



**APPLICATION FOR LICENSE TO SELL TOBACCO,
TOBACCO PRODUCTS AND TOBACCO RELATED DEVICES**

FEE: \$385.00

New Application _____

Renewal Application _____

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION 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. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

Please be sure to complete all enclosed documents and return fully completed:

- Background Check and Data Practice Advisory form for *each* owner/partner and store manager (make copies as needed)
- Proof of Taxes Paid form
- Certificate of Compliance Minnesota Workers' Compensation Law form (LIC 04)
- License Application to Make Retail Sales of Cigarette and Other Tobacco Products form (CT102)
- Payment for each application (\$385); see enclosed instructions on how to pay online

Make Checks Payable to: City of Hermantown

Return ALL ORIGINAL FORMS, all attachments, and payment (if not paid online) to:

City of Hermantown
Attn: Alissa Wentzlaff, City Clerk
5105 Maple Grove Road
Hermantown, MN 55811

Questions? Email Alissa or call (218) 729-3605; email is awentzlaff@hermantownmn.com



APPLICATION FOR LICENSE TO SELL TOBACCO, TOBACCO PRODUCTS AND TOBACCO RELATED DEVICES

Business Information:

Licensee's Legal Name: _____

Business Trade Name (doing business as): _____

Business Address: _____
(City, State, Zip)

Business Telephone: _____ MN Tax ID: _____ Federal Tax ID: _____

If MN Tax ID not required, please explain: _____

Application Information (background check will be conducted on this person):

Applicant Name: _____

Applicant Title: _____

Applicant's Address: _____

Applicant's Telephone(s): _____

Applicant's Email: _____

Pursuant to MN Statute 270C.72, Subd. 4: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this 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.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Applicant's social security number: _____



APPLICATION FOR LICENSE TO SELL TOBACCO, TOBACCO PRODUCTS AND TOBACCO RELATED DEVICES

If Applicant is a Corporation:

Date of incorporation: _____ State of Incorporation: _____

If incorporated under the laws of another state, is corporation authorized to conduct business in the State of Minnesota? _____

Certificate of Authority Number to conduct business in the State of Minnesota: _____

List all stockholders, directors, officers and percent of stock or number of shares owned by each:

If Applicant is a Partnership:

List all partners and percentage of ownership and if business is a limited partnership, give details (background checks will be conducted on all partners):

Local Store Managers:

List all local store managers (background checks will be conducted on all local store managers):

First Name	Middle Name	Last Name	Store Address



**APPLICATION FOR LICENSE TO SELL TOBACCO,
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Have you been convicted of any violation of federal, state, local law or ordinance provision regarding tobacco in the last five years? _____ Yes _____ No

Have you had a license to sell tobacco, tobacco products or tobacco related devices revoked within the past 12 months? _____ Yes _____ No

Are you prohibited by federal, state, local law, ordinance or other regulation from holding a license? _____ Yes _____ No

I/WE HEREBY STATE THAT ALL INFORMATION ON THIS APPLICATION IS TRUE AND CORRECT. I/WE SHALL COMPLY WITH ALL PRVISION OF THE ORDINANCES OF THE CITY OF HERMANTOWN AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

For Individual:

For Partnership:

(Partner)

Title: _____

(Partner)

Title: _____

For Corporation:

Title: _____

Title: _____

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public

My Commission Expires: _____

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

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.		License Authority
					License Number
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):				Period Covered
	<input type="checkbox"/> Over Counter	<input type="checkbox"/> Through Vending Machine	<input type="checkbox"/> Both		Date of Issuance
	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):				
	<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 and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.				
	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, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us



Mailing Address:
PO Box 64217
St. Paul, MN 55164-0217

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number:	Effective date:	Expiration date:
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name:

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in braille, large print or audio.

**PROOF OF PAYMENT
OF
REAL ESTATE TAXES**

This form is required pursuant to Hermantown Ordinance No. 96-06 and state law as a condition to the renewal of a tobacco license for you.

Please list the Address of Licensed Premises:

Please List the Tax Parcel Number of Licensed Premises:

I certify that the property taxes for the above listed premises are paid and not delinquent.

The forgoing information is true and correct.

Dated this _____ day of _____, 20_____.

Name of Applicant or Property Owner

Signature of Applicant, Officer of Applicant or Property Owner

Subscribed and sworn before

me this _____ day of _____,

Notary Public

My Commission Expires: _____

