



# CITY OF OAKDALE

ADMINISTRATION DEPARTMENT | LICENSING DIVISION

1584 Hadley Avenue North | Oakdale, MN 55128

www.ci.oakdale.mn.us | Licensing@ci.oakdale.mn.us

Direct: (651) 730-2739 | Fax: (651) 730-2820

## TOBACCO 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. Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

### SECTION A. BUSINESS PREMISES

Company Name:

Doing Business As:

Address:

### SECTION B. PERSONAL

Relationship to Business:  Owner  Partner  Officer  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?

Yes  No – Complete Below

If you answered "NO" above, are you legally a Permanent Resident of the United States?

Yes – Permanent Resident Card #: \_\_\_\_\_ (submit a copy)

No – Complete Below

If you answered "NO" above, do you have a Work Authorization Card?

Yes - Authorization #: \_\_\_\_\_ (submit a copy)

No - Please explain:

Marital Status:  Single  Divorced  Married

### 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

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
_____	_____	_____	_____
_____	_____	_____	_____

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



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## 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.

## 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 Tennesen 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



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## LICENSING PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and a public hearing date will be established for City Council to approve the license. Please note that the licensing process may take 6-8 weeks for new applicants.

## SUPPLEMENTAL FORM CHECKLIST

Before you submit your Supplemental Form, please check off the following to ensure everything has been completed.

**Any incomplete forms will be returned.**

- Supplemental Form**
- Tennessee Warning and Informed Consent Form**
- Identification** - Attach a copy of driver's license with a CURRENT address.
- 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 forms are incomplete, it will be returned.

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

\_\_\_\_\_  
Date

### FOR OFFICE USE ONLY

Large empty rectangular box for office use.

PM:

AMT:

PD:

RD:

NOTES: