



3301 Silver Lake Road  
 St. Anthony Village, Minnesota 55418  
 Office: (612) 782-3301  
 Fax: (612) 782-3302

-For Office Use Only-	
License Submittal Date	_____
Fee Paid	<u>\$300.00</u>
License No:	_____
Receipt No:	_____
Council Approval	_____
Council Approval Date	_____

**CIGARETTE AND TOBACCO SALES LICENSE**

**ESTABLISHMENT INFORMATION (this is the local company name and information):**

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Telephone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Business Type: \_\_\_\_\_ Opening Date: \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ MN Tax ID # \_\_\_\_\_

**ESTABLISHMENT MANAGER INFORMATION:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Telephone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor violation of any federal or state statute or local ordinance, other than traffic offenses?  Yes  No

If yes, attach a separate page, giving the following information for each conviction: 1) charge or offense, 2) date of arrest, 3) arresting agency, 4) date of conviction, 5) court name and location, 6) sentence.

Do you current hold a license to sell retail cigarette?  Yes  No

If yes, in what city? (Attach additional pages, if necessary) \_\_\_\_\_

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**BUSINESS OWNER INFORMATION:**

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Corporation Name (if owner is a Corporation): \_\_\_\_\_

Business Owner Name (of individual, partner or officer): \_\_\_\_\_

First

Middle

Last

Address: \_\_\_\_\_

Street

City

State

Zip Code

Telephone No: \_\_\_\_\_ Alternate Phone No: \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor violation of any federal or state statute or local ordinance, other than traffic offenses?  Yes  No

If yes, attach a separate page, giving the following information for each conviction: 1) charge or offense, 2) date of arrest, 3) arresting agency, 4) date of conviction, 5) court name and location, 6) sentence.

Do you current hold a license to sell retail cigarette?  Yes  No

If yes, in what city? (Attach additional pages, if necessary) \_\_\_\_\_

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**NOTICE AND NOTARIZED SIGNATURE:**

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The data in this application will be used to approve your license. Upon approval of license, the information contained in this application shall be deemed public unless private by State Statute. Private data is available to you and the City or State staff who need this information to perform their duties, but is no available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the City Council of the City of St. Anthony Village may from time to time prescribe.

Applicant declares that the information provided on this application is truthful and applicant understands that falsification of answers on this application will result in denial of the application.

Applicant authorizes the City of St. Anthony Village to investigate and make whatever inquiries necessary to verify the information provided.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY

SEAL

My Commission Expires: \_\_\_\_\_

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**PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE**

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Minnesota §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 Section 176.181, Subd. 2. 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 compliance with Minnesota § Sec. 176.181, Subd. 2.

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 and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:

Insurance Company Name (not the name of the agent): \_\_\_\_\_

Policy Number of Self-Insurance Permit Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**(OR)**

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

- I have no employees covered by law.
- Other (specify) \_\_\_\_\_  
\_\_\_\_\_

I have read and understand my rights and obligations with regards to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

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*Signature of Owner, Partner or Officer*

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*Date*



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www.ci.saint-anthony.mn.us

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I hereby authorize the release to the City of St. Anthony Village Police Department and its agents any information about my personal or financial affairs and any BCA criminal records that may be requested of individual or companies with knowledge thereof. This information, I understand, will be necessary in support of my application for a cigarette and tobacco license.

I hereby release the City of St. Anthony Village Police Department and its agents, any organization, company or person furnishing information to the City of St. Anthony Village from any liability for damage, which may result from furnishing the information requested.

I declare that the information I have provided on the cigarette and tobacco license application is truthful, complete and comprehensive. I also, authorize the City of St. Anthony Village to investigate the information on this application (St. Anthony City Code § 112.05) and copies of this document to be as valid as the originals.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print full name: last, first, middle

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Subscribed and sworn to before me this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

NOTARY

\_\_\_\_\_  
*Signature of Notary*

SEAL

My Commission Expires: \_\_\_\_\_