

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Applicant's Minnesota tax ID number

The Minnesota tax ID must be issued in the same legal name of the licensee below.

License number
Period covered
Date of issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over counter Through vending machine Both

Print or type

Licensee's legal name	Federal employer ID number (FEIN)
Business trade name (doing business as)	Daytime phone
Complete address of business location (permit location)	County
City	State Zip code
Mailing address (if different than business address)	City State Zip code
	Other phone number
	Fax number
	Email address

Type of legal organization (check one):

Sole proprietor Minnesota corporation: Enter date of incorporation _____

Partnership Out-of-state corporation: State of incorporation _____

Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Business information

Corporate officers or partners (attach a list if necessary)

Name	Title
Address	City State Zip code
Name	Title
Address	City State Zip code

As a licensed tobacco products or cigarette retailer, I understand that:

1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.
4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.
5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.
7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Statement of understanding

Licensee signature	Title	Print name	Date	Daytime phone
Licensing agent's signature	Title	Print name	Date	Daytime phone

Sign here

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail or fax a copy of approved form to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

If you are applying for a tobacco license please answer the following questions and read the additional NOTICE.

Provide the following information about the operating manager or other agent in charge of the premises to be licensed:

Full Name _____

Residence Address _____

Phone _____ Date of birth _____

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Ham Lake delinquent or unpaid for the premises to be licensed? Yes _____ No _____ If yes, give details _____

Has applicant been convicted within the past five years of any violation of federal, state, or local law, ordinance provision, or other regulation relating to tobacco or tobacco products or tobacco related devices: Yes _____ No _____ If yes, give details _____

Has applicant had a license to sell tobacco, tobacco products, or tobacco related devices revoked within the preceding 12 months of the date of this application? Yes _____ No _____ If yes, give details _____

If you sell cigarettes through a vending machine, please check here (_____) to show acknowledgement of having read the following statement:

Please note that the City ordinance requires that the retail sale of tobacco products from a vending machine shall not be permitted unless the machine contains a device, or apparatus or method which prohibits operation of the machine without the direct assistance of an employee of the establishment holding the sales license.

NOTICE: All tobacco sales licenses are subject to annual unannounced compliance checks. On at least one occasion each year, an attempt to purchase cigarettes by a person under 18 years of age will be made at your establishment. Failure to observe the law will be grounds for revocation of your license, and any person selling cigarettes to a person under the age of 18 years will be subject to criminal prosecution.

**NOTICE TO ALL APPLICANTS FOR MUNICIPAL PERMITS,
LICENSES, OR OTHER MUNICIPAL ACTION**

1. If you are requesting municipal action on any request for any of the above, you will be required to furnish certain information about yourself, the project you are involved in, or other matters pertaining to the subject. Some of the information you are asked to provide is classified by state law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.
2. The purpose of this information is to enable the City Staff, Commissions, Council or other government agencies to evaluate relevant factors in considering your request. You are not legally required to provide this information. If you do not provide the requested information, the City may not act upon your request.
3. The information you supply will be public and available to any entity requesting to inspect the information.

**DATA PRACTICES ADVISORY
TENNESSEN WARNING
REQUIRED BY MINNESOTA STATUTES CHAPTER 13.04**

BY _____
signature

COMPANY/TITLE: _____

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.