



To: Businesses Applying for a Tobacco License
From: Alissa McClure, City Clerk
Re: Tobacco License Application

We acknowledge and appreciate your interest in obtaining a Tobacco License from the City of Hermantown. To facilitate the application process, please carefully fill out the application. Failure to provide the required information may result in delays in processing your application. **PLEASE SUBMIT YOUR APPLICATION AT LEAST 45 DAYS BEFORE YOU PLAN TO SELL TOBACCO.**

Per MN Statutes Section 176.182, the City of Hermantown requires a certificate that indicates that you have workers' compensation insurance for your employees. This is included with the packet.

A Proof of Payment of Real Estate Taxes form is required. Please return the form and attach a Certificate of the St. Louis County Auditor's Office with respect to the real estate taxes on the licensed premises.

Note: All owners/partners/officers/managers must complete the Criminal Background Check Authorization/Data Practices Advisory Form **annually**. Please make copies of this form necessary.

Please return all **ORIGINALS** to the City Clerk's office with the required fee for the processing of your application (the City has a Notary if needed). Once the paperwork and payment are received, your application will be reviewed by the Police Department, then go before the next possible City Council meeting for approval.

If you have any questions, please contact the City Clerk's office at the information below.

Sincerely,

A handwritten signature in cursive script that reads "Alissa McClure".

Alissa McClure

City Clerk | City of Hermantown
5105 Maple Grove Road | Hermantown, MN 55811
(218) 729-3600



**CITY OF HERMANTOWN
OFFICE OF THE CITY CLERK**

5105 Maple Grove Road
Hermantown, MN 55811
P: (218) 729-3600
www.hermantownmn.com

FOR OFFICE USE ONLY

DATE APPROVED: _____

LICENSE #: _____

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

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.

- ☐ New Application
☐ Renewal Application

Investigation Fee: **\$35.00**

License Fee: **\$365.00**

Total Due: **\$400.00**

Below is a list of all documents and items required by the City of Hermantown to obtain a Tobacco License pursuant to Hermantown City Code Chapter 400. Please ensure that you have completed all items listed below. Any missing documents will delay the processing of your application. All sections of this application are required, please do not leave anything blank. A background investigation must be conducted by the City of Hermantown Police Department on all owners/partners/officers/managers *annually*. **Note:** Sales of cigarettes, tobacco products, and tobacco-related devices through vending machines are prohibited in the City of Hermantown under City Code §§400.06.2 and 400.07.

Please be sure to fully complete and return all listed documents:

- ☐ Payment for each application (**\$400**); *see attached instructions on how to pay online*
☐ City Tobacco Application
☐ Proof of Taxes Paid Form with Certificate of the St. Louis County Auditor's Office with respect to the real estate taxes on the licensed premises
☐ Certificate of Compliance Minnesota Workers' Compensation Law form (LIC 04)
☐ Background Check and Data Practice Advisory form **for EACH owner/partner and store manager** (make copies as needed)

I HEREBY CERTIFY THAT I/WE HAVE REVIEWED AND COMPLETED THIS CHECKLIST:

Signature: _____

Date: _____

Make all checks payable to: City of Hermantown

Please write "Tobacco License" in the memo line of your check

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

City of Hermantown
ATTN: Licensing
5105 Maple Grove Road
Hermantown, MN 55811

Business Information:

Licensee's Legal Name: _____

Business Trade Name (*doing business as*): _____Business Address (*permit location*): _____

Address where license should be sent: _____

Business Telephone: _____ Best Contact Telephone: _____

Business Email Address: _____

MN Tax ID: _____ Federal Tax ID: _____

**The Minnesota Tax ID must be issued in the same legal name of the licensee above*

If MN Tax ID not required, please explain: _____

Application Information (*this person must a complete background check authorization form*):

Applicant Name: _____

Applicant Title: _____

Applicant's Address: _____

Applicant's Telephone(s): _____

Applicant's Email: _____

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

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.

