



Tobacco Sales License:

Please insure you have all the required items before submitting application.

- **Applicant MUST submit the application to the City IN PERSON to verify ID and all pertaining information. Thank you.**

REQUIREMENTS CHECKLIST:

- _____ Completed Application
- _____ CT102 Department of Revenue Form
- _____ License Fee = \$200 per year
- _____ Background Check Fee = No fee
- Background Passed? _____ Yes _____ No
- _____ MN Worker’s Compensation Form
- _____ Minnesota Tax Identification Number
- _____ License fees are not transferable or refundable
- _____ License Period January 1st to December 31st
- Additional Information:
 - The City Council approves or denies all NEW tobacco sales licenses.
 - No cigarette vending machines are permitted in Brooklyn Park.

CITY USE APPROVALS:

BUILDING	SENT _____	APPROVED _____
COMMUNITY DEVELOPMENT	SENT _____	APPROVED _____
CODE ENFORCEMENT	SENT _____	APPROVED _____
FIRE	SENT _____	APPROVED _____
POLICE	SENT _____	APPROVED _____
CITY COUNCIL MEETING	DATE _____	APPROVED _____



Tobacco License Application

Community Development Department
Business Licensing Division

5200 85th Avenue North / Brooklyn Park, MN 55443
Phone: (763) 493-8182 / Fax: (763) 493 8171

GOVERNMENT DATA PRACTICES ACT - TENNESON WARNING:

The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. The data will constitute a public record if and when the license is granted.

The following information is required. All applications are subject to a minimum 30-day approval period.

REQUIREMENTS:

- **New** _____ **Renewal** _____
- Completed application & supplement / License Fee / \$200.00 per year
- License period January 1st – December 31st
- Is worker's compensation coverage required? _____ Yes _____ No
- Background Investigation Required
- Minnesota Tax Identification Number
- License fees are not transferable or refundable

The undersigned hereby makes application to the City of Brooklyn Park, Hennepin County Minnesota, for license subject to the laws of the State of Minnesota and of the City of Brooklyn Park.

Owners Name: _____ **Phone #:** _____

Owners Home Address: _____
Street City State Zip Code

Owners Email Address: _____

Business Name: _____ **Doing Business As:** _____

Business Address: _____
Street City State Zip Code

Business Contact: _____ **Business Phone #:** _____

Emergency Contact: _____ **Emergency Phone #:** _____

Is establishment within 500 feet of any public or private school? _____

List the days and hours of operation: _____ **Is applicant a tenant / lessee?** Yes _____ No _____

During the last five years, has the applicant been arrested or convicted of any violation of a Federal, State, or local ordinance related to tobacco, tobacco products or tobacco-related devices? Yes _____ No _____

If Yes, explain: _____

Have you ever had a license to sell tobacco, tobacco products, tobacco related-devices, electronic delivery devices or nicotine or lobelia delivery devices revoked within the preceding 12 months of the date of application? Yes _____ No _____

If Yes, explain: _____

*Applicant agrees to comply with all laws, ordinances or regulations applicable whether they are federal, state, county or municipal.
The undersigned declares that the information provided in this license application is truthful and authorizes the City of Brooklyn Park to investigate the information provided.*

Applicant Signature: _____ **Date:** _____

Payment: Visa MasterCard Discover Check Cash

Card Number: _____

Security Code (three digit number on back of card) _____ Expiration Date: _____

Signature _____ Date: _____

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	
	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	
	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		
City				State		
				Zip code		
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.

**MINNESOTA BUSINESS TAX IDENTIFICATION/
SOCIAL SECURITY NUMBER**

Pursuant to 2011 Minnesota Statute, Chapter 270C DEPARTMENT OF REVENUE, (section 270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES), the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
- Upon receiving the information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Full Name	
Applicant's Address	
City, State & Zip	
Applicant's Social Security Number	
Position (Officer, Partner, Etc.)	
Business Name	
Business Address	
City, State & Zip	
Minnesota Tax Identification Number	
Signature	Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW COVERAGE**

(FORM MUST ACCOMPANY LICENSE OR PERMIT APPLICATION)

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 retained 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 and/or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Full Name (Last, First, Middle)	
Doing Business As: (Business name if different than your name)	
Business Address	
City, State, Zip	Phone ()

I am not required to have workers' compensation liability coverage because:	
<input type="checkbox"/>	I have no employees.
<input type="checkbox"/>	I am self-insured (include permit to self-insure).
<input type="checkbox"/>	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.	
Signature	Date

OR

Insurance Company Name (NOT the insurance agent)
Policy Number
Dates of Coverage

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.	
Signature	Date

