



Office of the City Clerk  
11155 Robinson Drive  
Coon Rapids MN 55433-3761  
763-767-6457 or 763-767-7432

APPLICATION FORM FOR  
TOBACCO LICENSE

Dear Applicant:

Thank you for your interest in obtaining a tobacco license in Coon Rapids. All application materials must be completed before your application will be processed. Upon receipt of the completed application, the Police Department will conduct an investigation on the applicant (and store manager, if different from applicant).

After the investigation is completed, the application and background investigation will be reviewed by the City Clerk. Depending on the length of the investigation and review by the City Clerk, the process may take up to 30 business days to complete.

Attached are the forms you will need to complete. If the store manager is different from the applicant, the "Store Manager - Authorization of Release of Data" form must be completed. A copy of the City Code regarding tobacco and general licensing provisions are also provided.

All fees are due when the application is submitted. The fee for a tobacco license is \$165 annually and may be pro-rated monthly. There is also a non-refundable investigation fee of \$120 for a new tobacco license. Checks should be made payable to "City of Coon Rapids". In the event a license is denied, the license fee will be refunded.

If you have questions about the forms, regulations or the process, please feel free to contact this office at 763-767-6457 or 763-767-6432.

Deputy City Clerk



License #: \_\_\_\_\_

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

Fee Paid: \_\_\_\_\_

**APPLICATION FOR LICENSE TO SELL  
TOBACCO PRODUCTS OVER THE COUNTER ONLY**

Photo ID:

I, the undersigned, hereby make application for a Tobacco license to be issued to me,

\_\_\_\_\_  
(First) (Middle) (Last)

\_\_\_\_\_  
(Current house number and street name) (City, State, Zip Code)

\_\_\_\_\_  
(Name of Corporation if applicable)

Home telephone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

to sell tobacco, tobacco papers and wrappers at retail over the counter only, at:

\_\_\_\_\_  
(Name of Business) (Address of Business)

Type of Business \_\_\_\_\_ Business telephone \_\_\_\_\_

Store Manager \_\_\_\_\_

**\*if different from applicant, store manager must fill out authorization for release of data form**

in the City of Coon Rapids, Anoka County, Minnesota, subject to the laws of the State of Minnesota and the ordinance and regulations of said City of Coon Rapids pertaining thereto.

Within the last five years have you been convicted of violating any federal, state or local law relating to the sale of tobacco, tobacco products or tobacco related devices?  Yes;  No. If yes, please describe the circumstances, including the date and location.

\_\_\_\_\_  
\_\_\_\_\_

Within the 24 months preceding this application, have you had a license to sell tobacco, tobacco products or tobacco related devices suspended or revoked by any jurisdiction?  Yes;  No. If yes, please describe the circumstances, including the date and location.

\_\_\_\_\_

List business names and complete addresses where you currently hold or have previously held a license to sell tobacco:

\_\_\_\_\_  
\_\_\_\_\_

Attached is a photocopy of my driver's license or other state issued identification card.

**City Code Section 5-912 prohibits the sale of tobacco products through the use of any type of vending machine.**

**Investigation Fee: \$120.00 (non-refundable)**

**License Fee: \$165.00 Annually**

\_\_\_\_\_  
(Signature of Applicant)

License Period: January 1 to December 31

\_\_\_\_\_  
(Daytime telephone)

## LICENSE APPLICANT INFORMATION

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license 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, we must advise you:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please print or type in the following information and return along with your application.

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Applicant's Last	First	Middle Name
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Street Address	City	State	Zip
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Driver's License Number	State of Issue
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Store Name	Store Telephone
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Store Contact	Title
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Street Address	City	State	Zip
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Minnesota Tax ID Number	Federal Tax ID Number
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If a Minnesota tax identification number is not required, please explain: \_\_\_\_\_

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Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

**MINNESOTA WORKERS' COMPENSATION LIABILITY  
CERTIFICATE OF COMPLIANCE**

**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 Chapter 176.181. 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, and 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.**

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:

- I have no employees.
- I am self-insured (include permit to self insure).
- I have no employees who are covered by the worker's 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: ( ) \_\_\_\_\_ - \_\_\_\_\_

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.	
Signature: _____	Date: _____

**TOBACCO LICENSE APPLICATION  
AUTHORIZATION OF RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

PLEASE PRINT:

Full First	Middle	Last	Driver's License Number
Home Street Address			Date of Birth (MM/DD/YY)
City	State	Zip	Day Telephone Number
Organization Associated With			Evening Telephone

Have you ever been convicted of any crime, either felony or misdemeanor?  Yes;  No. If yes, state nature and location of offense(s): \_\_\_\_\_

Have you ever been convicted of any traffic offense? If yes, state nature and location of offense(s): \_\_\_\_\_

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes;  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**AUTHORIZATION OF RELEASE OF DATA  
IN SUPPORT OF A TOBACCO LICENSE**

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

**New Store Manager**

\_\_\_\_\_  
Store Name

\_\_\_\_\_  
Store Telephone

\_\_\_\_\_  
Full First                      Middle                      Last

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Home Street Address

\_\_\_\_\_  
Date of Birth (MM/DD/YY)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Day Telephone

\_\_\_\_\_  
Evening Telephone

Have you ever been convicted of any crime, either felony or misdemeanor?  Yes;  No. If yes, state nature and location of offense(s): \_\_\_\_\_

\_\_\_\_\_

Within the last five years have you been convicted of violating any federal, state or local law relating to the sale of tobacco, tobacco products or tobacco related devices?  Yes;  No. If yes, please describe the circumstances, including the date and location. \_\_\_\_\_

\_\_\_\_\_

Within the twenty four (24) months preceding this application, have you had a license to sell tobacco, tobacco products or tobacco related devices suspended or revoked by any jurisdiction?  Yes;  No. If yes, please describe the circumstances, including the date and location \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, have made application with the City of Coon Rapids for a **Tobacco License**. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

- Attached is a photocopy of my driver's license or other state issued identification card.
- \$115 Investigation fee attached.



SUPPLEMENTAL INVESTIGATION INFORMATION

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Print Full Name

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Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_



# 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		<input type="checkbox"/> 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	
City		State		Zip code		
Mailing address (if different than business address)		City		State		
				Zip code		
				Other phone number		
				Fax number		
				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. Fax: 651-297-1939  
Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.