

City of Lakeville
20195 Holyoke Avenue, Lakeville, MN 55044
952-985-4404 Fax: 952-985-4499

LICENSE APPLICATION FOR TOBACCO SALE
INCLUDING TOBACCO PRODUCTS, ELECTRONIC DELIVERY DEVICES AND E-CIGARETTES

Applicant Note:

Print, type or check all applicable information. Incomplete applications will not be accepted. The information contained in this application becomes part of the City of Lakeville's official records upon receipt and is therefore accessible to the public. All licenses issued shall be valid only on the premises for which the license is issued. No transfer of any license to another location or person shall be valid without the prior approval of the City of Lakeville. This license will be issued for a one year period and shall expire on December 31. The license must be posted and displayed in plain view of the general public on the premise.

| | |
|-----------------------------|-------------------------|
| Establishment Name _____ | Applicant Name _____ |
| Establishment Address _____ | Applicant Address _____ |
| Business Phone _____ | Applicant Phone _____ |
| Email _____ | Applicant Email _____ |

TO BE COMPLETED BY APPLICANT:

Have you been convicted within the past five (5) years of a violation of any provision of Lakeville City Code 3-6 or a violation of federal, state or local law, ordinance provision, or other regulation relating to tobacco, tobacco products or tobacco related devices? _____

Have you had a license to sell tobacco, tobacco products or tobacco related devices revoked within the past twelve (12) months? _____

Do you have any outstanding fines, penalties or property taxes owed to the City of Lakeville? _____

LICENSE CATEGORY
Please check all operations applicable to your establishment

Establishment Types:

- Convenience
- Convenience/Gas
- Drug Store/Pharmacy
- Tobacco Shop/Smoke Shop (**attach a detailed description of the proposed business**)
- Supermarket/Grocery
- General Merchant (Wal-Mart, K-Mart, etc.)
- Bar/Restaurant
- Other: _____

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|--------------------|-----------------|
| LICENSE FEE: | \$300.00 |
| INVESTIGATION FEE: | <u>\$150.00</u> |
| TOTAL: | \$450.00 |

I declare under the penalties of perjury and criminal liability for willfully making a false statement that this application is, to the best of my knowledge and belief, true, correct and complete, and that I am 18 years of age or older.

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| Signature of Applicant | Title | 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.

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|--|--|-------|--|----------|-----------------------------------|--------------------|
| Print or type | Applicant's Minnesota tax ID number | | <input type="checkbox"/> 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 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 |

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|-----------------------------|--|-------|--|----------|--|--|
| 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 | | |

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|-----------------------------------|---|--|--|--|--|
| 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. | | | | |

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|------------------|-----------------------------|-------|------------|------|---------------|
| 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 or fax a copy of approved form to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331. Fax: 651-297-1939
Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.

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.

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|--|--------------------------------------|
| BUSINESS NAME (Individual name only if no company name used) | LICENSE OR PERMIT NO (if applicable) |
|--|--------------------------------------|

DBA (doing business as name) (if applicable)

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|---|------|-------|----------|
| BUSINESS ADDRESS (PO Box must include street address) | CITY | STATE | ZIP CODE |
|---|------|-------|----------|

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 |
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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 |
|---------------------------------|-------|------|

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.