

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

**CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300**

Licensee's legal name	Daytime Phone
Business trade name (doing business as)	Other Phone
Address of business location	Fax
Mailing address (if different than business address)	Email
Minnesota Tax ID number (Must be issued in the same legal name of the licensee above)	Federal employer ID number (FEIN)

Please submit a completed Minnesota Department of Revenue form with application.

Type of legal organization (check one):

- Sole proprietor Minnesota corporation: Enter date of incorporation _____
- Partnership Out-of-state corporation: State of incorporation _____
- Other (describe) _____ Are you registered to do business in Minnesota? Yes No

Corporate officers or partners (attach a list if necessary)

Name	Title		
Address	City	State	Zip Code
Name	Title		
Address	City	State	Zip Code

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

1. I can purchase cigarettes only from a Minnesota distributor or sub jobber 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.

The undersigned hereby makes application for a license to sell tobacco at retail in the City of Shakopee, Scott County, Minnesota subject to the laws of the State of Minnesota and the Shakopee City Code and herewith deposits \$200.00 (annual fee) in payment thereof.

I have received and read a copy of the Shakopee City Code Sec. 6.23, Tobacco, Tobacco Products and Tobacco Related Devices, and hereby acknowledge that I am in compliance with Subdivisions 6 and 7 relating to vending machines and self-service merchandising.

I have obtained and have on file written consent from the parents of any employee who is under the age of 18 who may sell, furnish, or give away any tobacco while in my employ. The consent contains a statement of the potential penalties that can be imposed under the City Code.

No license shall be granted for operation on any premises upon which taxes, assessments, or installments thereof, or any financial claims of the City are owned by the applicant and are delinquent and unpaid. Please indicate whether or not you own the property for which the application is being made:

_____ Own Property _____ Have no financial interest in property

AFFIDAVIT OF COMPLIANCE CONCERNING EDUCATIONAL MATERIALS

I have conducted the proper instructional program and training for all employees involved with the sale of tobacco and tobacco related products as described in Shakopee City Code, Sec. 6.23, Subd. 3. J., Instructional Program.

_____ I use the educational materials put together by Minnesota ASSIST,
Minnesota Department of Health and the American Cancer Society, OR

_____ I use the educational materials put together by the applicant. ENCLOSE COPIES.

Please list dates of training during 2014/2015 _____

In addition to training of employees, please list any other means you may have implemented to insure that there are no sales of tobacco and tobacco related products to persons under the age of 18:

City Council is very adamant that there be no sales of tobacco and tobacco related products to persons under the age of 18. They have adopted the following penalties for violations:

- 1st Violation - \$ 500 fine plus 1 day suspension (Suspension is suspended if no further violations within one yr.)
- 2nd Violation - \$ 750 fine plus 5 day suspension
- 3rd Violation - \$1,000 fine plus 30 day suspension or revocation

DATA PRIVACY NOTICE:

The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the city will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

I declare that the information I have provided on the application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Shakopee to investigate and make whatever inquiries that are necessary to verify the information provided.

Authorized Signature of Licensee

Title

Date

Print Name

Daytime Phone

**Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to allow the City of Shakopee Police Department to conduct a criminal history check in conjunction with my tobacco license application. Minnesota Statutes Section 299C.72 authorizes the City to conduct criminal history checks in these situations, provided to City receives the informed consent of the individual.

I understand that the Shakopee Police Department will be conducting a criminal history check on me, and that this information (data), in addition to the information in my application, will be considered by the City in determining whether or not to grant approval of my license application. A criminal history check is authorized to be performed by the City relating to this type of license application by Section 6.46, subdivision 5 (B) of the City Code.

I understand the criminal history data consists of private data on individuals, as defined by Minnesota Statutes Section 13.02, subdivision 12 and Minnesota Statutes Section 13.87. The City of Shakopee Police Department will not disseminate my criminal history data and will maintain it securely within the department. However, the City of Shakopee Police Department will inform the appropriate City personnel involved in the processing of the license application whether I have a criminal history that would prevent issuance of the license.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in a Tobacco Sales business and that I am not legally required to provide this information, however the City will not license persons who refuse to submit to this investigation.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City.

Signature

Date

Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 3 Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with you application to the agency issuing the license.

License applied for or renewed: _____

Licensing Authority: (Example: City, County, State) _____

License Renewal date: _____

Personal Information (If applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (If applicable)

Business Name: _____

Business Address: _____

Minnesota tax Identification Number: _____

Federal Tax Identification Number: _____

(If a MN Tax I.D. is not required, please explain on the reverse side of this form)

Signature _____ **Date** _____

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

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company files.

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 this information is not provided and/or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

OR

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law
(These include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____