CITY OF NORTH BRANCH APPLICATION/RENEWAL
FOR TOBACCO SALES LICENSE

License Fee:
$250.00

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 Date 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 Dept. 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.

Licensee's MN Sales and Use Tax ID #: To apply for a Minnesota Sales Tax Number, call 651.296.6181		
Licensee's Federal Tax ID #:		
Workers Comp. Insurance Company Name:	Policy Number:	Coverage Dates:
Applicant's Full First, Middle, and Last Name	Business, Partnership, Corporation Name	
Business Street Address (Local North Branch address)	Business Phone	Applicant's Phone:

6408 Elm Street, PO Box 910
North Branch, MN 55056
Phone: 651-674-8113
www.northbranchmn.gov

City	County	State / Zip	E-mail
Date of Birth (DOB)	Social Sec. #	Driver's License #	State of Issuance for DL

CORPORATIONS / PARTNERSHIPS

If a corporation, give the name, title, address, DOB, and social security number of each officer. If a partnership or LLC, give name, address, DOB, and social security number of each partner.

Partner/Officer Name & Title	Address	Social Security #	DOB
Partner/Officer Name & Title	Address	Social Security #	DOB
Partner/Officer Name & Title	Address	Social Security #	DOB
Partner/Officer Name & Title	Address	Social Security #	DOB

CORPORATIONS

Date of Incorporation	State of Incorporation	Certificate Number	Is the corporation authorized to do business in Minnesota? yes no

If a subsidiary of another corporation, give name and address of parent corporation

As the license holder, I ensure that all employees receive training on the legal sale of tobacco products and that training documentation is on the licensed premises and available for inspection by the City if requested.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTION. I CERTIFY THAT THE ANSWER IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____

Applicant's signature Date

Oath and Signature of Applicant

I CERTIFY THAT I HAVE READ THE ABOVE INFORMATION AND QUESTIONS. I CERTIFY THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____

Applicant's signature Date

Classification of Data Provided

Under MN statute §13.41 sub.2 names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under MN statute §13.02 sub.12 as private or sub.13 as protected nonpublic, is public data. Public data is available to any person upon written request to the City of North Branch.

The purpose of this data collection is to determine whether you meet the statutory qualifications and requirements for the license you have applied. Data from your application will also be relied upon for contact and communication purposes by the City of North Branch.

If applying for tobacco sales license for machine sales, please list the location of all tobacco vending machines:

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The license period runs from January 1 through December 31. The license fee is $250 for each licensed location. *Return completed application along with a check made payable to the City of North Branch for the license fee to:*

City Clerk
PO Box 910
North Branch, MN 55009

Please COMPLETELY fill out the attached Certificate of Compliance with the Minnesota Workers' Compensation Law form that is by the Department of Labor and Industry. Some of this information may be repetitive, but is required by Minnesota Statute §176.182. Applications will not be accepted until these forms are filled out completely.

Forms to return with your application or renewal:

- Certificate of Compliance - Minnesota Workers' Compensation Law, Department of Labor and Industry
- CT102 Form – Minnesota Department of Revenue
- License Fee
- Colored Copy of Drivers License-Front and Back
- Certificate of Liability Insurance

Informed Consent for Background Investigation for License Application
(A separate form must be filled out for each applicant, officer, and/or partner)

The following named individual has made application with this the City of North Branch for a liquor, wine, 3.2 or tobacco license. To determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the BCA's investigation.

**Please send in a color copy of your valid Driver's License front and back

PLEASE PRINT LEGIBLY

Last Name of Applicant	**First Name (full name please)**		**Middle Name (full name)**
Any Maiden, Alias or Former Name(s)			
Date of Birth (MM/DD/YYYY)	**Sex**	**Race**	**Social Security Number**

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of North Branch and the North Branch Police Department for the purpose of conducting a criminal background check for determining eligibility for a liquor/wine/3.2 or tobacco license within the City as outlined in Minn. Stat. §340A.802.

The authorization shall expire one year from the date of my signature.

Applicant's signature Date

STATE OF MINNESOTA)
COUNTY OF CHISAGO)

BEFORE ME, the undersigned authority, on this day personally appeared _____ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that e/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this _____day of 20_____.

Notary's signature Date

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