



Tobacco, Tobacco Products and Tobacco Related Devices License Application

License Fee - \$150 per year (*prorated*)

Directions

If the application is by a natural person, it must be completed by such person, if by a corporation, by an officer thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

1. Type of business: Natural Person Corporation Partnership Association

2. Name of individual, partnership, LLC, corporation: _____

3. Owner/corporate address: _____
Address City State Zip

4. Establishment name (DBA) _____

5. Establishment address: _____ Phone: _____

6. Applicant's full name: _____
First Middle Last

7. Is the applicant 18 years of age or older? Yes No

8. Applicant's home address _____
Address City State Zip

9. Applicant's home phone _____

10. Please list all persons with an ownership interest in the business: *Attach additional sheets if necessary.*

Full name: _____ Interest: _____
Home address: _____ Phone: _____

Full name: _____ Interest: _____
Home address: _____ Phone: _____

11. Describe premises to be licensed (type of business-convenience, bar, grocery store, etc.):

12. Is 90% of sales revenue derived from tobacco products? Yes No

13. Name of manager in charge of day-to-day operations _____

14. MN Statute 270C.72 requires us to collect a tax identification or social security number for each applicant who is issued a license.

MN Tax ID # _____ Federal Tax ID # _____
If you do not have a MN or Federal Tax ID, provide SSN _____

15. Has the applicant, person managing the business, or any person associated in the business ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article? Yes No

If yes, state the nature of the offense(s) and the punishment or penalty assessed therefore.
Attach additional sheets if necessary. _____

16. List other localities where the applicant has had or currently has a tobacco license: _____

17. Has the applicant/officer/partner ever been denied a license to sell tobacco or tobacco products? Yes No

If yes, give date and details _____

18. Has the applicant/office/partner had a license to sell tobacco or tobacco products suspended or revoked within the preceding three years? Yes No

If yes, give date and details _____

19. Are any of the following taxes for the licensed premises unpaid or delinquent?
State Sales Tax Yes No State Withholding Taxes Yes No
Real Estate Taxes Yes No City Utility Bills Yes No
Special Assessments Yes No

If yes, indicate the years and amounts that are unpaid or delinquent.

20. Is tobacco sold and/or stored in a vending machine? Yes No

If yes, answer the following questions:

Explain in detail the location of vending machine _____

Is the vending machine accessible to the public?

How is the tobacco product purchased from the vending machine?

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application may result in denial of this application. I authorize the City of Elk River to investigate and make whatever inquiries are necessary to verify the information provided.

Applicant Signature

Date



This form must be completed by all officers, partners, and managers.

**Background Investigation Consent Release
Information to be Used for Business License Processing**

As a license applicant, I hereby authorize the Elk River Police Department to conduct a criminal history background investigation to include adult and juvenile records and also a search of my driver's license record, as well as any other searches deemed necessary in the determination of whether my business license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that if I refuse to so consent, my application cannot be processed.

I understand that data I have provided may be shared in whole, or in part, with other agencies within the criminal justice system, by other private and public entities, by other persons for the purpose of conducting a background investigation, and by all individuals in the city who need to know this information.

I release the City of Elk River, the Elk River Police Department, and any of its agents or employees, from any and all liability for its receipt and use of information and records received pursuant to this consent. I further acknowledge that I have carefully read this release, fully understand its terms and legal significance, and execute it voluntarily.

Business Name: _____ Type of License Applied for: Tobacco

Applicant: _____
(First Name) (Full Middle Name) (Last Name)

List All Aliases/Previous Last Names: _____

Date of Birth: _____ A copy of your driver's license/state ID must be attached (front and back)

Driver's License/State ID#: _____ State Issued: _____

Residential Address: _____
(Address) (City) (State) (Zip)

List Complete Addresses of Any Prior Residence(s) in the Last 5 Years: *(attach additional sheets if necessary)*

Home Phone: _____ Business Phone: _____

Physical Appearance: Sex: _____ Race _____ Ht _____ Wgt _____ Eyes _____ Hair _____

Have you ever been convicted of a felony, gross misdemeanor, or misdemeanor? Yes No
If yes, state jurisdiction, type of violation, and disposition: _____

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

Applicant Signature: _____ Date: _____

Office Use Only
Background Investigation: Approved Denied
Comments: _____

Police Chief/designee: _____ Date: _____



**TENNESSEN WARNING
APPLICATION FOR BUSINESS LICENSE**

In connection with your request for a license the City of Elk River has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the city is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

By signing below, I acknowledge that I have read and understand the contents of this notice.

Signature of Applicant

Date

Printed Name of Applicant

Notice to all license applicants - proposed ordinances

The City of Elk River distributes general city information and notices electronically through an electronic notification system. As an applicant for a new business license or for a renewal of an existing business license, you can sign up to receive notices through the city's electronic notification system at the city's website at www.ElkRiverMN.gov. This would include getting notifications of any proposed ordinances at least ten days before the city council conducts a final vote on the proposed ordinance.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK OR TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIPCODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: if your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

Number 1, 2, or 3 MUST be completed



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>					
	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				License Authority					
					License Number					
					Period Covered					
					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 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.										
Licensee Signature		Title		Print Name		Date		Daytime Phone		
Licensing Agent's Signature		Title		Print Name		Date		Daytime Phone		
Sign Here	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: 651-297-1939. Email: cigarette.tobacco@state.mn.us									