



CITY OF CHASKA
 1 City Hall Plaza
 Chaska, MN 55318
 (Phone) 952-448-9200 (Fax) 952-448-9300

**APPLICATION FOR LICENSE TO SELL
 TOBACCO-RELATED PRODUCTS AT RETAIL**

Fee: \$222 Annually

REQUIRED PERSONAL & BUSINESS INFORMATION

Business Name: _____
 Business Address: _____
 City/State/Zip: _____ Phone Number: _____
 Applicant Name: _____
 Applicant Position with Company: _____
 MN Tax ID No: _____

* If a Minnesota Tax Identification number is not required, please explain on reverse side.

Federal Tax ID No: _____

Social Security No: (REQUIRED) _____

- Location Name: _____
- Location Address: _____
- City/State/Zip _____ Phone Number: _____

The business stated above in the County of Carver, State of Minnesota, hereby makes application for license to be issued to sell tobacco-related products at retail, in the City of Chaska, in said county and state, license period beginning January 1st and ending December 31st of the year applied for, subject to the laws of the State of Minnesota and the ordinances and regulations of the [Chaska City Code Chapter 12, Article III \(Tobacco Related Products\)](#).

NOTE: [Pursuant to Minnesota Statute 270C.72 Tax Clearance, Issuance of Licenses](#): The licensing authority is required to provide to the Minnesota Commissioner of Revenue the MN business tax identification number and social security number of each license applicant. Under Minnesota government Data Practices Act and the Federal Privacy Act of 1971, we are required to advise you of the following regarding the use of this information:

This information may be used to deny issuance, renewal or transfer of license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and,

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.

Failure to supply this information may jeopardize or delay the processing of your renewal.

Signature	Position (Officer, Partner, Etc.)	Date
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Please return completed forms with permit fee to Chaska City Hall, Licensing Dept, 1 City Hall Plaza, Chaska MN 55318

NOTE: *All permits expire on December 31 of the year applied for.*

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	
					Period Covered	
					Date of Issuance	
	Cigarettes/tobacco products will be sold <i>(a separate license is required for each location or vending machine):</i> <input type="checkbox"/> Over Counter <input type="checkbox"/> Through Vending Machine <input type="checkbox"/> Both				Federal Employer ID Number (FEIN)	
	Licensee's Legal Name				Daytime Phone	
	Business Trade Name (doing business as)				Other Phone Number	
	Complete Address of Business Location <i>(permit location)</i>		County	Fax Number		
City	State	ZIP Code	Email Address			
Mailing Address <i>(if different than business address)</i>	City	State	ZIP Code			

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 <i>(describe)</i> _____	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