



**2020**

**LICENSE APPLICATION TO SELL TOBACCO PRODUCTS**

**Applicant Note:**

*Print, type or check all applicable information. Incomplete applications will not be accepted and penalties may be assessed. The information you are being asked to provide in this section is classified as public data under the Minnesota Data Practices Act.*

**FOR DEPARTMENT USE**

**MAKE CHECKS PAYABLE TO: WASHINGTON COUNTY**

**ESTABLISHMENT ID#**

<input type="checkbox"/> <b>FIRST LICENSE</b> for a New Establishment  Date of Opening: _____	<input type="checkbox"/> <b>NEW LICENSE</b> for an Existing Establishment  Date of Reopening: _____ Previous Owner: _____  Date of Change of Ownership: _____
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**Establishment Information**

Establishment Name: \_\_\_\_\_  
 Establishment Contact: \_\_\_\_\_  
 Establishment Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Establishment Phone #: \_\_\_\_\_ Establishment Fax #: \_\_\_\_\_  
 Establishment Email: \_\_\_\_\_  
 Establishment Website: \_\_\_\_\_

**Owner Information**

Owner First/Last Name: \_\_\_\_\_  
 Owner Business Name: \_\_\_\_\_  
 Owner Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Owner Phone #: \_\_\_\_\_ Owner Fax #: \_\_\_\_\_  
 Owner Email: \_\_\_\_\_

**Partner or Corporation Information**

Corporation Name: First/Last Name: \_\_\_\_\_  
 Corporation Contact: \_\_\_\_\_  
 Corporation Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Corporation Phone #: \_\_\_\_\_ Corporation Fax #: \_\_\_\_\_  
 Corporation Email: \_\_\_\_\_

**Please Indicate Where You Would Like Your Correspondence Mailed**

Legal Notices	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
License Renewals	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
General Information	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation

**Have you been convicted within the past 5 years of any violation of a Federal, State or Local law, ordinance provision or other regulation relating to Tobacco or Tobacco Products or Nicotine Delivery Products or Tobacco-Related Devices?**

\*If Yes, please state which County or State the conviction occurred: \_\_\_\_\_

*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.*

<b>Signature of Owner, Partner or Principal Officer:</b> _____	Title _____  Date _____
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Minnesota Statutes section 176.182 requires you to supply information regarding workers' compensation.

**WORKERS' COMPENSATION INSURANCE**

1. Workers' Compensation insurance company name: \_\_\_\_\_
  2. Address of insurance company: \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_
  3. Workers' Compensation policy number: \_\_\_\_\_
  4. Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- Note:** If you are self-insured or exempt please explain: \_\_\_\_\_

**LIST ALL OWNERS, PARTNERS, OR PRINCIPAL OFFICERS. Persons listed may be held responsible for compliance with applicable ordinances.**

Name	Title	Name	Title

**MINNESOTA TAX IDENTIFICATION NUMBER**

*Notice to all applicants: The information you are being asked to provide in this section is classified as public data except the Individual's Social Security Number which is classified as private data under the Minnesota Government Data Practices Acts.*

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

Social Security Number (ONLY REQUIRED IF NO MN TAX ID): \_\_\_\_\_

**Minnesota Statutes, section 270.72, Subd. 4, requires you supply your Minnesota Business Tax Identification Number or your Social Security Number.**

**LICENSE CATEGORY**

*Please check all operations applicable to your establishment*

**Store Types:**

- |  |  |
|--|--|
| <input type="checkbox"/> Convenience               | <input type="checkbox"/> Supermarket / Grocery |
| <input type="checkbox"/> Convenience / Gas         | <input type="checkbox"/> General Merchant      |
| <input type="checkbox"/> Gas station               | <input type="checkbox"/> Liquor store          |
| <input type="checkbox"/> Drug Store / Pharmacy     | <input type="checkbox"/> Bar / Restaurant      |
| <input type="checkbox"/> Tobacco shop / Smoke Shop | <input type="checkbox"/> Other: _____          |

**FEE SCHEDULE**

- |  |                 |
|--|-----------------|
| <input type="checkbox"/> <b>Annual Year-Round Fee</b>                                    | <b>\$291.00</b> |
| <input type="checkbox"/> <b>Annual Seasonal Fee</b> (open for 7 months or less per year) | <b>\$211.00</b> |
| <b>TOTAL AMOUNT \$</b> _____   |                 |

Signature \_\_\_\_\_ Date \_\_\_\_\_