



2022

LICENSE APPLICATION TO SELL TOBACCO PRODUCTS

Applicant Note:

Print, type or check all applicable information. Incomplete applications will not be accepted and penalties may be assessed. The information you are being asked to provide in this section is classified as public data under the Minnesota Data Practices Act.

FOR DEPARTMENT USE

MAKE CHECKS PAYABLE TO: WASHINGTON COUNTY

ESTABLISHMENT ID#

<input type="checkbox"/> FIRST LICENSE for a New Establishment Date of Opening: _____	<input type="checkbox"/> NEW LICENSE for an Existing Establishment Date of Reopening: _____ Previous Owner: _____ Date of Change of Ownership: _____
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Establishment Information

Establishment Name: _____

Establishment Contact: _____

Establishment Address: _____

City, State, Zip: _____

Establishment Phone #: _____ Establishment Fax #: _____

Establishment Email: _____

Establishment Website: _____

Owner Information

Owner First/Last Name: _____

Owner Business Name: _____

Owner Address: _____

City, State, Zip: _____

Owner Phone #: _____ Owner Fax #: _____

Owner Email: _____

Partner or Corporation Information

Corporation Name: First/Last Name: _____

Corporation Contact: _____

Corporation Address: _____

City, State, Zip: _____

Corporation Phone #: _____ Corporation Fax #: _____

Corporation Email: _____

Please Indicate Where You Would Like Your Correspondence Mailed

Legal Notices	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
License Renewals	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation
General Information	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation

Have you been convicted within the past 5 years of any violation of a Federal, State or Local law, ordinance provision or other regulation relating to Tobacco or Tobacco Products or Nicotine Delivery Products or Tobacco-Related Devices?

*If Yes, please state which County or State the conviction occurred: _____

I declare under the penalties of perjury and criminal liability for willfully making a false statement that this application is, to the best of my knowledge and belief, true, correct and complete.

Signature of Owner, Partner or Principal Officer:	Title _____
	Date _____

Minnesota Statutes section 176.182 requires you to supply information regarding workers' compensation.

WORKERS' COMPENSATION INSURANCE

1. Workers' Compensation insurance company name: _____
 2. Address of insurance company: _____
City, State, Zip Code _____
 3. Workers' Compensation policy number: _____
 4. Effective Date: _____ Expiration Date: _____
- Note:** If you are self-insured or exempt please explain: _____

LIST ALL OWNERS, PARTNERS, OR PRINCIPAL OFFICERS. Persons listed may be held responsible for compliance with applicable ordinances.

Name	Title	Name	Title

MINNESOTA TAX IDENTIFICATION NUMBER

Notice to all applicants: The information you are being asked to provide in this section is classified as public data except the Individual's Social Security Number which is classified as private data under the Minnesota Government Data Practices Acts.

Minnesota Tax Identification Number: _____

Federal Identification Number: _____

Social Security Number (ONLY REQUIRED IF NO MN TAX ID): _____

Minnesota Statutes, section 270.72, Subd. 4, requires you supply your Minnesota Business Tax Identification Number or your Social Security Number.

LICENSE CATEGORY

Please check all operations applicable to your establishment

Store Types:

- | | |
|--|--|
| <input type="checkbox"/> Convenience | <input type="checkbox"/> Supermarket / Grocery |
| <input type="checkbox"/> Convenience / Gas | <input type="checkbox"/> General Merchant |
| <input type="checkbox"/> Gas station | <input type="checkbox"/> Liquor store |
| <input type="checkbox"/> Drug Store / Pharmacy | <input type="checkbox"/> Bar / Restaurant |
| <input type="checkbox"/> Tobacco shop / Smoke Shop | <input type="checkbox"/> Other: _____ |

FEE SCHEDULE

- | | |
|---|-----------------|
| <input type="checkbox"/> Annual Year-Round Fee | \$303.00 |
| <input type="checkbox"/> Annual Seasonal Fee (open for 7 months or less per year) | \$219.00 |
| TOTAL AMOUNT \$ _____ | |

Signature _____ Date _____