



LICENSING DIVISION
 1584 Hadley Avenue N
 Oakdale, MN 55128
 Phone: 651-730-2739
 Fax: 651-730-2820
 E-Mail: licensing@ci.oakdale.mn.us
 www.ci.oakdale.mn.us

FOR OFFICE USE ONLY
NOTES:

TOBACCO LICENSE APPLICATION

License Term: January 1 – December 31, annually

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly. Please attach additional documents, where it is applicable. Any applicant's spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete a supplemental form as well.

SECTION A. BUSINESS INFORMATION		
Name:	Last Name:	
Company Name:	Doing Business As:	
Address:		
City:	State:	Zip:
Phone:	Fax:	
E-Mail:	Website:	
Federal Tax ID:	Minnesota Tax ID:	
Type of Business: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company		
This Business is: <input type="checkbox"/> Individually owned <input type="checkbox"/> Co-owned with partner(s) – <i>all partner(s) must complete additional application.</i> <input type="checkbox"/> N/A		

SECTION B. PERSONAL			
Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other:			
First Name:	Middle:	Last:	
Maiden Names or Names Known by Others:			
Home Address:			
City:	State:	Zip:	
Home Phone:	Cell Phone:		
E-Mail:			
Social Security #:		Driver's License #:	
Date of Birth:		Place of Birth:	
Eye Color:	Hair Color:	Height:	Weight:
Are you a Citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No – Complete Below If you answered "NO" above, are you legally a Permanent Resident of the United States? <input type="checkbox"/> Yes – Permanent Resident Card #: _____ (<i>submit a copy</i>) <input type="checkbox"/> No – Complete Below If you answered "NO" above, do you have a Work Authorization Card? <input type="checkbox"/> Yes - Authorization #: _____ (<i>submit a copy</i>) <input type="checkbox"/> No - Please explain: _____			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married – <i>If married, please have spouse complete <u>supplemental form</u>.</i>			

SECTION C. HISTORY

List home addresses for all previous residences during the past five (5) years. Start with the most current one first:

Address	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

List full-time and part-time employers for the past five (5) years. Start with the most current one first:

Employer	Address	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other businesses you own or operate, licensed under federal or state statute or local ordinance; or if the applicant represents a corporation, list such business:

Business Name	Address	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List all other business licenses you presently hold, or which you have held under your present name or any other name during the past five (5) years:

Type of License	License Number	Issuing Agency	City	State	Dates
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever had a business license denied, suspended, or revoked? No Yes - if yes, please complete below.

Type of License	Issuing Agency	City	State	Dates
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever been convicted of any felony, gross misdemeanor, misdemeanor, or ordinance violation, other than traffic matters? No Yes - if yes, please complete below.

Offense	City	State	Dates
_____	_____	_____	_____
_____	_____	_____	_____

SECTION D. MANAGER

List the person who will serve as Manager(s) for this business establishment AND have them each complete a supplemental form:

Full Name	Phone	Address	State	Date of Birth

SECTION E. LICENSING POINT OF CONTACT

List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.

Please check one: Same as the applicant - Skip to Section D Different from the applicant - Complete below

Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Fax Number:	
E-Mail:		
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail		

SECTION F. EMERGENCY CONTACT

Please list an alternative contact information different from the applicant.

Full Name:	Job Title/ Relationship to Applicant:	
Address:		
City:	State:	Zip Code:
Phone Number:	Other Number:	

By signing below, I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Applicant Signature

Date

TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

Minn. Statute 13.41, Subd. 5.

Any licensing agency may make any data classified as private or confidential, pursuant to this section, accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

By signing below, I have read and understood the Tennessen warning.

Applicant Signature

Date

INFORMED CONSENT

The City of Oakdale requires criminal background checks for all Tobacco License applicants. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

First Name:	Middle:	Last:
Maiden Name or Names Known by Others:		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth (mm/dd/yyyy):
ID / Driver's License Number:		State of ID / License Issuance:
Social Security Number:		

By signing below, I have read and understood the Tennessen Warning. I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a tobacco license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date

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.

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 Minnesota Statutes 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	
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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

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

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

APPLICATION CHECKLIST

Before you submit your application packet, please check off the following to ensure everything has been completed.
All incomplete applications will be returned.

*AP – Applicant checklist,
 CTY – City checklist*

AP	CTY	MATERIALS
<input type="checkbox"/>	<input type="checkbox"/>	City Application
<input type="checkbox"/>	<input type="checkbox"/>	Tennessen Warning and Informed Consent Form
<input type="checkbox"/>	<input type="checkbox"/>	MN Department of Revenue Form CT102
<input type="checkbox"/>	<input type="checkbox"/>	Worker’s Compensation Certificate of Compliance
<input type="checkbox"/>	<input type="checkbox"/>	Identification - Attach a copy of driver’s license with a CURRENT address.
<input type="checkbox"/>	<input type="checkbox"/>	Lease Agreement or Purchase Agreement - Attach a signed copy of the lease or purchase agreement.
<input type="checkbox"/>	<input type="checkbox"/>	Site Plan - submit a site plan of the premises, including the storage room.
<input type="checkbox"/>	<input type="checkbox"/>	Insurance - Attach a current copy of certificate of liability insurance showing worker’s compensation and general liability insurance. Please list the City of Oakdale as the Certificate Holder.
<input type="checkbox"/>	<input type="checkbox"/>	Supplemental Form - Any applicant’s spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete this form. <input type="checkbox"/> Please check this box if a Supplemental Form isn’t required and applicable to you.
<input type="checkbox"/>	<input type="checkbox"/>	Fee - \$525
<input type="checkbox"/>	<input type="checkbox"/>	Checklist – read, check off list, sign, and date.

Please mail, drop off, or e-mail forms and required documents when completed.

By signing below, I agree that I have received a copy of the city ordinance and I understand that it’s my responsibility to review it. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my application is incomplete, it will be returned.

 Applicant Signature

 Date

FOR OFFICE USE ONLY		
PM:	#:	\$:
PM:	#:	\$:
PM:	#:	\$: