



Washington County Public Health & Environment  
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## 2024 LICENSE APPLICATION TO SELL TOBACCO

Application notes: Please print, type and/or check all applicable information. Incomplete applications will not be accepted. The information you are being asked to provide in this section is classified as public data under the Minnesota Data Practices Act.

*Licenses are non-transferable and non-refundable.*

<b>Please check one:</b>			
<input type="checkbox"/> <b>FIRST LICENSE for a NEW ESTABLISHMENT</b> —date of opening: _____			
<input type="checkbox"/> <b>CHANGE OF OWNERSHIP for an EXISTING LICENSED ESTABLISHMENT</b>			
Name of previous owner: _____			
Date of change of ownership: _____ Date of reopening: _____			
<b>ESTABLISHMENT INFORMATION</b>			
Name of Establishment:			
Establishment Contact:			
Establishment Address:			
City:	State: <b>MN</b>	Zip	
Establishment Phone:	Establishment Fax:		
Establishment E-mail:			
Establishment Website:			
<b>OWNER INFORMATION</b>			
Owner First/Last Name:			
Owner Business Name:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
Owner E-mail:			
<b>CORPORATION INFORMATION (IF NEEDED OR DIFFERENT FROM OWNER)</b>			
Corporation Name:			
Corporation Contact:			
Address:			
City:	State:	Zip:	
Phone:	Fax:		
E-mail:			
<b>Please indicate where you would like your correspondence mailed:</b>			
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
Newsletters/General Info	<input type="checkbox"/> Establishment	<input type="checkbox"/> Owner	<input type="checkbox"/> Corporation

**WORKERS' COMPENSATION INFORMATION**

**Minnesota Statutes Section 176.182 requires you to supply information regarding workers' compensation. If you do not need (family only, no employees, or self-insured) please indicate on the first line below.**

Insurance Company Name:		
Address:		
City:	State:	Zip:
Workers' Compensation Policy Number:		
Effective Date:	Expiration Date:	

**MINNESOTA TAX IDENTIFICATION NUMBER NOTICE**

**Note 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 (if needed) which is classified as private data under the Minnesota Government Data Practices Act.**

Applicant Name:
Business Name:
Minnesota Tax Identification Number <b>OR</b> Social Security Number (only required if no tax ID #):
Minnesota Statutes, section 270.72, Subd. 4, requires you supply your MN Business Tax ID# or your SSN.

**List all owners, partners, or principal officers. Persons listed may be held responsible for compliance with applicable ordinances.**

Name	Title	Name	Title
Name	Title	Name	Title

**License category—please check all operations applicable to your establishment.**

<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Supermarket/Grocery
<input type="checkbox"/> Convenience Store & Gas Station	<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/Smoke Shop	<input type="checkbox"/> Other: _____

**Fee Schedule**

Annual Year-Round Fee	\$318.00
Annual Seasonal Fee (open for 7 months or less per year)	\$230.00
Total paid	\$ _____
Payments can be made via check to Washington County PHE or online at <a href="http://www.co.washington.mn.us/payonline">www.co.washington.mn.us/payonline</a>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_