

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.

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.		<i>FOR MUNICIPAL USE ONLY</i>		
						License number		
						Period covered		
						Date of issuance		
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):							
	<input type="checkbox"/> Over counter		<input type="checkbox"/> Through vending machine		<input type="checkbox"/> Both			
	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 only from a Minnesota distributor or subjobber 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.						

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 or fax a copy of approved form to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331. Fax: 651-297-1939
 Phone: 651-297-1982. TTY: Call 711 for Minnesota Relay.

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable) _____

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent) _____

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

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

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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 (mandatory)	TITLE	DATE
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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.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

Please print or type

Name of license being applied for and license number (if renewal):	License Number #:
Licensing Authority (name of city, county, or state agency issuing license):	
License Renewal Date:	

PERSONAL INFORMATION:		
Applicant's last name	Applicant's first name and middle initial	Social Security Number
Applicant's address	City	State Zip Code

BUSINESS INFORMATION:		
Business name		
Business address	City	State Zip Code
Minnesota tax identification number	Federal tax identification number	
If a Minnesota tax identification is not required, please explain on the reverse side of this form.		

Applicant Signature:

Signature	Title	Date
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605.06 Enforcement. It shall be the duty of the plumbing inspector designated by the council to enforce the plumbing provisions of this section. All plumbing work shall be inspected, and if found not to be in accordance with the code, shall be corrected. If, after written notice to the person installing work requiring the correction thereof, such person neglects or refuses to conform to such order, the city or any duly appointed inspector may remove such work and charge the cost thereof to the person installing it. No person shall cover any work without it being duly inspected. Refusal to correct a violation when ordered to do so by the plumbing inspector, shall be a violation of this section.

606. Solid Waste Collectors

606.01 License Required. Any persons, firm, or corporation desiring to conduct the business of collecting garbage, rubbish, and recyclables or solid waste in the City of Detroit Lakes shall first obtain a license to do so. Amended: 11/05/91 Ord. 68

607. Cigarette Sales

607.01 License Required. No person shall directly or indirectly or by means of any device keep for retail sale, sell at retail, or otherwise dispose of any cigarettes or cigarette wrappers unless he has been issued a cigarette sales license.

607.02 Requirements. No license shall be issued for sale of cigarettes at any place other than an established place of business. No license shall be issued for the sale of cigarettes at a movable place of business.

607.03 Display. Every cigarette sales license shall be conspicuously posted on the premises for which the license is issued, and shall be exhibited to any person upon request.

607.04 Minors. No person shall sell or give away any cigarette, cigarette paper or cigarette wrapper to any person under the age of eighteen years.

608. Tourist Park

608.01 Definitions. For the purpose of this chapter, the following terms shall have the meaning herein given:

Subdivision 1. "Recreational Vehicle," or "RV." Any travel trailer, park model trailer, camper, slide-in pickup camper, motor home, mini-motor home or other recreational vehicle not on a permanent foundation, including any structure or vehicle used or capable of use as living quarters for human habitation or for human shelter, currently mounted on wheels, formerly mounted on wheels or