	3	CITY OF BLOOMINGTON MINNESOTA	Tobacco-related License Application						
Estimated % of Inventory:			Application Number: LCB20						
Tobacco products%			Renewal						
E-CIG products%			Both sides of the form must be completed and signed.						
APPLICANT	Affidavit of Compliance Identification	<ul> <li>pertains to the sale of tobacco-related products. I furand regulations contained therein.</li> <li>I understand that pursuant to Section 14.440 of the movable place of business, including mobile sale or mobile sales kiosks or trailers and I do hereby certito the above stated restrictions.</li> <li>Pursuant to the provisions of Section 14.431(c) of the implemented a program for instructing all employee tobacco-related products, including but not limited to providing information on the health risks of using to identification from every customer who appears to be training including information that the sale of tobacco-is legally acceptable and that a sale to a minor subpliability.</li> <li>Name of Licensed Establishment</li></ul>	A35 through 14.442.02 of Bloomington City Code which urther certify that I have read and understood the provisions Code, tobacco-related products cannot be sold at a of tobacco-related products made from motorized vehicle, ify that the location licensed herein is not ineligible pursuant the Bloomington City Code I do hereby certify that I have es in the legal requirements pertaining to the sale of to, reviewing the law on the sale of tobacco-related products, obacco-related products and requiring employees to request						
(Office Use Only) Date Application received Payment entered									
Copy to State			Date mailed						

## Continue to page 2

Business Licensing 1800 W. Old *Shakopee* Road Bloomington MN 55431-3027 PH 952-563-8728 BloomingtonMN.gov FAX 952-563-8949 53\_125 Tobacco-related Product License App pg1 of 2 (03/23) businesslicensing@bloomingtonmn.gov

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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.

Print or Type	-				FOR MUNICIPAL USE ONLY				
	Applicant's Minnesota Tax ID Number	The Minnesota Tax ID must be issued in the same legal name of the licensee below.		License Authority					
				License Number					
	<b>Cigarettes/tobacco products will be sold</b> (a separate license is required for each location or vending machine):					Period Covered			
	Over Counter	Through Vending Mach	ne	Both	Date of Issuance				
	Licensee's Legal Name				Federal Employer II	D Number (FEIN)			
	Business Trade Name (doing business as)				Daytime Phone				
	Complete Address of Business Location (per	mit location)	County		Other Phone Numb	per			
	City		State	ZIP Code	Fax Number				
	Mailing Address (if different than business a	ddress) City	State	ZIP Code	Email Address				
	Type of legal organization (check	one):							
ion	Sole proprietor Minnesota corporation: Enter date of incorporation								
	Partnership     Out-of-state corporation: State of incorporation								
	Other (describe) Are you registered to do business in Minnesota?								
ma	Corporate officers or partners (attach a list if necessary)								
nfoi	Name		Title						
<b>Business Information</b>	Hume		nue						
	Address		City	\$	State	ZIP Code			
	Name		Title						
	Address		City	\$	State	ZIP Code			
	As a licensed tobacco products o	r cigarette retailer, I unde	rstand that:						
0.0	<ol> <li>I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.</li> </ol>								
tanding	2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.								
Statement of Understa	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 excl	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.								
	the premises, including inspect	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.							
	<ol> <li>I know that failure to comply with products.</li> </ol>	<ol> <li>I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.</li> </ol>							
lere	Licensee Signature	Title	Print Name	Date	Daytime F	Phone			
Sign Here	Licensing Agent's Signature	Title Licensing Specialist	Print Name Laura Alonso	Date	Daytime F 952-563				

Licensing Agent's Signature Title Print Name Daytime Phone Date Licensing Specialist Laura Alonso 952-563-4724

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