

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

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.		License Authority	
					License Number	
	Cigarettes/tobacco products will be sold (<i>a separate license is required for each location or vending machine</i>):				Period Covered	
	<input type="checkbox"/> Over Counter		<input type="checkbox"/> Through Vending Machine		<input type="checkbox"/> Both	
	Licensee's Legal Name				Federal Employer ID Number (FEIN)	
	Business Trade Name (doing business as)				Daytime Phone	
	Complete Address of Business Location (<i>permit location</i>)		County		Other Phone Number	
	City	State	ZIP Code		Fax Number	
Mailing Address (<i>if different than business address</i>)		City	State	ZIP Code	Email Address	

Business Information	Type of legal organization (check one):				
	<input type="checkbox"/> Sole proprietor		<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____		
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Out-of-state corporation: State of incorporation _____		
	<input type="checkbox"/> Other (<i>describe</i>) _____		Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> 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 and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.				
	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, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

TOBACCO PRODUCTS LICENSE APPLICATION

FEE: \$150.00

Name of Business:		
Street Address:	(Street, City, State, Zip Code)	
Mailing Address:	(Street, City, State, Zip Code)	
Email Address:		
Name of Owner:		
Business Phone:	Home Phone:	
Vendors Name:		
Mailing Address:		
Phone:		
<p>TOBACCO PRODUCTS MUST BE SOLD BEHIND THE COUNTER.</p> <p>Have you been convicted of a crime relating to the sale of tobacco products or had a license for the sale of tobacco products revoked by any municipality within the last five years?</p> <p>_____</p> <p>Have you read the attached ordinance which regulates the sale of tobacco products within the City of St. Francis? _____</p> <p>I hereby certify that all the information contained in this application is true and correct. I understand that false information is cause for denial or revocation of license.</p>		
_____	_____	_____
(Date)	(Signature)	(Title)

Receipt # _____ Date _____ Amount _____

Sales Tax Form _____ Worker's Comp Form _____

Fire Dept. Insp # _____

Police Dept. _____

License # _____ Council Approved _____

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of your licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: City of St. Francis

License Information

Name of license being applied for: _____

License renewal date: _____

Personal Information

Applicant's Name (*Last, first, middle initial*): _____

Applicant's Address: _____

Social Security Number: _____

Business Information

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary: _____

Signature: _____ Date: _____