



TOBACCO PRODUCTS LICENSE APPLICATION

St. Louis County, Minnesota

Fee: \$118.50

TO THE COUNTY AUDITOR OF ST. LOUIS COUNTY, STATE OF MINNESOTA: For the purpose of obtaining a St. Louis County Tobacco Products license, for the retail sale, possession, and use of tobacco and tobacco-related devices, the undersigned respectfully makes application for such license and submits the following statement of facts as provided by law:

APPLICANT / BUSINESS

Township or City (Where establishment is located)

Have you been convicted (in a court of law) within the past five years of any violation of a Federal, State or local law, ordinance provision, or other regulation relating to tobacco or tobacco-related devices? Yes No

Have you had a license to sell tobacco or tobacco-related devices revoked within the preceding twelve months of the date of application? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you prohibited by Federal, State, or other local law, ordinance, or other regulation, from holding a tobacco products license? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Legal Business Name	DBA
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Physical Address	City	State	Zip
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Business Phone Number	Fax Number	E-Mail Address
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Name of Manager

Mailing Address	City	State	Zip
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Minnesota Tax Identification #	Federal Tax Identification #
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Where Cigarettes / Tobacco Products will be sold
 Behind Bar Over the Counter Other (explain)

Legal Organization
 Corporation LLC Partnership Sole-Proprietor Other (describe)

Effective Date of Legal Organization

Business Type

<input type="checkbox"/> Bar/Restaurant	<input type="checkbox"/> Drug Store/Pharmacy	<input type="checkbox"/> Liquor Store	<input type="checkbox"/> Other (explain)
<input type="checkbox"/> Convenience	<input type="checkbox"/> Gas Station	<input type="checkbox"/> Supermarket/Grocery	
<input type="checkbox"/> Convenience/Gas	<input type="checkbox"/> General Merchant	<input type="checkbox"/> Tobacco/Smoke Shop	

The following information is required for all applicants, partners or corporate officers:
Attach additional sheet(s), if necessary.

Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #	Home Phone
Full Name	Resident Address, City, State, Zip	Date of Birth	Social Security #	Home Phone
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CERTIFICATION OF COMPLIANCE OF MINNESOTA WORKERS' COMPENSATION LAW

Pursuant to Minnesota Statute Chapter 176.182: Every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

WORKERS' COMPENSATION INSURANCE

Are you required to have workers' compensation insurance? Yes No

If no, I am not required to have workers' compensation coverage because:

- I have no employees
- I am self-insured (a copy of your permit to self-insure is required)
- I have no employees covered by workers comp law (ie: spouse / parents / children / certain farm employees)

If yes, Insurance Company Name:

Policy #:

Effective Date:

Expiration Date:

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 sub-jobber 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, 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 purchase.
6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of premises, including inspections of inventory, invoices, and licenses, and I understand that a refusal to allow an inspection is grounds for revocation off 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.

SIGNATURE

By submitting this application, I certify under the penalty of perjury that statements made in this application are true and inclusive to the best of my knowledge. I further certify that I am authorized to execute the foregoing instrument for the purpose of obtaining a St. Louis County Tobacco Products license, for the retail sale, possession, and use of tobacco and tobacco-related devices. Further, I understand and will abide by all applicable Laws of the State of Minnesota and the rules and regulations of St. Louis County Ordinance No. 51, of the St. Louis County Board of Commissioners. I acknowledge that the County of St. Louis, Minnesota reserves the right to examine supporting documentation and information provided herein.

Applicant Signature:

Date: