

GUIDELINES FOR TOBACCO SALES

OVERVIEW

No person shall sell or offer to sell any tobacco, tobacco products, or tobacco related device without first having obtained a license to do so from the Township.

Tobacco Products: Any substance or item containing, made, or derived from tobacco that is intended for human consumption, whether chewed, smoked, absorbed, dissolved, inhaled, snorted, sniffed, or ingested by any other means, or any component, part, or accessory of a tobacco product, including, but not limited to, cigarettes; cigars; little cigars; pipe tobacco; snuff; fine cut or other chewing tobacco; cheroots; stogies, perique; granulated, plug cut, crimp cut, ready-rubbed, and other smoking tobacco; snuff, snuff flour; cavendish; shorts; plug and twist tobaccos; dipping tobaccos; refuse scraps, clippings, cuttings, and sweepings of tobacco and other kinds and forms of tobacco leaf prepared in such manner as to be suitable for chewing, sniffing, or smoking. Tobacco or tobacco products excludes any tobacco product that has been approved by the United States Food and Drug Administration for sale as a tobacco cessation product, as a tobacco dependence product, or for other medical purposes, and is being marketed and sold solely for such an approved purpose.

Prohibited Sales:

- Minors: To any person under the age of eighteen (18).
- Vending Machines: By means of any type of vending machine, except as may otherwise be provided in this Ordinance.
- Self-Service Sales: By means of self-service methods whereby the customer does not need to make a verbal or written request to any employee of the licensed premise in order to receive the tobacco, tobacco product, or tobacco related device and whereby that there is not a physical exchange of the tobacco, tobacco product, or tobacco related device between the licensee or the licensee's employee, and the customer.

REQUIREMENTS

- Completion of White Bear Township Tobacco License Application
- Background Investigation Consent Release (Store Manager)
- Completion of Minnesota Revenue CT102 Application
- Completion of Certificate of Compliance: MN Workers' Compensation Law Form
- License Fee of \$100

LICENSE PERIOD

All Township licenses expire December 31st and must be renewed by January 1st of each year.

SUBMIT APPLICATIONS TO:

White Bear Township
1281 Hammond Road
White Bear Township, MN 55110

QUESTIONS:

Phone: 651-747-2750
Email: WBT@whitebeartownship.org



WHITE BEAR TOWNSHIP
1281 Hammond Road
White Bear Township, MN 55110
Phone: 651-747-2750
Fax: 651-426-2258
www.whitebeartownship.org

TOBACCO LICENSE APPLICATION

License Fee \$100.00

APPLICANT INFORMATION

Full Name: _____
Last First Middle

Residential Address: _____
Street Address Unit #

City State ZIP Code

Home Phone: _____ Cell Phone: _____

BUSINESS INFORMATION

Business Name: _____

Business Address: _____
Street Address Suite / Unit #

City State ZIP Code

Contact Person: _____ Business Phone: _____

Cell Phone: _____ E-Mail Address: _____

Enclosed is the Sum of \$100.00** requesting that a tobacco license be granted pursuant to Town ordinance #69. The tobacco license is valid January 1st to December 31st of each year. Upon license being granted, the undersigned acknowledges that this application has been read, the above is correct and agrees to comply with all ordinances, rules and regulations of White Bear Township.

Applicant Signature: _____ Date: _____



WHITE BEAR TOWNSHIP
1281 Hammond Road
White Bear Township, MN 55110
Phone: 651-747-2750
Fax: 651-426-2258
www.whitebeartownship.org

BACKGROUND INVESTIGATION CONSENT RELEASE

Date: _____

Name of Applicant: _____

Maiden, Alias or Former Name (s): _____

Address: _____

Date of Birth: _____

Driver's License Number: _____

I hereby authorize the Town of White Bear and the Ramsey County Sheriff's Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data. 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. This consent for the release of data is for the purpose of determining my suitability for obtaining a Tobacco License in the Town of White Bear. This information cannot be used for any other purpose.

Applicant Signature: _____ Date: _____

TENNESSEN WARNING: In connection with your request for a tobacco license, the Township has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the Township is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the Town of White Bear.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the Township, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The Township is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Applicant 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.

| | | | | | | | |
|--|--|----------|---|------------|-----------------------------------|--|--|
| 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. | | <i>FOR MUNICIPAL USE ONLY</i> | | |
| | | | | | License number | | |
| | | | | | Period covered | | |
| | | | | | Date of issuance | | |
| | Cigarettes/tobacco products will be sold (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 | | 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 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. | | | | |

| | | | | | |
|------------------|-----------------------------|-------|------------|------|---------------|
| 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 or fax a copy of approved form to:
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

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.