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 $200
- 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:**

<table>
<thead>
<tr>
<th>CITY USE</th>
<th>SENT</th>
<th>APPROVED</th>
</tr>
</thead>
<tbody>
<tr>
<td>BUILDING</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>COMMUNITY DEVELOPMENT</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>CODE ENFORCEMENT</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>FIRE</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>POLICE</td>
<td>______</td>
<td>______</td>
</tr>
<tr>
<td>CITY COUNCIL MEETING</td>
<td>DATE</td>
<td>______</td>
</tr>
</tbody>
</table>
GOVERNMENT DATA PRACTICES ACT - TENNESSON 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 / Fee $200 (new only)
• 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 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_____
List all the current and previous Tobacco Sales Licenses you have had, including the name of the store(s) and the complete address for each: ____________________________________________________________

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**

<table>
<thead>
<tr>
<th>Business Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Type of legal organization</strong> (check one):</td>
</tr>
<tr>
<td>☐ Sole proprietor</td>
</tr>
<tr>
<td>☐ Partnership</td>
</tr>
<tr>
<td>☐ Other (describe) (describe)</td>
</tr>
<tr>
<td>☐ Minnesota corporation: Enter date of incorporation</td>
</tr>
<tr>
<td>☐ Out-of-state corporation: State of incorporation</td>
</tr>
<tr>
<td>Are you registered to do business in Minnesota? ☐ Yes ☐ No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Corporate officers or partners (attach a list if necessary)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Address</td>
</tr>
</tbody>
</table>

**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**

<table>
<thead>
<tr>
<th>Licensee signature</th>
<th>Title</th>
<th>Print name</th>
<th>Date</th>
<th>Daytime phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensing agent’s signature</td>
<td>Title</td>
<td>Print name</td>
<td>Date</td>
<td>Daytime phone</td>
</tr>
</tbody>
</table>

**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.

(Rev. 8/12)
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.

<table>
<thead>
<tr>
<th>Applicant’s Full Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant’s Address</td>
</tr>
<tr>
<td>City, State &amp; Zip</td>
</tr>
<tr>
<td>Applicant’s Social Security Number</td>
</tr>
<tr>
<td>Position (Officer, Partner, Etc.)</td>
</tr>
<tr>
<td>Business Name</td>
</tr>
<tr>
<td>Business Address</td>
</tr>
<tr>
<td>City, State &amp; Zip</td>
</tr>
<tr>
<td>Minnesota Tax Identification Number</td>
</tr>
<tr>
<td>Signature</td>
</tr>
<tr>
<td>Date</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Full Name</th>
<th>(Last, First, Middle)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doing Business As:</td>
<td>(Business name if different than your name)</td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
</tr>
<tr>
<td>City, State, Zip</td>
<td>Phone (             )</td>
</tr>
</tbody>
</table>

I am not required to have workers' compensation liability coverage because:
- ☐ I have no employees.
- ☐ I am self-insured (include permit to self-insure).
- ☐ 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

<table>
<thead>
<tr>
<th>Insurance Company Name</th>
<th>(NOT the insurance agent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Policy Number</td>
<td></td>
</tr>
<tr>
<td>Dates of Coverage</td>
<td></td>
</tr>
</tbody>
</table>

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
REQUEST, AUTHORIZATION, CONSENT AND RELEASE FOR BACKGROUND INFORMATION

PLEASE TYPE OR PRINT

I: _______________________________________________________________________________________________

LAST NAME   FIRST NAME   MIDDLE NAME (PLEASE INCLUDE Jr., Sr., II, III Etc.)

Have carefully read and understand this Disclosure and Authorization form as well as the attached Summary of Rights under the Fair Credit Reporting Act. By my signature below, I consent to preparation of background reports by a consumer reporting agency such as Backgrounds Online, and to the release of such background reports to the Company and its designated representatives and agents, for the purpose of assisting the Company in making a determination as to my eligibility for employment (including independent contractor assignments, as applicable), promotion, retention or for other lawful employment purposes. I understand that if the Company hires me or contracts for my services, my consent will apply, and the Company may obtain background reports throughout my employment or contract period.

I understand that information contained in my employment or contractor application, or otherwise disclosed by me before or during my employment or contract assignment, if any, may be used for the purpose of obtaining and evaluating background reports on me. I also understand that nothing herein shall be construed as an offer of employment or contract for services.

I hereby authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I also certify the information I provided on and in connection with this form is true, accurate and complete. I agree that this form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any background reports that may be requested by or on behalf of the company.

California, Minnesota and Oklahoma Applicants only:
Check box if you request a copy of any consumer report ordered on you.

LAW ENFORCEMENT AGENCIES AND OTHER ENTITIES FOR POSITIVE IDENTIFICATION PURPOSES REQUIRE THE FOLLOWING INFORMATION WHEN CHECKING PUBLIC RECORDS. IT IS CONFIDENTIAL AND WILL NOT BE USED FOR ANY OTHER PURPOSES.

Signed ____________________________________________                   Today’s Date ______________________________________________________________________

Printed Name __________________________                   Position Applied For ______________________________________________________________________

Social Security Number ____________                   Date of Birth ______/_____/______                   Driver’s License Number ____________                   State ______________________________________________________________________

Other names you have used or are also known as: __________________________________________

PLEASE PROVIDE ALL RESIDENTIAL ADDRESSES FOR THE PAST 7 YEARS

Current Address: ______________________________________________________________________

Street ____________                   Apt.# ____________                   City ____________                   State ____________                   Zip Code ____________                   How long here?

Former Address: ______________________________________________________________________

Street ____________                   Apt.# ____________                   City ____________                   State ____________                   Zip Code ____________                   How long here?

Former Address: ______________________________________________________________________

Street ____________                   Apt.# ____________                   City ____________                   State ____________                   Zip Code ____________                   How long here?

May we contact your current employer? _____Yes ______No

Applicants under 18 years of age must have a parent or court appoint guardian sign this Authorization of Background Investigation

Parental Consent: I hereby give my consent for the above-mentioned applicant to have a background check performed on him/her. Furthermore, I hereby understand and agree to the conditions of this Release as described above.

Parent/Guardian Signature __________________________                   Date ____________                   Parent/Guardian Name __________________________