c. To sell e-cigarettes products you need "Electronic Nicotine Delivery Systems"

The following is a sample of Massachusetts Department of Revenue (DOR) Retailer License(s) Form CT- 3, Form CT-3T.

 <p>MASSACHUSETTS DEPARTMENT OF REVENUE Retailer License for Sale of Cigarettes</p> <p>This license must be posted and visible at all times. The sale of tobacco products to anyone under 21 years of age is prohibited.</p> <p>7 ELEVEN</p> <p>Account ID: Location ID: License Number:</p> <p>This certifies that the taxpayer named above is licensed under Chapter 64C of the Massachusetts General Laws to sell at retail at the address shown above. This license is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.</p> <p>Effective Date: October 1, 2022</p> <p>Expiration Date: September 30, 2024</p>	 <p>MASSACHUSETTS DEPARTMENT OF REVENUE Retailer License for Sale of Cigars and Smoking Tobacco</p> <p>This license must be posted and visible at all times. The sale of tobacco products to anyone under 21 years of age is prohibited.</p> <p>7 ELEVEN</p> <p>Account ID: Location ID: License Number:</p> <p>This certifies that the taxpayer named above is licensed under Chapter 64C of the Massachusetts General Laws to sell at retail at the address shown above. This license is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.</p> <p>Effective Date: October 1, 2022</p> <p>Expiration Date: September 30, 2024</p>	 <p>MASSACHUSETTS DEPARTMENT OF REVENUE Retailer License for Sale of Electronic Nicotine Delivery Systems</p> <p>This license must be posted and visible at all times. The sale of tobacco products to anyone under 21 years of age is prohibited.</p> <p>7 ELEVEN</p> <p>Account ID: Location ID: License Number:</p> <p>This certifies that the taxpayer named above is licensed under Chapter 64C of the Massachusetts General Laws to sell electronic nicotine delivery systems at the address shown above. This license is non-transferable and may be suspended or revoked for failure to comply with state laws and regulations.</p> <p>Effective Date: October 1, 2022</p> <p>Expiration Date: September 30, 2024</p>
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If you do not have a Massachusetts DOR Retailer's License for the Sale of Cigarettes and/or Cigar and Smoking Tobacco and/or Sale of Electronic Nicotine Delivery System or if your license has expired go to:

mass.gov/dor and then click on "Mass.TaxConnect" Website

Massachusetts Department of Revenue
Telephone: (617) 887-5090
Email: www.dor.state.ma.us

**If you have questions or need language translation or further assistance,
please call the BTCP at 617-534-4718.**

SAMPLE OF ACORD INSURANCE CERTIFICATE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

<p>THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERNS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.</p>												
<p>IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).</p>												
<p>PRODUCER</p>	<p>CONTACT NAME: PHONE (A/C, No. Ext): <input type="text"/> FAX (A/C, No): <input type="text"/> E-MAIL ADDRESS: <input type="text"/></p>											
	<p>INSURER(S) AFFORDING COVERAGE NAIC #</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">INSURER A: <input type="text"/></td> <td style="width: 20%;">NAIC # <input type="text"/></td> </tr> <tr> <td>INSURER B: <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>INSURER C: <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>INSURER D: <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>INSURER E: <input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>INSURER F: <input type="text"/></td> <td><input type="text"/></td> </tr> </table>	INSURER A: <input type="text"/>	NAIC # <input type="text"/>	INSURER B: <input type="text"/>	<input type="text"/>	INSURER C: <input type="text"/>	<input type="text"/>	INSURER D: <input type="text"/>	<input type="text"/>	INSURER E: <input type="text"/>	<input type="text"/>	INSURER F: <input type="text"/>
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<p>INSURED</p>	<p>INSURER E: <input type="text"/></p>											
	<p>INSURER F: <input type="text"/></p>											

