

**RENEWAL ONLY - LICENSES DO NOT TRANSFER**



**Tobacco-related License Application**

Estimated % of Inventory:  Tobacco products _____% E-CIG products _____%	Application Number: LCB20 _____  <input type="checkbox"/> Renewal  <b>Both sides of the form must be completed and signed.</b>
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<b>APPLICANT</b>	<b>Identification</b>	Minnesota Business Tax ID Number _____ or, Federal Business Tax ID Number _____ or, Applicant Social Security Number _____	<b>REQUIRED per Minnesota Statute 270C.72</b>
	<b>Affidavit of Compliance</b>	<p>I certify that I have received a copy of Sections 14.435 through 14.442.02 of Bloomington City Code which pertains to the sale of tobacco-related products. I further certify that I have read and understood the provisions and regulations contained therein.</p> <p>I understand that pursuant to Section 14.440 of the Code, tobacco-related products cannot be sold at a movable place of business, including mobile sale of tobacco-related products made from motorized vehicle, mobile sales kiosks or trailers and I do hereby certify that the location licensed herein is not ineligible pursuant to the above stated restrictions.</p> <p>Pursuant to the provisions of Section 14.431(c) of the Bloomington City Code I do hereby certify that I have implemented a program for instructing all employees in the legal requirements pertaining to the sale of tobacco-related products, including but not limited to, reviewing the law on the sale of tobacco-related products, providing information on the health risks of using tobacco-related products and requiring employees to request identification from every customer who appears to be under 25 years of age.</p> <p>Further, I certify that I have provided training to all employees on the sale of tobacco-related products, and said training including information that the sale of tobacco-related products to a minor is illegal, what proof of age is legally acceptable and that a sale to a minor subject the employer and the employee to criminal and/or civil liability.</p> <p>Name of Licensed Establishment _____</p> <p>Signature of Licensee _____</p> <p>Position/Title _____</p>	

(Office Use Only)	
Date Application received _____	Payment entered _____
Copy to State _____	Date mailed _____

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# 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.

<b>Print or Type</b>	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 Authority	
					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		

<b>Business Information</b>	<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		

<b>Statement of Understanding</b>	<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.				

<b>Sign Here</b>	Licensee Signature	Title	Print Name	Date	Daytime Phone
	Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone
		Licensing Lead	Karen Brewer		952-563-4726

**License applicant:** Submit this form to the licensing authority along with the license application.

**Licensing authority:** Mail, email or fax to:  
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.  
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us