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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: _____

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 corporate officers (*attach a list if necessary, these individuals must complete a background check authorization form*):

Name	Title
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Address	City	State	Zip Code
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Name	Title
------	-------

Address	City	State	Zip Code
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If Applicant is a Partnership:

List all partners and percentage of ownership (*attach a list if necessary, these individuals must complete a background check authorization form*):

Name	Title	% Owned
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Address	City	State	Zip Code
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Name	Title	% Owned
------	-------	---------

Address	City	State	Zip Code
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Local Store Managers:

List all local store managers (*attach additional pages if necessary, these individuals must complete a background check authorization form*):

First Name	Middle Name	Last Name	Store Address

Lower-Potency Hemp Edible (LPHE) Sales:

1. Does this business currently sell, or intend to sell during the license period, lower-potency hemp edibles (LPHE), including hemp-derived THC gummies or beverages, at this location?

☐ Yes ☐ No

If yes, complete the following questions:

2. Does this business hold a current state license issued by the Minnesota Office of Cannabis Management (OCM) authorizing LPHE retail sales at this location?

☐ Yes ☐ No

3. If yes, provide the state license number: _____

4. If you do not hold a current state license, is your license application pending with OCM?

☐ Yes ☐ No

Application number, if available: _____

Date application submitted: _____

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 their 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.

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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 or as long as the cigarette or tobacco product listed on the invoice is available for sale or in their possession, whichever period is longer.
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.

[SIGNATURES APPEAR ON NEXT PAGE]

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 Sole proprietor:

(signature)

Name: _____

For Partnership:

(Partner signature)

Name: _____

Title: _____

(Partner signature)

Name: _____

Title: _____

For Corporation:

(Officer signature)

Name: _____

Title: _____

State of: _____]

County of: _____] ss:

(Officer signature)

Name: _____

Title: _____

On this ____ day of _____ 20____, before me, a Notary Public within and for said County and State, personally appeared _____, to me known to be the person(s) named in and who executed the foregoing instrument, and acknowledged that they executed said instrument as their free act and deed, for the uses and purposes therein expressed.

Notary Public

My Commission Expires: _____

[stamp]

**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: _____



CC0515

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
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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.

Criminal Background Check Authorization

I, _____, am employed by _____.
(Legal First Name Full Middle Name Last Name) (Business Name)

I hereby authorize the Hermantown Police Department to conduct a background investigation and Criminal History Check to procure any and all information, oral and written that may be required in connection with my application for a city license and/or employment. I understand the Hermantown Police Department may require my fingerprints in connection with my initial criminal history check.

I hereby consent to periodic criminal history checks that may be required and that the Hermantown Police Department will verify my continued employment or city licensure before running a check on me.

I hereby consent to the release of any and all data, oral or written, regarding me that may be required by the Hermantown Police Department and/or his designee and hereby expressly release any party providing said data from any and all liability. I further waive my right to have certain data protected from disclosure under any and all Federal or state statutory provisions to the extent I am authorized to do so.

DATA PRACTICES ADVISORY

(Tennessee Warning)

The information that you are asked to provide in your proposal is classified by state law as either public, private or confidential. Public data is information that can be given to the public. Private data is information that generally cannot be given to the public but can be given to the subject of the data.

Confidential data is information that generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to consider your proposal. You are not legally required to provide this information. You may refuse to provide this information.

The consequences of supplying or refusing to supply data are that your proposal may not be considered or it may be denied.

Other persons or entities may be authorized by law to receive this information. The undersigned, has read this advisory and understands it.

Dated this _____ day of _____, 20____.

Print Legal Name (first, full middle, last)

Date of Birth
(mm/dd/yyyy)

Signature*

**Must be an original wet signature, digital signatures or copies can not be accepted*

How to Pay by Credit Card

Note: There is a fee to use this site; it is based on the dollar amount entered (it will tell you the fee so you can cancel if you don't want to pay it). If you decide to mail payment, please make check payable to The City of Hermantown and mail to 5105 Maple Grove Road, Hermantown, MN 55811.

Go to www.paygov.us

Click the "Make a Payment" button in the upper right-hand corner

Enter Location Code: 36848

Click "Make a Payment"

This will bring you to the **"MINNESOTA-CITY OF HERMANTOWN – GENERAL FUND"** page



Enter:

- Name
- What/Who is permit for (choose appropriate):
 - Massage License (list for whom)
 - Liquor License (list for whom)
 - Tobacco License (list for whom)
 - Tetrahydrocannabinol (THC - list for whom)
 - Data Request Payment

Complete the payment information and dollar amount

Accept the terms on the bottom

Click the "Make a Payment" button on the bottom

Payments are processed overnight and I will be notified the next day of the payment.