



# Rice County

## Tobacco License Application

**INSTRUCTIONS:** Type or print legibly in black ink. Fill out application in its entirety. Do not leave any spaces blank. Remit application plus check or money order in the amount of \$150.00 to Rice County in the office of the Rice County Auditor/Treasurer, 320 3<sup>rd</sup> St. N.W., Faribault, MN 55021. Your application will be considered by the Rice County Board of Commissioners at its next regularly scheduled meeting.

**FULL NAME OF APPLICANT:** \_\_\_\_\_  
(Last) (First) (Middle)

**APPLICANT'S MINNESOTA TAX ID NUMBER:** \_\_\_\_\_

**DRIVER'S LICENSE NUMBER OF APPLICANT:** \_\_\_\_\_

I am at least eighteen (18) years of age:  Yes  No

I have not had a tobacco license revoked within the last 12 months:  Yes, I have  No, I have not

I have not 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:  Yes, I have  No, I have not

*I affirm that all of the information that I have provided on this application is true and correct. I agree to abide by the provisions of the Rice County Tobacco Licensing Ordinance.*

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Sheriff's Signature  
(Signature recommends approval of application)

\_\_\_\_\_  
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.

<b>Print or type</b>	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		
	<b>Cigarettes/tobacco products will be sold</b> (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		

<b>Business information</b>	<b>Type of legal organization</b> (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			
	<b>Corporate officers or partners</b> (attach a list if necessary)					
Name		Title				
Address		City	State	Zip code		
Name		Title				
Address		City	State	Zip code		

<b>Statement of understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>					
	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.					

<b>Sign here</b>	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.