

# TOBACCO LICENSE APPLICATION

Annual License Fee: \$200  
 Non-Refundable Background Investigation Fee: \$100  
 License Term: January 1 to December 31



3830 Pilot Knob Road Eagan, MN 55122  
 Licensing: (651) 675-5000  
 cityclerk@cityofeagan.com

## GENERAL INFORMATION

**Applicant Name:** \_\_\_\_\_

**Applicant's Mailing Address:** \_\_\_\_\_

**Applicant is a:**

- Individual (Sole Proprietorship)
- Corporation
- Partnership
- Limited Liability Company

**Establishment Trade Name (DBA):** \_\_\_\_\_

*\*Provide evidence of current registration (in good standing) with MN Secretary of State*

**Establishment Street Address:** \_\_\_\_\_

**Establishment**

**Business Phone:** (     ) (     )

**Alternate Phone:** (     ) (     )

**Name(s) of all owners/partners/shareholders with a financial interest in the establishment or applicant if not an individual**

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_  
*first middle last*

Date of birth: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_  
*first middle last*

Date of birth: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_  
*first middle last*

Date of birth: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_  
*first middle last*

Date of birth: \_\_\_\_\_

**Name:** \_\_\_\_\_ **Ownership Percentage:** \_\_\_\_\_  
*first middle last*

Date of birth: \_\_\_\_\_

*Attach an additional sheet if necessary.*

*Each owner/partner/shareholder with a 5 percent or greater interest must complete a Personal Information form.*

**Anticipated Opening Date:** \_\_\_\_\_

<b>Minnesota Tax Identification Number:</b>	
<b>Federal Tax Identification Number:</b>	
<b>If applicant is a corporation, partnership of limited liability company, name of on-site manager</b>	
Name: _____	
<i>first</i>	<i>middle</i>
<i>last</i>	
<i>The on-site manager must complete a Personal Information form.</i>	
<b>On-Site Manager Phone Number:</b> (      )	<b>On-Site Manager Email Address:</b>

<b>PREMISES INFORMATION</b>
<b>Is the premises rented or owned?</b>
<input type="checkbox"/> Rented
<input type="checkbox"/> Owned
<b>If the premises is owned:</b>
Date of purchase: _____
Name and address of seller: _____
Mortgage holder or other lien holder: _____
If purchased within past 24 months, purchase price and terms of sale: _____
_____
<b>If the premises is rented:</b>
Property owner: _____
Property owner mailing address: _____
If property is managed by company/person other than owner, provide name of Property Management Company and/or managing individual: _____
Property management company/manager phone number: _____
_____

<b>WORKER'S COMPENSATION INSURANCE</b>
Worker's Compensation Insurance Company Name _____ (Not the insurance agent)
Policy Number _____ Dates of Coverage: _____ to _____
OR
I am not required to have workers' compensation liability coverage because:
<input type="checkbox"/> I have no employees
<input type="checkbox"/> I am self-insured
<input type="checkbox"/> I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees)

<b>TENNESSEN WARNING NOTICE</b>
When the City of Eagan ("City") collects private/confidential data from an individual about that individual, the City is required under Minn. Statute § 13.04, subd. 2, to provide a Tennesen warning Notice. The purpose of this Notice is to enable individuals to make an informed decision about whether to give data about themselves to the City.
<b>Classification of Data Provided</b>
Under Minnesota Statute § 13.41, subd. 2, regulating licensing data obtained by a public entity, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all

information provided on your application is public data, EXCEPT for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minnesota Statute § 13.02, subd. 12, as private or subd. 13 as protected nonpublic. Public data is available to any person upon written request to the City.

**Purpose and Intended Use**

The data requested on each application will be used in determining whether you meet the City qualifications and requirements for the license for which you are applying. Data from your application will also be relied upon for contact and communication purposes by the City and for the Eagan Police Department to perform the background check required by Eagan City Code § 5.02.

Failure to provide any of the requested information could result in the delay or possible denial of your initial or renewal application. All data collected and stored may be shared upon court order or with other government entities as authorized by law.

You may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for an email update on the City's website at [www.cityofeagan.com/subscribe](http://www.cityofeagan.com/subscribe).

