



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 SALES LICENSE RENEWAL APPLICATION

Type of business: Gas / Convenience/ Grocery Store Tobacco Shop

| SECTION A. PERSONAL | | | |
|--|--------|---------|-------------|
| First Name: | | Middle: | Last: |
| Maiden Names or Names Known by Others: | | | |
| Home Address: | | | |
| City: | State: | Zip: | Home Phone: |
| Cell Phone: | | E-Mail: | |

| SECTION B. BUSINESS PREMISES INFORMATION | | |
|---|--------------------|-----------------|
| Company Name: | Doing Business As: | |
| Address: | Phone: | |
| E-Mail: | MN Tax ID: | Federal Tax ID: |
| Were there any changes in the name, location, ownership of the licensed premises, or a different license holder applicant from before? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Were there any employee, owner or officer of the business or corporation, or the business as an entity, have a similar license denied or revoked by another agency? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Were there any employee, owner or officer of the business or corporation, or the business as an entity, charged with a violation of state or local tobacco sales license laws? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Were there any employee, owner or officer of the business or corporation, or the business as an entity, charged with any violation of any other law or ordinance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

| SECTION C. MANAGER | | | | |
|---|-------|---------|-------|---------------|
| <i>All managers who are different from the main license holder, must complete a release form and submit a valid identification card as well.</i> | | | | |
| List the person(s) who will serve as manager for this business establishment: <input type="checkbox"/> The manager is the same as the applicant – Skip to Section D | | | | |
| Full Name | Phone | Address | State | Date of Birth |

| SECTION D. LICENSING POINT OF CONTACT | | | |
|---|-----------|---|-------|
| <i>List the person who will serve as the licensing point of contact. This person will handle all licensing questions and materials from the City.</i> | | | |
| Full Name: | | Job Title/ Relationship to Applicant: | |
| Address: | | | City: |
| State: | Zip Code: | Phone Number: | |
| E-Mail: | | Preference for receiving licensing materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail | |

| SECTION E. EMERGENCY CONTACT | | | |
|---|-----------|---------------------------------------|-------|
| <i>List the emergency contact information for the business / applicant. This person CANNOT be the same person as the applicant.</i> | | | |
| Full Name: | | Job Title/ Relationship to Applicant: | |
| Address: | | | City: |
| State: | Zip Code: | Phone Number: | |

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

***Electronic Signature:**

Please type your full name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.



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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 this type of city issued license. 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: | | |

I hereby certify that I have read and understood the Tennesen Warning in addition to authorizing the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a business 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 signature.

***Electronic Signature:**

Please type your full name

Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

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 | *Electronic Signature: | | | | | |
| | Licensee signature (print full name) | Title | Print name | Date | Daytime phone | |
| | I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement. | | | | | |
| | 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 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 |
|---|---------------------------|----------------------------|

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.)

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.

***Electronic Signature:**

| | | |
|-----------------|-------|------|
| Print Full Name | Title | Date |
|-----------------|-------|------|

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

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.

LICENSING PROCESS

Once a completed application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and then your application will be forwarded to City Council to approve. Please note that the licensing process may take 4-8 weeks.

APPLICATION CHECKLIST

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. All incomplete applications will be returned.

AP - Applicant check list, CTY - City check list

AP CTY MATERIALS

| | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Tennessee Warning and Informed Consent Form |
| <input type="checkbox"/> | <input type="checkbox"/> | MN Department of Revenue Form CT102 |
| <input type="checkbox"/> | <input type="checkbox"/> | MN Worker's Compensation Certificate of Compliance Form |
| <input type="checkbox"/> | <input type="checkbox"/> | State Issued ID / Driver's License - <i>Must have a current address.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance - <i>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. Proof of Insurance premiums and insurance quotes are not accepted.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Additional Documents: <input type="checkbox"/> Tennessee Warning and Informed Consent Form - <i>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, and all business partners must complete a Release and Consent form in addition to submitting a copy of a valid and current identification card.</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Fees: <input type="checkbox"/> License (non-refundable) - <u>\$525.00</u> <input type="checkbox"/> Late Fee (late renewal applicants only, non-refundable) - <u>\$50.00</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | Checklist - <i>read, check off list, sign, and date.</i> |

I hereby certify that I have received and read a copy of the city ordinance. 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, my license application will be returned.

***Electronic Signature:** _____
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at
<http://www.ci.oakdale.mn.us/315/Tobacco-Sales>

Thank you for doing business in Oakdale!

| | | |
|----------------------------|----|----|
| FOR OFFICE USE ONLY | | |
| | | |
| Bkgd. Fee: | M: | #: |
| Lic. Fee: | M: | #: |
| P.H. Fee: | M: | #: |