



Town of Ashland, Board of Health

Ronald Etskovitz, Chair
Barbra Sekesogundu Simon, Clerk
Rajit Gupta, Health Agent/Director

Board of Health
101 Main Street
Ashland, MA 01721
Tel: (508) 881-0100
Fax: (508) 881-0182

Edward Burman, Member
John Byrnes, Member
Bernadette Lunkuse, Member

February 13, 2023

Clocktown Liquors
Attention: Lorianne Gaided, Owner
68 Union Street
Ashland, MA 01721
Tobacco Permit Number: 23-005

REGULAR MAIL &
CERTIFIED MAIL: 7019 1640 0000 1212 8385

**RE: NOTICE OF VIOLATION – TOBACCO SALES TO A MINOR
FINE: \$1,000
TOBACCO PRODUCT SALES PERMIT SUSPENSION DATES: N/A**

Dear Ms. Gaided/Owner:

On January 29, 2023, at approximately 2:34 PM a compliance check was conducted by an agent of the Ashland Health Department/Tobacco Control Program at your establishment.

During this compliance check, the employee working at your establishment sold Natural American Spirits Cigarettes to an underage compliance checker without verifying the age of the purchaser.

According to 105 CMR 665.020, each person selling or providing tobacco products shall verify the age of the purchaser by means of a valid government-issued photographic identification containing the bearer's date of birth that the purchaser is twenty-one (21) years of age or older, as verified by said person's proof of identification.

Selling tobacco products to a person under the Minimum Legal Sales Age is a violation of the State Law entitled "An Act to Modernize Tobacco Control", M.G.L. c. 270 §6, 105 CMR 665.000 and the Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems.

It shall be the responsibility of any person to ensure compliance with all sections of the State Law entitled "An Act to Modernize Tobacco Control", M.G.L. c. 270 §6, 105 CMR 665.000 and the Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems.



According to the department's records, this is your **FIRST** violation under the revised Regulation. **M.G.L. c. 270 §6** prohibits sale of tobacco to anyone under the age of twenty-one (21). As amended by **Chapter 133 of the Acts of 2019**, any person who violates this law shall be punished by the following fines:

First violation: \$1,000.00 fine per 105 CMR 665.000 and the Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems, Section Q.2.a.

Second violation within a period of thirty-six (36) months from the first violation: \$2,000.00 fine per 105 CMR 665.000 and a suspension of your Tobacco Product Sales Permit for fourteen (14) consecutive business days per the Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems, Section Q.2.b.

Third violation within a period of thirty-six (36) months from the first violation or additional violations during that time period: \$5,000.00 fine and a suspension of your Tobacco Product Sales Permit for sixty (60) consecutive business days per the Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems, Section Q.2.c.

Since this is your First violation, you are hereby ordered to pay a fine of **\$1,000.00** payable to the "Town of Ashland" **within twenty-one (21) days** of receipt of this order. Payments can be mailed or paid in person:

**Ashland Town Hall – Town Clerk's Office
101 Main Street, First Floor
Ashland, MA 01721**

In the event of a suspension or revocation of the tobacco product sales permit, all tobacco products shall be removed from the retail establishment. Any permit holder who engages in the sale or distribution of Tobacco Products or Smoke Accessories while their permit is suspended shall be subject to the suspension of the Ashland Board of Health issued permit for thirty (30) consecutive business days.

You have the right to request a hearing before the Ashland Board of Health. Any affected party has a right to appear at said hearing and present evidence on reasons why this order should be modified or withdrawn. This request must be made by you, in writing, and filed with the Ashland Board of Health office within seven (7) days after the date this Order was served or received.

This is an important legal document. You should have it translated. Failure to comply with this order may result in additional penalties as permitted by law. Regulations can be found at the following websites:

105 CMR 665.000 Minimum Standards for Retail, Sale of Tobacco and Electronic Nicotine Delivery Systems:
<https://www.mass.gov/regulations/105-CMR-66500-minimum-standards-for-retail-sale-of-tobacco-and-electronic-nicotine-delivery-systems>

Regulations of the Ashland Board of Health Restricting the Sale of Tobacco and Nicotine Products and Delivery Systems

<https://www.ashlandmass.com/DocumentCenter/View/8550/TOBACCO-REGULATIONS-5-4-2021>

If you have any questions, please contact the Ashland Board of Health Office at 508-532-7922
Respectfully,



Rajit Gupta, MPH, CHO, RS, CP-FS
Agent/Director
Ashland Board of Health

Attachments:

- A – Ticket
- B – Violation Visit Summary
- C – Tobacco Compliance Check Form
- D – Violation Pictures

Cc: Board of Health
File

Violation visit #1079621 summary:

Retailer info:

- Retailer name: Clocktown Liquors
- Address line 1: 68 Union St
- Address line 2:
- City, State: Ashland, MA
- Zip: 01721-1744

Submission info:

- Survey Submitted Date: Jan 29, 2023
- Survey Submitted Time: 2:34:11 PM America/New_York ((UTC -0500))
- Visit Completed By: Marisa Morello (# 1728)

Visit info:

- Enter Officer's or Adult Supervisor's name or ID below: Marisa Morello
- What type of tobacco did the Purchaser attempt to purchase? Cigarettes
- Enter the product brand: Natural American Spirits
- Was the sale made? Yes
- How much did the product cost? Enter the product price: XX.XX (btw 00.25-50.00) 14.65
- Purchaser made payment using: \$10 bill(s)
- What is the sex of the clerk? Male
- What is the approximate age of the clerk? Teen or young adult
- Enter field notes

Visit link: <http://mass.countertools.org/enforcement/1079621>



Retailer: Clocktown Liquors

Address: 68 Union St

Town, Zip Code: Ashland 01721

Age: 19 Youth #: 466504 Gender: M

Cost of Product: 14.65

Date: 1/29/23 Time: 2:33 pm



MTCP ID: _____

Tobacco Compliance Check Form

Section 1:

Establishment

Name: Clocktown Liquors

Address: 68 Union St.

City: Ashland Zip Code: 01721

Type of Establishment: Chain Independent Not Known

Survey Participants

ID of Purchaser: 466504

Age: 16 17 19

Sex: Male Female

Name of Adult Supervisor:

M. Morello

Time of Check: 2:33 pm am pm

Date of Check: 1/29/23

Day of the Week: Mon Tues Wed

Thurs Fri Sat Sun

Style of Establishment (Check Only One):

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Grocery Store	<input type="checkbox"/> Bar
<input type="checkbox"/> Department Store	<input checked="" type="checkbox"/> Liquor Store	<input type="checkbox"/> Private Club (VFW, Legion, etc.)
<input type="checkbox"/> Gas Station Only	<input type="checkbox"/> Pharmacy/Drug Store	<input type="checkbox"/> Restaurant
<input type="checkbox"/> Gas Mini-Mart	<input type="checkbox"/> Other (bowling alley, golf club etc.)	<input type="checkbox"/> Tobacconist

Section 2:

Was Compliance Check completed? Yes No

If Yes please continue on to the next question, if No please skip this section and go to section 3.

How was tobacco marketed?

Over-the-counter; youth asks the clerk for the product.

From a vending machine with a lockout device.

Other Describe: _____

Was the Purchaser asked for ID? Yes No

Yes No

Was this an ID-based check? Yes No

Yes No

Was the Purchaser asked his/her age? Yes No

Yes No

Sex of Clerk: Male Female

Approximate age of clerk: Teen Young Adult Adult Older Adult

Type of tobacco asked for: Cigarettes Brand of cigarettes asked for: Marlboro Newport Other: _____

Chew/Dip Cigars E-Cigarettes Other _____

Brand: Natural

Was the product requested flavored (NOT Tobacco or menthol)? Yes No

American Spirit

Was the sale made? Yes No

If "Yes" how much did the product cost: \$ 14.65 Was a receipt given? Yes No

Purchaser made payment using: \$1 bills \$5 bill(s) \$5 bill and \$1 bills/ or change \$10 bill(s) \$20 bill change

Section 3:

If the youth did not enter the premises or did not attempt to purchase tobacco products please indicate why:

<input type="checkbox"/> Out of Business	<input type="checkbox"/> Temp. long term closure	<input type="checkbox"/> In operation, closed at time of visit	<input type="checkbox"/> Drive thru only
<input type="checkbox"/> Does not sell tobacco	<input type="checkbox"/> Unlocatable	<input type="checkbox"/> Unsafe to access	<input type="checkbox"/> Tobacco out of stock
<input type="checkbox"/> Inaccessible by youth	<input type="checkbox"/> Wholesale only/cartons	<input type="checkbox"/> Presence of police	<input type="checkbox"/> Permit Suspended
<input type="checkbox"/> Private club/personal residence	<input type="checkbox"/> Machine broken	<input type="checkbox"/> Youth inspector knows salesperson	<input type="checkbox"/> Other
		<input type="checkbox"/> "Don't sell" but tobacco seen in store/has permit	



TOWN OF ASHLAND NOTICE OF VIOLATION OF TOWN BYLAW OR REGULATION

(DATE OF THIS NOTICE) 2/13/2023

To CLOCKTOWN LIQUORS
(Name of Offender)

68 UNION ST
(Address of Offender)

ASHLAND MA 01721
(City, State Zip Code)

YOU HAVE BEEN OBSERVED VIOLATING

M.G.L.C. 270 § 6, 105 CMR 66J.000
(Specific Bylaw or Regulation)

Regulation of the Ashland Board of Health restricting the sale of tobacco & Nicotine products + devices by: tobacco sale to a minor
(Act Constituting Violation)

at 2:34 (A.M.) (P.M.) on 02/13/2023
(Time & Date of Violation)

at 68 UNION ST, ASHLAND, MA
(Place of Violation)

[Signature]
(Signature of Enforcing Person)

I HEREBY ACKNOWLEDGE RECEIPT OF THE FOREGOING CITATION:

[Signature]
(Signature of Offender)

Unable to obtain signature of offender

THE FINE FOR THIS OFFENSE IS \$ 1000/-
YOU HAVE THE FOLLOWING ALTERNATIVES WITH REGARD TO DISPOSITION OF THIS MATTER:

(1) You may elect to pay the above fine, either by appearing in person on regular scheduled business days or by mailing a check, money order or postal note to the TOWN CLERK OF ASHLAND WITHIN TWENTY-ONE (21) DAYS OF THE DATE OF THIS NOTICE.

**TOWN CLERK
101 MAIN STREET
ASHLAND, MA 01721**

This will operate as a final disposition of the matter, with no resulting criminal record.

(2) If you desire to contest this matter in a non-criminal proceeding, you may do so by making a written request to the CLERK MAGISTRATE, FRAMINGHAM DISTRICT COURT, FRAMINGHAM, MA for a hearing.

A determination by a Judge, Clerk Magistrate, or Assistant Clerk will operate as a final disposition, with no resulting criminal record, provided any fine imposed by that officer is paid within the time specified.

(3) If you fail to pay the above fine or to appear as specified, a criminal complaint may be issued against you.

I HEREBY ELECT the first option above, confess to the offense, and enclose payment in the amount of \$ _____

Signature _____