DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT
GOVERNMENT CENTER - 14949 62ST STREET NORTH, PO BOX 6, STILLWATER, MINNESOTA 55082-0006
Office (651) 430-6655 ● TTY (651) 430-3220 ● Facsimile Machine (651) 430-6730

LICENSE APPLICATION FOR TOBACCO ESTABLISHMENT

Applicant Note:
Print, type or check all applicable information. Incomplete applications will not be accepted and penalties may be assessed. The information contained in this application becomes part of Washington County's official records upon receipt by the department and is thereafter accessible to the public.

FOR DEPARTMENT USE

ESTABLISHMENT ID#

MAKE CHECKS PAYABLE TO: WASHINGTON COUNTY

☐ **FIRST LICENSE** for a New Establishment Date of Opening:_____	☐ **NEW LICENSE** for an Existing Establishment Date of Reopening:_____ Previous Owner: Date of Change of Ownership:____
Establishment Name:	**Owner, Partner or Corporation:**
Establishment Address:_____ _____ **Telephone Number:** _____ **Fax Number:** _____	**Mailing Address:**_____ _____ **Telephone Number:**_____ **Fax Number:** _____

Minnesota Tax Identification Number:_____

LICENSE CATEGORY AND FEE SCHEDULE

Please Check All Operations Applicable to Your Establishment

Store types:

- ☐ Convenience
- ☐ Convenience / Gas
- ☐ Gas station
- ☐ Drug store / Pharmacy
- ☐ Tobacco shop / Smoke shop
- ☐ Supermarket / Grocery
- ☐ General Merchant (Wal-Mart, K-Mart, etc.)
- ☐ Liquor store
- ☐ Bar / Restaurant
- ☐ Other

- ☐ **Annual Year-round Fee $272.00**
- ☐ **Annual Seasonal Fee $197.00**
- ☐ **Adjusted Fee (Set by County)$**
- ☐ **Penalty Fee for Late Application $**

TOTAL AMOUNT $

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.

Signature of owner, partner or principal officer	Title	Date

Equal Employment Opportunity/Affirmative Action
If you need assistance due to disability or language barrier, please call 430-6655 (TTY 430-6246)