



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

## APPLICATION FOR TOBACCO LICENSE PART I - General Information

**Submittal:** You must submit Part 1 – General Information packet (pages 1-5 which includes the MN Department of Revenue Form CT102) along with any required attachments. Also, submit Part 2 – Personal History packets for each person. New tobacco license applications and fee must be received 30 days prior to the desire license activation. Return the completed application packet to the City Clerk.

**Total Fees Due:** \$550 (\$250 for application and \$300 for background investigation)

**Applicant:** Full Name: \_\_\_\_\_  
Position/Title: \_\_\_\_\_ Email: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Licensee Name** (ex. Company ABC, LLC): \_\_\_\_\_

**Trade Name or DBA** (ex. Company ABC): \_\_\_\_\_

**Business Location Address:** \_\_\_\_\_ Stillwater, MN 55082

**Business Phone:** \_\_\_\_\_

**Mailing Address** (if different): \_\_\_\_\_

**Business Type:** ☐ Club ☐ Sole Proprietorship  
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

*You must attach Articles of Incorporation, Partnership Agreements, or related LLC information*

List each Partner, Officer, and Director name that has 5% or more interest in business:

☐ Yes ☐ No Is the Business Certificate attached? If no, explain \_\_\_\_\_  
*If business is to be conducted under a designation, name or style other than the full name of the applicant, attach a copy of the business certificate, as required by Ch 333, MN Statutes.*

☐ Yes ☐ No Is the building where the licensed business will be located, owned by the applicant(s)? If no, complete the following about the owner **and** submit copy of lease agreement:

Owner Name: \_\_\_\_\_  
First Middle Last Date of Birth

Address: \_\_\_\_\_  
Street City State Zip Code

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

☐ Yes ☐ No Are property taxes due on the licensed location current as of date of this application?  
*Taxes must be paid prior to issuance of license whether the building is owned by the applicant or not.*

The owner of the building must consent to the applicant's use of the premises for the sale of tobacco. This consent must be evidenced by signature of the owner below.

**Building Owner Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name of Manager(s) of Business:\_\_\_\_\_

State the area where tobacco is to be sold:

☐ Behind Counter

☐ Behind Bar

☐ Vending Machine (vending machine agreement required)

☐ Other (explain)\_\_\_\_\_

The City of Stillwater reserves the right to request additional information to assist in the evaluation of this

**Signature:** A signature verifying the overall accuracy and completeness of this application by the applicant (owner, partner or officer) is required in order to process the application.

**As a licensed tobacco products or cigarette retailer, I understand:**

1. Cigarettes can only be purchased from a Minnesota distributor or subjobber 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. A 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.

**By signing,** *I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stillwater. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions. I hereby certify that I have read and understand every question in this application and that the answers are true to my knowledge, information and belief. I further understand that the giving false information as part of this application can constitute cause for denial, suspension, or revocation of my business license.*

Signature of Applicant\_\_\_\_\_ Date:\_\_\_\_\_

**SIGNATURE MUST BE NOTARIZED**

Subscribed and sworn before me a Notary Public on this\_\_\_\_\_ day of\_\_\_\_\_,20\_\_\_\_\_.

Notary Signature:\_\_\_\_\_

My Commission Expires on:\_\_\_\_\_

**CERTIFICATE OF COMPLIANCE**  
**DEPARTMENT OF REVENUE INFORMATION**

Pursuant to Minnesota Statute §270C.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 or individual taxpayer identification 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 licensing 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 licensing issuance or renewal application.

Please supply the following information. Do NOT return this form to the Department of Revenue.

Licensing authority: City of Stillwater

**Business Name** (*Doing Business as*): \_\_\_\_\_

**Business Address:** \_\_\_\_\_ Stillwater, MN 55082, Washington County

**Minnesota Tax Id Number:** \_\_\_\_\_ *If not available, please explain.*

**Federal Tax ID Number:** \_\_\_\_\_

**Applicant's Name:** \_\_\_\_\_

**Applicant's Address:** \_\_\_\_\_  
Street City State Zip Code

**Social Security or Individual Taxpayer Identification Number:** \_\_\_\_\_

*Applicant agrees that any manager employed in the licensed premises will have all qualifications of a licensee and that the manager will not violate any city or state laws.*

Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## CERTIFICATE OF COMPLIANCE INSURANCE REQUIREMENTS

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 kept in effect at all times by employers as required by law.**

Please supply the following information and return with your application:

### MINNESOTA WORKERS' COMPENSATION

☐ **I have a workers' compensation insurance policy:**

Insurance company name (not the insurance agent)		
Policy Number	Effective Date	Expiration Date

**OR**

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

- ☐ I am self-insured.
- ☐ I am the sole proprietor and I have no employees.
- ☐ I have no employees who are covered by the workers' compensation law.

I certify the information provided on this form is accurate and complete. I understand a Certificate of Insurance listing the items above must be submitted to the City Clerk in order to process the license application.

Signature: \_\_\_\_\_ Position/Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

## 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.

FOR MUNICIPAL USE ONLY

<b>Print or Type</b>	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	
					Period Covered	
					Date of Issuance	
	<b>Cigarettes/tobacco products will be sold</b> (a separate license is required for each location or vending machine): <input type="checkbox"/> Over Counter <input type="checkbox"/> Through Vending Machine <input type="checkbox"/> 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

<b>Business Information</b>	<b>Type of legal organization (check one):</b>	
	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Out-of-state corporation: State of incorporation _____
	<input type="checkbox"/> Other (describe) _____ Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	

<b>Business Information</b>	<b>Corporate officers or partners (attach a list if necessary)</b>			
	Name		Title	
	Address		City	State ZIP Code
	Name		Title	
Address		City	State	ZIP Code

<b>Statement of Understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>
	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.	

<b>Sign Here</b>	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