## MINNESOTA REVENUE

## 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.

	Applicant's Minnesota tax ID number	The Minnesota tax ID must be issued in the same legal name of the licensee below.			FOR MUNICIPAL USE ONLY	
				License number		
	Cigarettes/tobacco products will be sold (a separate license is required			Period covered		
	for each location or vending machine):				Date of issuance	
ype	Over counter	Through vending ma	chine	Both		
Print or type	Licensee's legal name				Federal employer ID number (FEIN)	
Pri	Business trade name (doing business as)				Daytime phone	
	Complete address of business location (per	County	County		Other phone number	
	City		State Zip code		Fax number	
	Mailing address (if different than business a	address) City	State	Zip code	Email address	
	Type of legal organization (check	one):				
	Sole proprietor Minnesota corporation: Enter date of incorporation					
_	Partnership	nip Out-of-state corporation: State of incorporation				
ation	Other (describe)	Ar	e you registered to do	business in Minne	esota? 🗌 Ye	s 🗌 No
Business information	Corporate officers or partners (attach a list if necessary)					
	Name		Title			
usine	Address		City	S	tate	Zip code
	Name		Title			
	Address		City	S	tate	Zip code
	As a licensed tobacco products o	or cigarette retailer, I ur	iderstand that:			
ية ا	1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.					
ndi	2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.					
Statement of understanding	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.					
	<ol><li>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.</li></ol>					
	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 p	hone
	Licensing agent's signature	Title	Print name	Date	Daytime p	hone

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.