

**CITY OF PRIOR LAKE
4646 Dakota St. SE
PRIOR LAKE, MN 55372**

CIGARETTE LICENSE APPLICATION

Applicant Information:

Name: _____
(First, Middle, Last) (Date of Birth)

Business Name: _____

Address: _____

Phone Number: Home _____ Work _____

Have you been convicted within the last five years of a violation of federal, state, or local law, city ordinance provision, or other regulation relating to tobacco or tobacco products, or related tobacco devices?

***Please be aware that providing false information will disqualify your application in its entirety.*

_____ Yes (Please explain below) _____ No

(Please attach additional pages if needed)

Signature Date

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

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.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Witness: _____