

# Tobacco License Application

City Code Chapter 112



**Fees:**

Background Check <i>(Do not pay if renewing)</i>	\$100.00
License	\$150.00

\*License expires June 30 of every year.

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

## Business Information

Name:
d/b/a:
Address:
Phone:
Email Address:
Exclusive Tobacco Store: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>Exclusive tobacco stores are stores whose total annual sales volume of licensed tobacco products are 90% or more of total sales and where the licensee ensures that no person under age 21 is present, or permitted to enter, at any time.</i>
Supplier Name:
Supplier Address:
Have any tobacco or tobacco products license(s) been revoked or cancelled in the last 12 months: <input type="checkbox"/> No <input type="checkbox"/> Yes <i>If yes, please explain. Use additional sheets if necessary.</i>
Describe the display and sale of tobacco: <i>Use additional sheets if necessary.</i>
Describe how tobacco sales to minors will be prevented: <i>Use additional sheets if necessary.</i>

## Responsible Person (Background check will be conducted on this person)

Name: Last:	First:	Middle:	Maiden:
Address:			
City/State/Zip:			
Phone:		Cell Phone:	
Email Address:			
Date of Birth:	Race:	Sex:	

**Manager Information (if different than above)**

Name:	
Address:	
City/State/Zip:	
Phone:	Cell Phone:
Email Address:	

**Additional Required Documents**

- Copy of educational materials used to educate employees
- Color Copy of Driver's License or other form of Identification

**Data Practices Notice**

Every city in Minnesota must comply with the Minnesota Government Data Practices Act (MGDPA), which, in conjunction with other state and federal laws, classifies all government data. Government data are classified in different categories depending on whether they are accessible by the public.

Government data means all data collected, created, received, maintained or disseminated by the City regardless of its physical form, storage media or conditions of use. There is a presumption that government data are public and are accessible by the public for inspection and copying unless there is a federal law, state statute or temporary classification of data that provides differently.

The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in city license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

*I hereby certify that all statements made in this application are true and complete and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license. I agree to abide by the provisions of this application and all applicable City polices and ordinances.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

### Application Checklist

	Application.
	Application fee and if applicable the non-refundable background check fee. Check should be made payable to the City of Hastings. Credit card and cash is also accepted.
	Color Copy of Driver's License or other form of Identification
	Copy of educational materials used to educate employees
	Release of Information-Application for a City License Form
	Tennessee Warning
	Information for License Investigation for City of Hastings Form
	Tax Identification Form
	Ordinance Review Sign Off Form
	Workers' Compensation Form
	MN Department of Revenue Form

Return the completed application packet and the required fees to the Deputy City Clerk. Once all required documents have been received and the fees have been paid, the application will be reviewed. Please allow 10 business days after all materials have been received for review.

Submit Application and Fees to:  
Emily King  
Deputy City Clerk  
101 4<sup>th</sup> Street East  
Hastings, MN 55033  
eking@hastingsmn.gov  
651-480-2343



**INFORMATION FOR LICENSE INVESTIGATION  
FOR CITY OF HASTINGS**

Type of license applying for:

<input type="checkbox"/> New	<input type="checkbox"/> Renewal	<input type="checkbox"/> Liquor	<input type="checkbox"/> Tobacco	<input type="checkbox"/> Transient Merchant
<input type="checkbox"/> Massage	<input type="checkbox"/> Amusement	<input type="checkbox"/> Hauler	<input type="checkbox"/> Other: _____	

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.*

**APPLICANT INFORMATION**

First Name	Middle Name	Last Name	Maiden Name
Home Address:			
City/State/Zip:			
Length of time at that Address: <i>If less than 5 years, list previous addresses on additional sheet.</i>			
Email Address:			
Home Phone:		Business Phone:	
Cell Phone:		Date of Birth:	
Driver's License Number	State	Expiration	Social Security Number:
Physical Attributes			
Sex	Race	Height	Weight
		Eye Color	Hair Color
Current Employer:			
Previous Employer for the past 5 years: <i>Use additional sheets if necessary.</i>			

**LOCAL BUSINESS INFORMATION**

Business Name	Store Number	Address
Store Manager/Representative and Position:		
Phone Number:		
Email Address		

**CORPORATE INFORMATION:** (if applicable)

Name:
Address:
Contact Person:
Phone Number:
Email Address:

## TAX IDENTIFICATION FORM

### LICENSE APPLICANT:

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.

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 and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant \_\_\_\_\_

Social Security #\* \_\_\_\_\_  
For individual business owner only, not partnership, corporation, etc.

Type of Business \_\_\_\_\_

Minnesota Tax Identification # \_\_\_\_\_

Federal Tax Identification # \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing: \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain below.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **\*2008 Minnesota Statutes**

#### **270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

##### **Subd. 4. Licensing authority; duties.**

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**History:** 2005 c 151 art 1 s 87

**City of Hastings  
Acknowledgement of  
Review of Ordinance**

I hereby acknowledge that I have read, understand and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

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Applicant Signature

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Date

## **TENNESSEN WARNING**

When the City of Hastings ("City") collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennessee warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.

### **Classification of Data Provided**

Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

### **Purpose and Intended Use**

The data requested on each application will be used in determining whether you meet the City's qualifications and requirements for the license you are applying for. If a background check is required, the data from your application will also be used by the City and the Hastings Police Department as required by Hastings City Code § 33.01.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

**I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

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

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**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
	<b>Cigarettes/tobacco products will be sold</b> (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

<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>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 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 <a href="http://www.revenue.state.mn.us">www.revenue.state.mn.us</a> 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.				

<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](mailto:cigarette.tobacco@state.mn.us)