| | 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 | pertains to the sale of tobacco-related products. I furand regulations contained therein. 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. 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. Name of Licensed Establishment | 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 | | | | | | |

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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

A 110



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 | | | | | |
| | Cigarettes/tobacco products will be sold (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 | | | | | | |
| Business Information | 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 | I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. | | | | | | | | |
| 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. | | | | | | | |
| | I know that failure to comply with products. | I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products. | | | | | | | |
| 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