
Have you submitted . . .

- Completed Tobacco Related Products License Application
- Investigation Fee
- License Fee
- Proof of Workers' Compensation Insurance Coverage Form
- Minnesota Business Tax Identification Form
- Proof of Payment of Property Taxes

Questions . . .

To obtain a tobacco related products license application or for more information please call:

Deputy City Clerk
(763) 569-3308
Monday – Friday
8:00 a.m. – 4:30 p.m.



6301 Shingle Creek Parkway
Brooklyn Center, MN 55430-2199
Telephone (763) 569-3300
TTY/Voice 711
Fax (763) 569-3494
www.cityofbrooklyncenter.org

Tobacco Related Products License Procedures

Revised 5/15

City of Brooklyn Center

License Requirements

The City of Brooklyn Center requires the licensing of tobacco related products as defined in Section 23-101 of its Ordinance. The license period is the calendar year, January 1 through December 31. The annual license fee for a tobacco related products license is \$150. Please complete or provide the following:

- **License Application** – completed application as required in Section 23-103 of the City Ordinance
- **Investigation Fee** – \$150 (checks made payable to the City of Brooklyn Center)
- **License Fee** – \$150 (checks made payable to the City of Brooklyn Center)
- **Proof of Workers’ Compensation Insurance Coverage Form** – completed form as required by Minnesota Statute Section 176.182
- **Minnesota Business Tax Identification Number** – completed form as required by Minnesota Statute Section 270.72
- **Proof of Payment of Property Taxes** – submit copy of Hennepin County tax statement showing taxes paid or visit Hennepin County website at www.co.hennepin.mn.us

License Restrictions

Section 23-104. RESTRICTIONS.

1. The following shall be grounds for denying the issuance of or renewal of a license under Sections 23-101 through 23-108.
 - a. The applicant has been convicted within the past five years of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to tobacco products, or tobacco-related devices, or has had a license to sell tobacco products or tobacco-related products revoked or suspended with the past five years.
 - b. The applicant fails to provide any information required on the application, or provides false or misleading information.
2. No license may be issued or renewed:
 - a. To any applicant who is under 18 years of age.
 - b. To any applicant who is prohibited by federal, state or other local law, ordinance or regulation from holding such a license.

- c. To any applicant who has fees or charges to the City or the County that are due and unpaid.
- d. For any premises for which property taxes or city utility charges are due and unpaid.

License Approval

Upon the City Clerk’s receipt of a completed tobacco related products license application, appropriate license fee, Proof of Workers’ Compensation Insurance Coverage form, and Minnesota Business Tax Identification Number form, the Police Department will complete an investigation and, based on the investigation, will recommend approval or denial of the license application.

Once approved by the Police Department, the license application will be presented to the City Council for consideration at its next regular meeting. The City Council meets the 2nd and 4th Monday of the month. License materials must be submitted at least seven (7) days prior to a City Council meeting.

License Application

Annual Fee: \$150 – Account No. 10100-4204

Investigation Fee: \$150 – Account No. 10100-4422

Tobacco Related Products Prorated Fee: \$_____

Annual Expiration: December 31

TO THE HONORABLE CITY COUNCIL:

Date: _____

OPERATOR

Business Name: _____

Address: _____ Brooklyn Center, MN _____
(Street Address) (Zip Code)

Telephone Number: _____

What is the primary business conducted at this premises? _____

OWNER/APPLICANT

Name: _____
(First, Middle, Last)

Residential Address: _____
(Street Address, City, State, and Zip Code)

Telephone Number: _____

PERSONAL INFORMATION

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Brooklyn Center. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Brooklyn Center is required to provide the Minnesota Department of Revenue your MN Tax ID Number and Social Security number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Brooklyn Center City Staff, Hennepin County Auditor, Bureau of Criminal Apprehension, and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.

Signature X _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Telephone Number _____

Place of Birth: _____ Date of Birth: _____

Driver's License # and State: _____ Social Security #: _____

Are you a U. S. Citizen? YES: _____ NO: _____

If a naturalized citizen, give date and place of naturalization: _____

If not a U. S. Citizen, are you are resident alien? YES: _____ NO: _____

If you have ever used or been known by a name or names other than the **full legal name** provided, list such name(s) and information concerning dates and places used:

Are you a registered voter? YES: _____ NO: _____

If YES, in what City and State are you registered: _____

Address(es) at which you have lived during preceding 10 years (begin with present or last address and work back):

<u>Street Address</u>	<u>City/State/ZIP</u>	<u>Dates</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name, location, and description of every business or occupation you have been engaged in during the preceding 10 years (begin with the present position and work back):

Employer/Partner: _____

Business Name: _____

Business Address: _____

Position Held: _____

Dates (To/From): _____

Employer/Partner: _____

Business Name: _____

Business Address: _____

Position Held: _____

Dates (To/From): _____

Employer/Partner: _____

Business Name: _____

Business Address: _____

Position Held: _____

Dates (To/From): _____

Employer/Partner: _____

Business Name: _____

Business Address: _____

Position Held: _____

Dates (To/From): _____

Have you been convicted within the past five years of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to tobacco products, or tobacco-related devices?
YES _____ NO _____

Have you had a license to sell tobacco, tobacco products, or tobacco-related devices revoked within the preceding 12 months of the date of application? YES _____ NO _____

The undersigned hereby applies for a tobacco related products license and acknowledges receipt of a copy of City Ordinance Sections 23-101 through 23-108 and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the foregoing application and that the statements made therein are true of his/her own knowledge and belief.

Signature of Applicant _____

Subscribed and sworn to before me this _____ day of _____

Notary Public _____

County _____

My Commission expires _____



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		<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	
	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	
City				State		
				Zip code		
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. Fax: 651-297-1939
Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--------------------------------------------	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

City of Brooklyn Center
MINNESOTA BUSINESS TAX IDENTIFICATION NUMBER

Pursuant to Minnesota Statute 270C.72, Tax Clearance; Issuance of Licenses, the City of Brooklyn Center is required to provide to the Minnesota Commissioner of Revenue your Minnesota business identification number and the social security number of each license applicant. **Applicant** means an individual, if the license is issued to or in the name of an individual, or the corporation or partnership, if the license is issued to or in the name of a corporation or partnership. **Applicant** also means an officer of a corporation, a member of a partnership, or an individual who is liable for delinquent taxes, either for the entity for which the license is at issue or for another entity for which the liability was incurred, or personally as a licensee. 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 City of Brooklyn Center. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

X License being applied for or renewed: _____

X License renewal date: _____

X **INDIVIDUAL INFORMATION (includes corporate officer or partner) Please Print:**

Applicant's Name: _____

Applicant's Address: _____

(Address, City, State, and Zip)

Social Security Number: _____

X **BUSINESS INFORMATION Please Print:**

Business Name: _____

Contact Person: _____

Business Address: _____

(Address, City, State, and Zip)

If a Minnesota Tax Identification Number is not required, please explain on the reverse side.

X Federal Tax Identification Number: _____

X Minnesota Tax Identification Number: _____

X _____
Signature Position (Officer, Partner, etc.) Date