



CITY OF DULUTH
CITY CLERK'S OFFICE
 330 City Hall • 411 West First Street
 Duluth, Minnesota 55802-1189
 Phone (218) 730-5500
 Fax (218) 730-5923

| |
|----------------------------|
| FOR OFFICE USE ONLY |
| DATE _____ |
| LICENSE # _____ |

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign and submit all pages to the address above.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

| LICENSE | FEE |
|--|-----------------|
| TOBACCO OR TOBACCO RELATED DEVICES <small>(\$143 ANNUAL + ONE TIME INVESTIGATION FEE OF \$36.00) =</small> | \$179.00 |

LICENSEE NAME/ADDRESS/PHONE NO.

TRADE NAME: _____

BUSINESS PHONE: _____
BUSINESS ADDRESS:

MANAGER'S NAME, ADDRESS & PHONE NO.

OWNER OF BUSINESS PREMISES:

OWNER'S FULL NAME _____ **D.O.B.** _____

PHONE NOS. (H) _____

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

 Signature of Applicant

MAILING ADDRESS:

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE.

Minnesota Statutes, Section 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 NO (if applicable) | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO. |
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) | | |
| DBA ("doing business as" or also known as an assumed name) (if applicable) | | |
| BUSINESS ADDRESS (must be physical street address, no PO boxes) | CITY | STATE ZIP CODE |
| COUNTY | E-MAIL 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 NO. | 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, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 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 Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: _____

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

PRINT NAME

| | | |
|--------------------------------|-------|------|
| | | |
| APPLICANT SIGNATURE (required) | TITLE | DATE |

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

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.

FOR MUNICIPAL USE ONLY

| | | | | | |
|---|--|----------|---|--------------------|-----------------------------------|
| 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. | | License Authority |
| | | | | | License Number |
| | | | | | Period Covered |
| | | | | | Date of Issuance |
| | Licensee's Legal Name | | | | Federal Employer ID Number (FEIN) |
| | Business Trade Name (doing business as) | | | | Daytime Phone |
| | Complete Address of Business Location (<i>permit location</i>) | | County | Other Phone Number | |
| City | State | ZIP Code | Fax Number | | |
| Mailing Address (<i>if different than business address</i>) | City | State | ZIP Code | Email Address | |

Cigarettes/tobacco products will be sold (*a separate license is required for each location or vending machine*):

Over Counter Through Vending Machine Both

| | | | | | |
|---|--|--|-------|----------|--|
| Business Information | Type of legal organization (<i>check one</i>): | | | | |
| | <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 (<i>describe</i>) _____ | Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Corporate officers or partners (<i>attach a list if necessary</i>) | | | | | |
| 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 and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box. | | | | |
| | 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, email or fax to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us