

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.

Print or type

Applicant's Minnesota tax ID number

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

FOR MUNICIPAL USE ONLY

| |
|------------------|
| 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

| | | | |
|---|-------|----------|-----------------------------------|
| 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 | Other phone number |
| City | State | Zip code | Fax number |
| Mailing address (if different than business address) | City | State | Zip code |
| | | | Email address |

Business information

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

Corporate officers or partners (attach a list if necessary)

| | | | |
|---------|-------|-------|----------|
| Name | Title | | |
| Address | City | State | Zip code |
| Name | Title | | |
| Address | City | State | Zip code |

Statement of understanding

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.

Sign here

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

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. Fax: 651-297-1939
 Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.



4646 Dakota Street SE
Prior Lake, MN 55372

CIGARETTE LICENSE APPLICATION

Worker's Compensation Insurance Compliance

Proof of Workers' Compensation Insurance Coverage:

Insurance Company Name _____

Policy # _____ Dates of coverage _____

I am **not** required to have workers' compensation liability coverage because

- I have no employees covered by the law Other (Specify on reverse side)

Sale of Tobacco Related Products Compliance

All employees have participated in an instructional program concerning the sale of tobacco as described and required in City of Prior Lake Ordinance 308.309.

- Yes No

Notice and Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Prior Lake a copy of the Prior Lake City Code for Tobacco Section 308, and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Prior Lake to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

CITY OF PRIOR LAKE

**Affidavit of Compliance Concerning Educational Materials
In The Sale of Tobacco Related Products**

_____ (Licensee), has conducted the proper instructional program for all employees involved with the sale of tobacco as described and required in City of Prior Lake Ordinance 308.309.

Please include a copy of the educational materials you use to educate your employees in the proper sale of tobacco and tobacco related products. License will not be approved without this information.

Licensee Signature

CITY OF PRIOR LAKE

CONSENT FOR RELEASE OF INFORMATION

I, _____
Print Full Name (First) (Full Middle) (Last)

Residing at _____
(Address) (City) (State) (Zip Code)

Driver's License/State Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

Signature of above individual authorizing release

Witness: _____