

**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

Applicant's Minnesota tax ID number

The Minnesota tax ID must be issued in the same legal name of the licensee below.

License number
Period covered
Date of issuance

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

Over counter       Through vending machine       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
City	State      Zip code
Mailing address (if different than business address)	City      State      Zip code
	Other phone number
	Fax number
	Email address

**Type of legal organization (check one):**

Sole proprietor       Minnesota corporation: Enter date of incorporation \_\_\_\_\_

Partnership       Out-of-state corporation: State of incorporation \_\_\_\_\_

Other (describe) \_\_\_\_\_      Are you registered to do business in Minnesota?     Yes     No

**Corporate officers or partners (attach a list if necessary)**

Name	Title
Address	City      State      Zip code
Name	Title
Address	City      State      Zip code

**As a licensed tobacco products or cigarette retailer, I understand that:**

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.

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.

Print or type  
Business information  
Statement of understanding  
Sign here

## REPORT BY POLICE DEPARTMENT

This is to certify that the applicant has not been convicted within the past five 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, except as follows:

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Virginia Police Department

Title

Signature

### RETURN APPLICATION:

City of Virginia  
327 South 1st Street  
Virginia, MN 55792