<p>COVERAGE</p>		<p>CERTIFICATE NUMBER:</p>		<p>REVISION NUMBER:</p>		
<p>THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.</p>						
<p>INSR LTR</p>	<p>TYPE OF INSURANCE</p>	<p>ADDL INSD VWD</p>	<p>POLICY NUMBER</p>	<p>POLICY EFF (MM/DD/YYYY)</p>	<p>POLICY EXP (MM/DD/YYYY)</p>	<p>LIMITS</p>
<p>1</p>	<p>COMMERCIAL GENERAL LIABILITY</p>					<p>EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (EA occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$</p>
	<p><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR</p>					
	<p>GEN'L AGGREGATE LIMIT APPLIES PER:</p>					
	<p><input type="checkbox"/> POLICY <input type="checkbox"/> PRO- JECT <input type="checkbox"/> LOC</p>					
	<p>OTHER:</p>					
	<p>AUTOMOBILE LIABILITY</p>					
	<p><input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY</p>					
	<p>UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE</p>					
	<p>DED <input type="checkbox"/> RETENTION \$</p>					
	<p>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY <input type="checkbox"/> Y / N ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below</p>					
<p>DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)</p>						

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p>
<p>MENDON BOARD OF HEALTH 18 MAIN STREET MENDON, MA 01756 BOH@MENDONMA.GOV</p>	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p>
	<p>AUTHORIZED REPRESENTATIVE</p>

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TOWN OF MENDON

BOARD OF HEALTH

18 Main Street
Mendon, MA 01756

Office Phone: (508) 634-2656

Email: BOH@MendonMA.Gov

Website: www.MendonMA.Gov/BOH

REASONS FOR BOH PERMIT DENIAL, SUSPENSION, AND/OR REVOCATION

- A. In accordance with the authority granted by the General Laws of the Commonwealth of Massachusetts, Chapter 111, Section 31 which states "Boards of Health may make reasonable health regulations." The Board of Health of the Town of Mendon is charged with the protection of public health, and it is the responsibility of the Applicant of any Permit issued by the Board of Health to read, understand, and comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
- B. The Board of Health may refuse to issue or renew a permit or may issue a notice to suspend operations conducted under an existing Permit previously issued, by the Board of Health, based on one or more of the following conditions. Each shall constitute full and adequate grounds to deny an Application for all Permits or suspend operations conducted under an existing Permit. The notice of refusal, or notice to suspend operations, shall provide the grounds upon which the notice is based and shall notify the applicant of the right to a hearing. The following shall be grounds for such notice:
 - i. Failure to submit a permit application in accordance with Board of Health procedures.
 - ii. Failure to submit the required fee.
 - iii. Any attempt to impede the work of a duly authorized agent of the Board of Health.
 - iv. Providing false or misleading statements to the Board of Health.
 - v. Operating without an approved permit.
 - vi. Providing false or misleading statements or documents to the Board of Health or keeping any misleading or false records or documents intended to satisfy the requirements of any regulation.
 - vii. The applicant or, if the applicant is a corporation, a corporate officer or the owner of the facility, has been convicted of, plead guilty or no lo contendere to, or has in a judicial proceeding, admitted facts sufficient to find that s/he is guilty of a crime in connection with the operation of the business.
 - viii. The applicant, or if the applicant is a corporation, a corporate officer or the owner of the company has engaged in conduct that has endangered the public health.
 - ix. Failure to pay any federal, state or local taxes as required by law pursuant to MGL c. 62C, § 49A.
 - x. Failure to comply with the requirements issued by the Board of Health.
 - xi. Failure to comply with a Board of Health regulation or other local regulations, by-laws, ordinances or rules in relation to the Town of Mendon.
 - xii. Such other reasons not stated above which pose a risk to the public health and safety.
- C. The Board of Health may issue an order to revoke a Permit or refuse to renew a Permit or terminate one or more particular operations for:
 - i. Serious or repeated violations of any of the requirements of a Board of Health regulation.
 - ii. Failure to comply with an Order of the Board of Health.

Any by-law of the Town of Mendon or any rule or regulation of its officers, boards or departments, the violation of which is subject to a specific penalty, may, in the discretion of the town official who is the appropriate enforcing person, be enforced in the method provided in MGL c. 40, § 21D. The noncriminal fine for such violation, if not otherwise specified, shall be \$50. Each twenty-four-hour period during which a violation exists shall constitute a separate offense, and a separate and additional fine shall be imposed.