

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 _____

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