

**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

<b>Print or Type</b>	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
	<b>Cigarettes/tobacco products will be sold</b> (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		

<b>Business Information</b>	<b>Type of legal organization</b> (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			
	<b>Corporate officers or partners</b> (attach a list if necessary)				
	Name	Title			
Address	City	State	ZIP Code		
Name	Title				
Address	City	State	ZIP Code		

<b>Statement of Understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>				
	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.				

<b>Sign Here</b>	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



4646 Dakota Street SE  
Prior Lake, MN 55372

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## TOBACCO 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

### Consent for Release of Information

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print) \_\_\_\_\_  
(First) (Full Middle) (Last)

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Driver's License State \_\_\_\_\_ Number \_\_\_\_\_  
\_\_\_\_\_

Please list any other names you are or have been known by:

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Sex:     Male     Female

Race:    White/Caucasion     African American     Hispanic     Asian     \_\_\_\_\_

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Signature of Applicant

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Date