



CITY OF BAXTER
TOBACCO LICENSE APPLICATION

The following forms must be completed by the individual making application for a Tobacco License: (*New or Renewal*)

- 1. Application form for Tobacco License
- 2. Background Investigation Consent Release
- 3. License Application to Make Retail Sales of Cigarettes & Other Tobacco Products
- 4. Certificate of Compliance Workers' Compensation Law

These forms are to be submitted with the following License Fee:

\$200.00

*The licensing year is July 1
through June 30
Note: The fee is not pro-rated
and is non-refundable.*

Return Completed Documents to:

*City of Baxter
Administration Department
13190 Memorywood Drive
PO Box 2626
Baxter, MN 56425
Contact (218) 454-5100*

FOR OFFICE USE ONLY

License No: _____

Date Issued: _____

LICENSE PERIOD

From: _____

To: _____

RETAIL TOBACCO PRODUCT SALES
LICENSE APPLICATION

LICENSEE'S INFORMATION (Please print or type)

Licensee's Legal Name _____

Licensee's Trade Name (dba) _____ Phone _____

Address _____

E-mail _____

OWNER INFORMATION

Name _____ Phone _____

Address _____

E-mail _____

OPERATOR/MANAGER

Name _____ Phone _____

E-mail _____

Circle each type of facility at the same address intended to be licensed for tobacco products sales

Grocery Store	Convenience Store	Gas Station	Bar/Restaurant
Tobacco Store	Liquor Store	Other (describe):	

Total number of registers used to process and record tobacco product sales at this address: _____

Number of tobacco product vending machines at this address: _____

(Vending machines controlled by the operator with remote control switch)

AGREEMENT TO COMPLY

I declare that the above information is correct. I agree to comply with the laws and rules of the State of Minnesota and the City of Baxter. I understand that failure to comply with the laws and rules may result in termination of this license to operate.

APPLICANT'S SIGNATURE _____ **DATE** _____

TITLE _____



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 am 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	_____

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.		<i>FOR MUNICIPAL USE ONLY</i>		
					License number		
					Period covered		
					Date of issuance		
	<p>Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):</p> <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 (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):					
	<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 or fax a copy of approved form to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

