



RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS LICENSE APPLICATION

City of Pequot Lakes • 4638 Main Street, Pequot Lakes, MN 56472 • 218-568-5222

- ❖ **A non-refundable licensing fee of \$50 is required**
- ❖ **Licensing period is July 1 – June 30**

Name of applicant (name of individual, partnership, corporation, or association):	
Applicant Address:	
Applicant City/State/Zip:	
Applicant Phone:	Applicant Email Address:
Applicant Cell Phone:	
Business Name/dba:	
Business Address:	
Business Phone:	Business Website:
Minnesota Tax ID Number:	Federal Tax ID Number:
TYPE OF LEGAL ORGANIZATION (<i>check one</i>):	
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Minnesota Corporation: Enter date of incorporation _____ <input type="checkbox"/> Out-of-state corporation: State of incorporation _____ <input type="checkbox"/> Other (<i>describe</i>) _____	
Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Corporate officers or partners (<i>attach a list if necessary</i>):	
Name & Title:	
Address:	
Phone:	Business Website:
Name & Title:	
Address:	
Phone:	Business Website:
As a licensed tobacco products or cigarette retailer, I understand:	
1. Cigarettes can only be purchased from a Minnesota distributor or sub jobber holding a license from the MN Department of Revenue. 2. A tobacco products distributor license must be obtained if untaxed tobacco products from an out-of-state company is purchased. 3. Cigarettes may not be sold without the Minnesota Native American stamps affixed unless the business is located on a reservation. 4. The purchase or exchange of cigarettes or tobacco products with another retailer is prohibited. 5. Complete and legible cigarette and tobacco products invoices will be kept on the licensed premises, or invoices should be available within one hour of request, for at least one year after the date of purchase. 6. 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 refusal to allow an inspection is grounds for revocation of my license. 7. Failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.	
Signature of Applicant	Date

Tobacco Code **100-20-211-21100-4100.200**



**CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION**

City of Pequot Lakes • 4638 Main Street, Pequot Lakes, MN 56472 • 218-568-5222

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your license issuance.

Please supply the following information and return along with your application:

Type of license: RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS

Applicant's Name:

Applicant's Address:

City/State/Zip:

Social Security Number:

Applicant Phone:

Business Name:

Business Address:

City/State/Zip:

Minnesota Tax ID Number (if sole proprietor, use Social Security Number):

Federal Tax ID Number (if sole proprietor, use Social Security Number):

If a Minnesota Tax ID number is not required, please explain:

Signature:

Position:

Date:



RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS LICENSE APPLICATION TENNESSEN WARNING

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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 are eligible for a license from the City of Pequot Lakes.
2. You are not legally obligated to supply the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request 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 a 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 and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature:

Position:

Date:



**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, 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. This information will be collected by the City and retained in the files.

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

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
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.		

NUMBER 2 – Complete 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 liability coverage because:

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

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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	Title	Date
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Review and Approval Process

Return the completed application packet to the City Clerk.

The application will be referred to the City Council for approval or denial. Upon approval of the application, a license will be issued by the City Clerk. If the application is denied, an appeal can be made within ten (10) days to be considered by the City Council.

CHECKLIST

	Retail Sales Of Cigarettes And Tobacco Products License Application
	\$50 License Fee
	Department Of Revenue Information
	Tennessee Warning
	Certificate of Workers Compensation Law

The City of Pequot Lakes posts proposed ordinances for Council consideration. Go to www.pequotlakes-mn.gov and click "proposed ordinances" or click on "Government" then click "City Council" on the home page.