

# APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS

To the County Board of the County of Aitkin, State of Minnesota

\_\_\_\_\_ make(s) application for a Tobacco license to sell at  
APPLICANT  
the following premises in the County of Aitkin, State of Minnesota, known and described  
as follows:

1. Applicants Full Name-Specify if a Corporation \_\_\_\_\_
2. Contact Person (If corporate name) \_\_\_\_\_
3. Applicant's Residential Address \_\_\_\_\_
4. Applicant's Phone Number \_\_\_\_\_
5. Business Name \_\_\_\_\_
6. Business Address \_\_\_\_\_
7. Business Phone Number \_\_\_\_\_
8. Minnesota Sales Tax ID # \_\_\_\_\_
9. Real Estate Tax Codes (Parcel Code) \_\_\_\_\_
  
10. Signature & Date \_\_\_\_\_

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## STATE OF MINNESOTA, COUNTY OF AITKIN

The undersigned, County Attorney and County Sheriff of said County, recommend the within application, it appearing to the best of our knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of Tobacco, and that in our judgement the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_

County Sheriff

Dated \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_

County Attorney

### For Office Use Only

County Board Approval Date \_\_\_\_\_

License Number \_\_\_\_\_

Delinquent Taxes ( ) Yes ( ) No

Workers' Compensation Form ( ) Yes ( ) No

**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*

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
Period Covered
Date of Issuance

**Cigarettes/tobacco products will be sold** (a separate license is required for each location or vending machine):

Over Counter       Through Vending Machine       Both

**Print or Type**

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):

Sole proprietor       Minnesota corporation: Enter date of incorporation \_\_\_\_\_  
 Partnership       Out-of-state corporation: State of incorporation \_\_\_\_\_  
 Other (describe) \_\_\_\_\_      Are you registered to do business in Minnesota?     Yes     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.

**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

# 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 [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.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, call (651) 284-5032 or 1-800-342-5354.