

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.

FOR MUNICIPAL USE ONLY

License number
Period covered
Date of issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over counter Through vending machine 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):

Sole proprietor Minnesota corporation: Enter date of incorporation _____

Partnership Out-of-state corporation: State of incorporation _____

Other (describe) _____ Are you registered to do business in Minnesota? Yes 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. Fax: 651-297-1939
 Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.



4646 Dakota Street SE
Prior Lake, MN 55372

CIGARETTE 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 and Number _____

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

Sex: Male Female

Race: White/Caucasion African American Hispanic Asian _____

Signature of Applicant

Date