



License Application to Make Retail Sales of Cigarette and Other Tobacco Products

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 checked="" 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		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 City of Rosemount, MN Dept. 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 City of Rosemount, 2875 145th St. W., Rosemount, MN 55068.



**License Application to Make Retail Sales of Cigarette and Other Tobacco Products
Addendum Questions**

Financial Claims

Indicate whether you own the property for which the application is being made:

Yes, own property. No, have no financial interest in the property.

Are there any real estate taxes, personal property taxes, special assessments, or other financial claims delinquent or unpaid for the premises to be licensed? Yes (provide details) No

Affidavit of Compliance Concerning Instructional Program

I have conducted the proper instructional program and training for all employees involved with the sale of tobacco and tobacco related products as described in Rosemount City Code, Chapter 3-10, Subd. 3.O. Instructional Program.

Describe Instruction Program utilized. (Enclose copies of all materials developed in-house.)

Please list training dates during the 2016-2017 license cycle and number of employees trained.

Other Licenses

List licenses you currently hold, formerly held, or have an interest in, and compliance check violations for each:

Age Verification Device

Does your business utilize an electronic age verification device? Yes No Model?

Tobacco Products Shop

This business meets the definition of a “Tobacco Products Shop” as defined in City Code Chapter 3-10.

Provide a detailed narrative description of the proposed business.

Attach floor plan showing dimensions and layout of the business.

Data Privacy Notice / Tennessee Warning:

The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if any conviction you may have is a job-related consideration affecting your suitability for the license.

Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private, *and* that you provide an alternative address and phone number as below:

I request that my residence address and phone number be considered private data. My alternative address and phone number are:

Alt. Address _____ Alt. Phone _____

I authorize the Rosemount Police Department to disclose to the Rosemount City Administrator, City Clerk and the Rosemount City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application. I understand that failure to provide this release will result in a denial of my application. This consent expires 6 months from the date of the application.

The applicant will strictly comply with all City Code regulations as set out in the Official City Code of the City of Rosemount.

The application must be signed in the presence of a Notary Public. A Notary Public is available at City Hall.

I have read and agree to all ordinances associated with this Tobacco License. I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge. I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Rosemount to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

Printed Name

Title

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

Notary Public

Stamp

**GENERAL AUTHORIZATION AND RELEASE
BACKGROUND REFERENCE AND VERIFICATION**

(one for each individual shown on application.)

*Pursuant to Minnesota Statute 13.05, Subdivision 4, Minnesota Data Practices Act
Attach color copy of driver's license or state-issued ID.*

OFFICE USE ONLY			
Name of Institution			
Attention			
Address			
City/State/ZIP			
Phone		Fax	

I, _____, hereby authorize and grant my informed consent to permit you to release and make available to the Rosemount Police Department and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession.

The data which I authorized to be released consists of private data as defined in Minnesota Statute 13.02, subdivision 12, and has been collected by you as a result of my contact and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained, or disseminated in whatever form which in any way relates to my dealings with you or your agency.

I understand that the purpose of permitting the Rosemount Police Department to have access to this information is to determine my suitability for a ***Tobacco License*** in the city, including verification of my records and analysis by personnel of the City who may review my license application.

This authorization shall be valid for a period of six months, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the department or to you of that fact. I also acknowledge that a photocopy of this authorization may be used in lieu of the original and that photocopy shall be considered as valid as the original.

Signature

Date

Attach color copy of driver's license or state-issued ID.

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):		License Number #:	
Tobacco License			
Licensing Authority (name of city, county, or state agency issuing license):			
City of Rosemount			
License Renewal Date:			

PERSONAL INFORMATION:			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

BUSINESS INFORMATION:			
Business name			
Business address		City	State Zip Code
Rosemount		MN	55068
Minnesota tax identification number	Federal tax identification number		
If a Minnesota tax identification is not required, please explain on the reverse side of this form.			

Applicant Signature:

Signature _____ Title _____ Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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 NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

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

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

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.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.