



CITY OF RAMSEY
2020 APPLICATION FOR TOBACCO SALES LICENSE

Application is hereby submitted for a Tobacco Sales License. Please allow up to 30 business days to process application. Business licenses are issued upon approval by City Council. These forms are required for the Minnesota Department of Revenue and Department of Labor and Industry per Minnesota Statute Sections 270.72 and 176.182. Refer to City Code Chapter 26 Article XVI for ordinance details. Please fill out all fields COMPLETELY. Incomplete applications will not be accepted. Licenses are good for the current calendar year and must be renewed annually.

Enclose with this completed application:

- License fee of \$150 (with ID Technology) or \$250 (no ID Technology)
Attach photo/proof of ID Technology (if applicable)
Certificate of workers' compensation insurance or certificate of compliance
Completed CT102 form from MN Department of Revenue
Evidence of educational requirement City Code Ch 26, Article XVI, Div 2, Subd. 9 (new establishments)

1. FULL Legal Name of Business: _____

2. Nature of Business: _____

3. Business Address: _____
(Street, Box, Route) (City) (State) (ZIP)

4. Business Phone Number(s): _____ Email Address: _____

5. Applicant: _____
(Last Name) (First Name) (Middle Name)

6. Applicant's Position with Company: _____ Is applicant 18 or older? [] Yes [] No

7. If applying for tobacco sales license for machine sales, please list the location of all tobacco vending machines.

8. Has applicant had a license to sell tobacco, tobacco products, or tobacco-related devices revoked within the preceding 12 months of the date of application? [] Yes [] No

If yes, please explain: _____

9. Has applicant been convicted, within the past five (5) years, of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to tobacco or tobacco products, or tobacco-related devices? [] Yes [] No

If yes, please explain: _____

The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota and such rules and regulations as the City Council of the City of Ramsey may from time to time prescribe. I, the undersigned, being a duly authorized representative of the business listed above, hereby apply to the City of Ramsey for the following (check one):

- A license to sell cigarettes and tobacco products via clerk assistance – no identification technology - **Fee is \$250.**
- A license to sell cigarettes and tobacco products via identification machine assistance. By my signature below, I hereby swear that said establishment has acquired age verification technology to be used by hired personnel and that said equipment is capable of determining the age of customer, and will be used each time cigarette and tobacco products are purchased.
***Proof of equipment and use (written employee policy) must be provided along with the application for tobacco sales license. Fee is \$150.**

Applicant's Signature: _____

Date: _____

This license will expire on December 31, 2020

Return completed application and requested information along with the fee to:

***City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303***

Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security Number of each license 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.

DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: Tobacco Sales

Licensing Authority: City of Ramsey

License Renewal Date: _____

1. PERSONAL INFORMATION *(if applicable):*

Applicant's Name: _____

Applicant's Address: _____

City	State	ZIP
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2. BUSINESS INFORMATION *(Local store information):*

Business Name: _____

Business Address: _____

City	State	ZIP
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Local Store Contact: _____

Name (Owner/Manager)	Phone No.
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Minnesota Tax Identification No.: _____

(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION *(if applicable)*

Corporation Name: _____

Corporation Address: _____

City	State	ZIP
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Corporation Contact: _____

Name	Phone No.
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Signature	Position (Officer, Partner, etc.)	Date
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**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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 requirement 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 will be collected by the licensing agency and retained in their files.

This information is required by law. 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 falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

- 1. Insurance Company Name:** _____
(NOT the insurance agent)
- Policy Number: _____
- Dates of Coverage: _____

OR

2. I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: (_____) _____

Signature: _____ Date: _____

CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

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

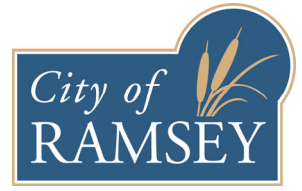
Business Information	Type of legal organization (check one):				
	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____			
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Out-of-state corporation: State of incorporation _____			
	<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



**CITY OF RAMSEY
REQUEST FOR BACKGROUND CHECK INFORMATION**

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Please Print – All Fields Must Be Completed (Enter “N/A” if not applicable)

Type of License Applied For: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Applicant Signature

Date

FOR OFFICE USE ONLY

Checks: Criminal History Local Police Records

Comments: _____

Application Processed by: _____ Date: _____