



Application for Retail Sales of Cigarettes and Tobacco Products

License Fee - \$275.00

Business Information: (Name and address of business located in Golden Valley)

Business Name	Contact Name
Address	
Phone #	Email

Corporate Information: (If information is different than listed above)

Business Name	Contact Name
Address	
Phone #	Email

Corporate officers/partners (attach list if needed)

Name (include full middle name)	Title:		
Address:	City:	State:	Zip Code:
Name (include full middle name):		Title:	
Address:	City:	State:	Zip Code:
Name (include full middle name):		Title:	
Address:	City:	State:	Zip Code:

The Undersigned acknowledges that this application has been read and that the above is correct and agrees to comply with all the ordinances and laws of the City of Golden Valley.

Applicant signature/Title	Daytime Phone	Date:

Tobacco License Application

Background Investigation Consent Release

Instructions: To be completed by the applicant.

I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether this tobacco license application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying this application.

Establishment where employed

Personal Information

First name	Middle name	Last name	
Home address	City	State	Zip
Home phone number		Cell phone number	
Date of birth		Place of birth	
Driver's license number		Driver's license state	
Height	Weight	Eye color	Hair color

Other known names

Have you ever been convicted of a crime relating to this type of license?

If yes, state jurisdiction, type of violation and disposition

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you or an applicant affiliated with you is eligible for a tobacco license from the City of Golden Valley.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause the license application to be denied.
4. The known consequences of refusing to supply the requested information is that the application for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry, the Minnesota Commissioner of Revenue, and the Minnesota Department of Public Safety.

Signature: _____ Date: _____

These statements are true, correct, and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.



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

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

FOR MUNICIPAL USE ONLY

License Authority

License Number

Period Covered

Date of Issuance

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

Over Counter Through Vending Machine 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

Type of legal organization (check one):

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? Yes No

Corporate officers or partners (attach a list if necessary)

Name Title

Address City State ZIP Code

Name Title

Address City State ZIP Code

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.

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, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)
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BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.
 I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.