



TOBACCO LICENSE APPLICATION

705 2nd St North
Princeton, MN 55371
763-389-2040

1. Name of individual, partnership, LLC, corporation: \_\_\_\_\_

2. Owner/corporate address: \_\_\_\_\_
Address City State Zip

3. Applicant's full name: \_\_\_\_\_
First Middle Last

4. Birth Date: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

5. Is the applicant 18 years of age or older? [ ] Yes [ ] No

6. Applicant's home address \_\_\_\_\_
Address City State Zip

7. Business phone \_\_\_\_\_ Applicant phone \_\_\_\_\_

8. Email Address: \_\_\_\_\_

9. Circle One: Minnesota Tax ID / Federal Tax ID / Social Security number: \_\_\_\_\_
(Required by the Minnesota Department of Revenue)

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

11. Name of manager \_\_\_\_\_

12. 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. \_\_\_\_\_

13. Is tobacco sold and/or stored in a vending machine? [ ] Yes [ ] No (if yes, read on:)
Explain in detail; location of vending machine \_\_\_\_\_
Is the vending machine accessible to the public? [ ] Yes [ ] No
How is the tobacco product purchased from the vending machine?
\_\_\_\_\_

I understand that as part of the Tobacco License application process, the City shall conduct a
criminal background check in accordance with City Code #250.04.
By signing below, I authorize the City of Princeton, MN to conduct a background check
on me.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_
\*\*\*\*\*

Police Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Amount paid: \_\_\_\_\_ Check # \_\_\_\_\_ Date Council approved \_\_\_\_\_



# 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>	
			License number	
			Period covered	
			Date of issuance	
	<b>Cigarettes/tobacco products will be sold</b> (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

Business Information	<b>Type of legal organization</b> (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			
	<b>Corporate officers or partners</b> (attach a list if necessary)				
	Name	Title			
Address	City	State	Zip code		
Name	Title				
Address	City	State	Zip code		

Statement of understanding	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>				
	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
		City Clerk	Shawna Tadych		763-389-2040

**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.