**I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title (ex. President, Managing Partner, CEO, etc.)

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**PERSONAL INFORMATION FORM  
TO BE COMPLETED BY ALL PERSONS WITH 5% OR GREATER INTEREST AND ON-SITE MANAGER**

**Name:** \_\_\_\_\_

**Former Names (if any):** \_\_\_\_\_

<b>Home Address:</b> _____	<b>Business Phone:</b> (    )
	<b>Alternate Phone:</b> (    )

**Email Address:** \_\_\_\_\_

**Ownership interest:**  
 Sole Proprietor  
 5 percent or greater interest (state number of shares or units owned in entity as applicable: \_\_\_\_\_)  
 On-Site Manager

**Date of Birth** \_\_\_\_\_  
**Place of Birth** \_\_\_\_\_

**Have you ever been convicted during the past five years of any violation of federal, state or local law or regulation relating to tobacco or tobacco products or tobacco related devices?**  
 Yes  No  
**If yes, please explain:** \_\_\_\_\_  
\_\_\_\_\_

**In the past 12 months, have you had a license to sell tobacco, tobacco products or tobacco related devices revoked?**  
 Yes  No  
**If yes, describe:** \_\_\_\_\_  
\_\_\_\_\_

**Addresses at which you have lived during the preceding five years:**

Number & Street	City & State	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____

**List the names, addresses and phone numbers of three people of good moral character, not related to you or financially interested in the premises, who may be contacted as to your character:**

Name	Address	Phone Number
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

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**I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

**FOR OFFICE USE ONLY**

*To be completed by the Police Department*

Date background check completed: \_\_\_\_\_ Investigating Officer: \_\_\_\_\_

Conclusion: \_\_\_\_\_  
\_\_\_\_\_



# EAGAN

**CITY OF EAGAN**  
**3830 Pilot Knob Road**  
**Eagan, MN 55122**

## **AUTHORIZATION FOR RELEASE OF INFORMATION FOR BACKGROUND CHECKS**

*A photocopy/email of this authorization is valid as original. Must include Color copy of the Front & Back of ID.*

**Name:**

**Other names used (if any)**

\_\_\_\_\_

*First*

*Middle*

*Last*

\_\_\_\_\_

**Date of Birth:**

\_\_\_\_\_

*Day/Month/Year*

\_\_\_\_\_

**Drivers' License Number**

**State Issued**

The Eagan City Code addresses the requirements for background investigations as follows:

- Chapter 5.02 - liquor license applications.
- Chapter 6.02 - solicitor/peddler/transient merchant applications.
- Chapter 6.34 - tobacco license applications.
- Chapter 6.39 - massage therapy establishments and massage therapists.
- Chapter 6.35 - premise permits for pull-tabs

With my permission, the Eagan Police Department may disclose to the Eagan City Administrator, City Clerk, Deputy City Clerk, and City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that my records are subject to the State of Minnesota's Data Practices Act and become public documents unless otherwise provided for by State or Federal Law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

*Signature must be notarized.*

\_\_\_\_\_  
*Signature of person authorizing release (Applicant)*

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(Seal)

## Tobacco License Certification of Employee Training Program

Name of Tobacco Establishment: \_\_\_\_\_

Name of person completing this form: \_\_\_\_\_

Address of Establishment: \_\_\_\_\_

I hereby certify that the tobacco establishment named above has in place a training program for its staff that includes the following information:

- Information and tools necessary for employees to comply with the federal, state and city laws governing the sale and distribution, including youth access, and the advertising and promotion of cigarettes, smokeless tobacco, and covered tobacco products;
- Instruction that the sale of tobacco, tobacco products and tobacco related devices to an individual under 21 is illegal;
- Legally acceptable proofs of age; and
- Sale to an individual under 21 or other violation to tobacco laws can subject the license holder and their employee to criminal penalties, civil fines or both.

I further certify that each employee at the establishment named above has received this training. Any new employee shall receive this training within three days of his/her start date. Each employee will receive this required training at least once per year.

\_\_\_\_\_  
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.

<b>Print or type</b>	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		
	<b>Cigarettes/tobacco products will be sold</b> (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		

<b>Business information</b>	<b>Type of legal organization</b> (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			
	<b>Corporate officers or partners</b> (attach a list if necessary)					
Name		Title				
Address		City	State	Zip code		
Name		Title				
Address		City	State	Zip code		

<b>Statement of understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>					
	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.					

<b>Sign here</b>	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.