

TOWN OF NORTON

Commonwealth of Massachusetts

Board of Health

70 East Main Street Norton, MA 02766



OWNER STATEMENT OF ACKNOWLEDGEMENT

I, owner/manager _____, of

(business name) _____,

Located at (business address) _____

Hereby acknowledge that I have read and will inform all my employees of "Chapter 15," "Regulation Affecting Smoking and the Sale, Vending and Distribution of Tobacco" of the rules and Regulations of the Norton Board of Health. I will keep a signature on file that proves each employee selling tobacco has been notified of Chapter 15.

I understand that I must verify, by means of photographic identification, all individuals under the age of 26 as to date of birth, so that no person purchasing tobacco products is younger than 21 years of age. I understand that I may only sell tobacco products to individuals over the age of 21 in a direct face to face exchange.

I understand that I may not sell or distribute any cigarette rolling papers to individuals under the age of 21.

I agree to uphold this regulation in my capacity as a vendor of tobacco products to prohibit access to tobacco products by minors

Signature

Title

Date

**TOWN OF NORTON, MASSACHUSETTS
BOARD OF HEALTH
70 East Main Street, Norton, MA 02766
1-508-285-0263 FAX 1-508-285-0269**

Employee Statement of Acknowledgement

I understand by signing the statement of acknowledgement I have read Chapter 15 or the Norton Board of Health Rules and Regulations handbook.

FIRST NAME	LAST NAME	SIGNATURE	DATE	AGE

KEEP THIS FORM ON FILE AT YOUR LICENSED LOCATION