

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.

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|---|--|-------|---|----------|-----------------------------------|--|--|
| 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 | | |
| | <p>Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):</p> <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 | | |

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|-----------------------------|--|-------|--|----------|--|--|
| Business information | Type of legal organization (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 | | | |
| | Corporate officers or partners (attach a list if necessary) | | | | | |
| Name | | Title | | | | |
| Address | | City | State | Zip code | | |
| Name | | Title | | | | |
| Address | | City | State | Zip code | | |

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|-----------------------------------|---|--|--|--|--|
| 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. | | | | |

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|------------------|-----------------------------|-------|------------|------|---------------|
| 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 or fax a copy of approved form to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.