



City Offices

6000 McColl Drive, Savage, MN 55378 | Phone: 952-882-2660 | Fax: 952-882-2656

TOBACCO LICENSE APPLICATION

CHECKLIST OF REQUIRED APPLICATION MATERIALS

The following materials must be submitted to the City Clerk for consideration of your Tobacco License:

- Completed Tobacco License Application form (1 page)
 - Data Practices Warning form
 - Background Investigation form
 - Consent for Release of Information form
 - Certification of Compliance – MN Workers Compensation form
 - MN Department of Revenue License Application form (CT102)
 - Non-refundable investigation fee of \$250
 - Annual fee of \$300 (if selling via age verification technology); \$600 (if via clerk assistance)
-
- Permit expires on the last day of March each year, regardless of the date issued



BUSINESS INFORMATION

Business/Corporate Name		Phone No.	
Business Address	City	State	Zip
Doing Business As		MN State Tax ID#	
Official Mailing Address	City	State	Zip
Owner/Officer of Business		Phone No.	
Email			
Name of Contact at Business			

I, the undersigned, being a duly authorized representative of the business listed above, hereby apply to the City of Savage, for the following:

- A license to sell cigarettes and tobacco products (April 1 - March 31) via clerk assistance. **Fee is \$600.**
- A license to sell cigarettes and tobacco products (April 1 - March 31) via machine assistance. By my signature below, I hereby swear that said establishment has acquired and has available age verification technology for use by hired personnel and that said equipment is capable of: a) determining age of customer and b) recording and documenting when and how often the device is put to use. **Fee is \$300.**

List retail cigarette license(s) previously held (Corporate licenses need not respond).

License or Permit No.	Business Name	Address	MN Tax ID#

Applicants Name (Printed)	Phone No.
Applicants Signature	Date



DATA PRACTICES WARNING

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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Read before completing this packet.

As an applicant for a license/permit at the City of Savage, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure/permit. The purpose of this request is to obtain information about you to allow us to thoroughly analyze your qualifications and suitability for licensure/permit.

Attached are several documents which ask for your signature and/or personal information. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the City may be unable to fully and adequately determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, 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, 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 Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

This information will be maintained through the time of your licensure/permit with the City of Savage and thereafter. If granted a license/permit, the City may request that you supply this information at additional times in the future for the purpose indicated above. This information may also need to be updated periodically.

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant Signature

Date



BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

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Read this Advisory before completing the attached Consent for Release of Information and providing the protected information on said form.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the Consent for Release of Information is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

Applicant Signature

Date



CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

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I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First		Middle	
Last			
Date of Birth			
Address			
City		State	Zip
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature

Date



CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS COMPENSATION

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Minnesota Statute, 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information, required by law, is to be collected by the licensing agency and retained in their files. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore if this information is not provided or is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

INSURANCE INFORMATION			
Insurance Company Name <i>(Not Insurance Agent)</i>			
Policy No.			
Dates of Coverage	From	To	
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 (Please include copy of permit to self-insure).		
<input type="checkbox"/>	I have no employees who are covered by the Workers Compensation Law (These include spouse, parents, children and certain farm employees).		
GENERAL INFORMATION			
Applicants Full Name		Phone No.	
Home Address	City	State	Zip
Business Name		Phone No.	
Business Address	City	State	Zip
Email			
I certify that the information provided is accurate and complete and that a valid Workers Compensation Policy will be kept in effect at all times as required by law.			
Applicants 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
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):				Period Covered
	<input type="checkbox"/> Over Counter	<input type="checkbox"/> Through Vending Machine	<input type="checkbox"/> Both		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 (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 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