



RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS LICENSE APPLICATION

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5000

- ❖ **A non-refundable licensing fee of \$300 is required**
- ❖ **Licensing period is January 1-December 31**
- ❖ **The fee can be pro-rated**

Name of applicant (name of individual, partnership, corporation, or association):	
Applicant Address:	
Applicant City/State/Zip:	
Applicant Phone:	Applicant Email Address:
Applicant Cell Phone:	
Business Name/dba:	
Business Address:	
Business Phone:	Business Website:
Have you had an application for any tobacco license sale, which was denied? Y/N	If yes, please provide the date, place, and explanation:
Have you had any tobacco licenses suspended or revoked within the preceding 12 months of the date of application? Y/N	If yes, please provide the date, place, and nature of offense:
Have you ever been convicted within the past five years of any violation of a federal, state, or local law, ordinance provision or other regulation relating to tobacco-related products? Y/N	If yes, please provide the date, place, and nature of offense:
Are you currently selling lower-potency Hemp-derived edibles and/or beverages? Y/N	If yes, please provide your state registration number: <i>*If status changes, you must notify city in writing within 14 days.</i>
TYPE OF LEGAL ORGANIZATION (check one):	
<input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Minnesota Corporation: Enter date of incorporation _____ <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	
Name & Title:	
Address:	
Phone:	Business Website:
Name & Title:	
Address:	
Phone:	Business Website:

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. I am at least 21 years of age or older.
8. Failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Signature of Applicant	Date



**CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION**

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5000

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 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 license 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 license issuance.

Please supply the following information and return along with your application:

Type of license: RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS

Applicant's Name:

Applicant's Address:

City/State/Zip:

Social Security Number:

Applicant Phone:

Business Name:

Business Address:

City/State/Zip:

Minnesota Tax ID Number (if sole proprietor, use Social Security Number):

Federal Tax ID Number (if sole proprietor, use Social Security Number):

If a Minnesota Tax ID number is not required, please explain:

Signature:

Position:

Date:



**RETAIL SALES OF CIGARETTES AND TOBACCO PRODUCTS LICENSE
APPLICATION TENNESSEN WARNING**

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5000

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Signature:

Position:

Date:



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

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5000

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 along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company)</i> :	License or Permit Number:
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DBA *(doing business as name, if applicable)*:

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent)*:

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

NUMBER 2 – Complete if self-insured:

- I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- _____
- Other: _____
- _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Applicant Signature	Title	Date
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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

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

Business Information	Type of legal organization (check one):				
	<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			
	Corporate officers or partners (attach a list if necessary)				
	Name		Title		
Address		City	State	ZIP Code	
Name		Title			
Address		City	State	ZIP Code	

Statement of Understanding	As a licensed tobacco products or cigarette retailer, I understand that:				
	1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.				
	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.					

Sign Here	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

Review and Approval Process

Return the completed application packet to the City Clerk.

The application will be referred to the City Council for approval or denial. Upon approval of the application, a license will be issued by the City Clerk. If the application is denied, an appeal can be made within ten (10) days to be considered by the City Council.

CHECKLIST

	Retail Sales Of Cigarettes And Tobacco Products License Application
	\$300 License Fee
	Department Of Revenue Information
	Tennessee Warning
	Certificate of Workers Compensation Law
	MN Department of Revenue Form CT102

The City of Plymouth posts proposed ordinances for Council consideration. Go to www.plymouthmn.gov and click on "I want to" and select "view proposed ordinances" or click on "City Council Documents" under "City Council" on the home page.