



CITY OF RAMSEY
2019 APPLICATION FOR TOBACCO SALES LICENSE

Application is hereby submitted for a Tobacco Sales License. Please allow up to 30 business days to process application. Business licenses are issued upon approval by City Council.

Please fill out all forms COMPLETELY. These forms are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota Statute Sections 270.72 and 176.182. Incomplete applications will not be accepted.

Enclose with this application:

- license fee of \$150 (with ID Technology) or \$250 (no ID Technology)
certificate of workers' compensation insurance or company name & policy #:
evidence of meeting Subd. 9 (Educational Requirements - new businesses only)

Return completed application and requested information along with fee to:
City of Ramsey, Attn: Business Licenses, 7550 Sunwood Dr NW, Ramsey MN 55303
Phone: 763-433-9828 Fax: 763-433-9848 Email: econdev@cityoframsey.com

- FULL Legal Name of Business:
Nature of Business:
Business Address: (Street, Box, Route) (City) (State) (ZIP)
Business Phone Number(s): Email Address:
Applicant: (Last Name) (First Name) (Middle Name)
Applicant's Position with Company:
If applying for tobacco sales license for machine sales, please list the location of all tobacco vending machines.
The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota and such rules and regulations as the City Council of the City of Ramsey may from time to time prescribe. I, the undersigned, being a duly authorized representative of the business listed above, hereby apply to the City of Ramsey for the following (check one):

Form with checkboxes for license types:
A license to sell cigarettes and tobacco products via clerk assistance - no identification technology - Fee is \$250.
A license to sell cigarettes and tobacco products via identification machine assistance. By my signature below, I hereby swear that said establishment has acquired age verification technology to be used by hired personnel and that said equipment is capable of determining the age of customer, and will be used each time cigarette and tobacco products are purchased. Proof of equipment and use (written employee policy) must be provided along with the application for tobacco sales license. Fee is \$150.

Applicant's Signature: Date:

This license will expire on December 31, 2019. The license fee must be paid at the time of application.

DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY

Received Receipt # Approved

Proof of attending education session attached (new businesses only)

Form SP:CI
LICENSE APPLICANT

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. 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.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.
DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License being applied for or renewed: Tobacco Sales
Licensing Authority: City of Ramsey
(Name of City, County, or State Agency issuing License)
License Renewal Date: January 1, 2019

1. PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City State ZIP

2. BUSINESS INFORMATION (Local store information):

Business Name: _____

Business Address: _____

City State ZIP

Local Store Contact: _____

Name (Owner/Manager) Phone No.

Minnesota Tax Identification No.: _____

(If a MN Tax ID number is not required, please explain on the reverse side)

Federal Tax Identification No.: _____

3. CORPORATION INFORMATION (if applicable)

Corporation Name: _____

Corporation Address: _____

City State ZIP

Corporation Contact: _____

Name Phone No.

Signature Position (Officer, Partner, etc.) Date

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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 MSS Chapter 176. 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. 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

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

- I have no employees covered by the law.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' 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: (_____) _____

Signature: _____ Date: _____

CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide information about yourself which is classified as either *private or confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

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

Date

Signature of Applicant

Print Name