

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

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 (describe) _____	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 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, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-297-1939. Email: cigarette.tobacco@state.mn.us

**~CERTIFICATION OF COMPLIANCE~
MINNESOTA WORKER'S COMPENSATION LAW**

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and kept in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**NOT** the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

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

- I have no employees.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law. These include spouse, parents, children and certain farm employees.

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
 Last First Middle

Doing business as: _____
 Business name if different than your name

Business Address: _____

City, State, Zip Code: _____ Phone: () _____

Signature: _____ Date: _____



City of Baxter
13190 Memorywood Drive
P.O. Box 2626
Baxter, MN 56425
Office (218) 454-5100 Fax (218) 454-5103

BACKGROUND INVESTIGATION CONSENT RELEASE

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether an application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval of denial of the license application. I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so consent, my application cannot be processed.

I release the City of Baxter and the Baxter Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Date: _____

Applicant's Signature _____

Applicant's Full Printed Name _____
First Middle Last

Applicant's Address _____

Previous Address _____
(if other than Minnesota) _____

Applicant's Date of Birth _____
Month Day Year

Driver's License Number _____