



216 4th Street N, Stillwater, MN 55082
651-430-8800
www.ci.stillwater.mn.us

APPLICATION FOR TOBACCO LICENSE PART 2 – Personal History Statement

Directions: This form must be completed by each Manager, Owner, Proprietor or Other Person with tobacco management/business responsibilities for the premises and all persons who own or control an interest of the business in excess of 5%.

Name: _____ **Date of Birth:** _____
First Full Middle Name Last

List any other names you are or have been known by: _____

Place of Birth: _____ **Gender:** _____
City County State

Driver License Number: _____ **State of Issue:** _____

Social Security or Individual Taxpayer Identification Number: _____

Name of Business Seeking Licensure(Doing Business As - DBA): _____

Business Location Address: _____, Stillwater, MN 55082

Business Phone: _____ **Position(s) you hold at business:** _____

Home Address: _____
Street City State Zip Code

Home Phone Number: _____ **Work Phone Number:** _____

Cell Phone Number: _____ **Email:** _____

Past Residences: List the last 5 years of residence (*attach additional sheets if necessary*)

Address	City	County	State	From & To (MM/YYYY)

Previous Tobacco History and Licenses:

☐ Yes ☐ No Have you ever been involved with manufacturing, distributing, or retail sales of tobacco (include working in any portion of the tobacco industry)?

☐ Yes ☐ No Have you had, within 5 years of this application, been convicted of a willful violation of federal, state law, or city ordinance governing the manufacture, sale, distribution or possession for the sale or distribution of tobacco products or tobacco related devices, or any felony crime related to the license type or business application?

If "Yes" to either question above, provide the following information (*attach additional sheets if necessary*):

Date	Establishment	Type of License	City & State	Agency

Previous Business, Occupation or Employment:

Provide the following information: List all employers for the last 5 years. Also list employers (5 years or more) if related to tobacco related businesses *(attach additional sheets if necessary)*.

Position	Employer	Employer's Address	Employment Dates From-To MM/YYYY)

Taxes and Other Information:

☐ Yes ☐ No Have you ever failed to file Federal or State income tax records?

☐ Yes ☐ No Have you ever had a sales or use tax permit revoked?

☐ Yes ☐ No Have you ever had any City or State license or permit revoked, denied or suspended?

If "YES" to any question above, please explain in detail *(attach additional sheets if necessary)* _____

☐ Yes ☐ No A copy of your State-issued photo ID is required, do you have it attached?

I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.

Signature of Applicant

Date: _____

**DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION
TENNESSEN WARNING NOTICE**

Under Minnesota Statute §13.41 Subd. 2 names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute §13.02 Subd. 12 as private or Subd. 13 as protected nonpublic, is public data.

The purpose and intended use of data collected will be used to access driver's license and criminal history data to conduct a complete criminal history and background check to determine whether you meet the statutory qualifications and requirements for the license you have applied. You are not legally required to provide the requested information. However, failure to provide any of the requested information could result in the delay or possible denial of your application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

Consent for the Release of Information in Accordance with Minnesota Statute §13.05 Subd. 4.

I, _____ (*print name*), authorize all requested agencies to release criminal history data as defined by Minnesota Statute §13.87 Subd. 1 and driver's license and traffic record data to the Stillwater Police Department and authorized personnel of the City of Stillwater. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Stillwater Police Department and its consultants.

This consent is for the purpose of determining my suitability for obtaining a tobacco license in the City of Stillwater. This information cannot be used for any other purposes. I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my tobacco license application.

Signature: _____
Applicant/Individual Authorizing Release

Date: _____

APPLICANT'S SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me a Notary Public on this _____ day of _____, 20____.

Notary Signature: _____

My Commission Expires on: _____