



City of Minneapolis
 Licenses and Consumer Services
 350 South 5th Street – Room 1
 Minneapolis, MN 55415–1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only

Expiration: April 1
 AP: BLGeneral/BLTobacco
 Rev Code: 311008
[MCO: 281](#)
 Adm Issuance: Yes

License Application Guidelines and Checklist

Application Type: Tobacco Dealer	
DEFINITION: The sale, exchange, or barter of tobacco, tobacco products, or tobacco related devices.	
Tobacco: cigarettes, cigars, other smoking tobacco, snuff, chewing tobacco, or any other form of tobacco prepared in such manner as to be suitable for chewing or smoking.	
Tobacco-Related Devices: any tobacco product as well as pipes, rolling papers, hookahs or other devices intentionally designed or intended to be used in a manner that enables the chewing, sniffing or smoking of tobacco or tobacco products.	
License Types:	
Exclusive Tobacco Dealer: At least 90% of gross revenue must come from the sale of tobacco products, loose tobacco, plants or herbs, cigars, cigarettes and smoking accessories. Complete all items below.	
Tobacco Dealer: A tobacco department/section of an individual business establishment. If you are adding a Tobacco Dealer license to another license (Gas Station, Grocery Store, Restaurant, for example), you are only required to complete the Tobacco Supplemental Application (Form #2).	
Staff Initials	APPLICATION CHECKLIST - COMPLETE AND SUBMIT FOR STAFF REVIEW Minneapolis Development Review 250 South 4 th Street, Room 300 - Minneapolis, MN 55415 Free Parking .
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Tobacco Supplemental Application (Form #2)
	<input type="checkbox"/> 3. \$ _____ License Fee plus New License Surcharge

Additional Requirements

1. Your License Application

- a. Incomplete applications will be returned.
- b. All applications must be signed by an owner, partner or principal.
- c. No license will be issued for a period longer than one year.
- d. Licenses are not transferable.
- e. Make a duplicate copy of this packet for your personal records before submitting.
- f. [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- g. If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

2. [Surveillance Camera](#) - Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.

3. **Information in Other Languages:** Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.

Business License Application

I. APPLICANT INFORMATION			
Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Other: _____		
Mailing Address (if Different than Business Address)	City	State	Zip Code
Minnesota Sales Tax ID Number , Social Security Number, or Individual Tax ID Number			
Type of Ownership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date		
II. BUSINESS INFORMATION			
1. License(s) Requested			
2. As an Applicant/Licensee, I am <input type="checkbox"/> Starting a new business in a new building. (New Business) <input type="checkbox"/> Adding a new license to an existing business (New License) <input type="checkbox"/> Starting a new business in an existing building. (New Business) <input type="checkbox"/> Taking over an existing business (New Owner) Name of Previous Tenant _____ Name of existing business _____ <input type="checkbox"/> Equipment Changes. Provide equipment info and photos. <input type="checkbox"/> Remodeling Only			
3. Entertainment: Check all categories of entertainment you are planning to provide on your premises. <input type="checkbox"/> No entertainment. <input type="checkbox"/> Limited Entertainment: Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV/radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below. <input type="checkbox"/> General Entertainment: Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below. <input type="checkbox"/> Adult Entertainment: Persons who are unclothed or in in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.			
4. Company Operations			
Gross Square Footage for Business Use	Hours of Operation		
5. Describe in detail the principal products and/or services rendered.			

6. List any licenses you currently have or previously held in Minneapolis (Business or Individual).

7. Have you ever had a business license denied or revoked by Minneapolis or another government entity? YES NO
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

8. Are you planning or have you completed any construction or remodeling? YES NO Name of Contractor or Building Manager

Explain the scope of the remodeling or construction.

III. OWNERS, PARTNERS, OFFICERS

List all of the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Attach additional sheets if necessary.

Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth
Full Name: Last, First, Middle	Telephone	Title		Ownership %
Home Address	City	State	Zip	Date of Birth

Have any of the people listed above been convicted of a crime? YES NO
 If Yes, please provide or attach specific information about dates and conviction.

IV. VEHICLES

Will there be vehicles used in the business? YES NO

Year/Make/Model	Vehicle Company ID #	VIN Number	License Plate # / State

V. WORKERS COMPENSATION

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

VIII. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

SIGNATURE OF APPLICANT _____ DATE _____

Tobacco Supplemental Application/ Business Plan

I. APPLICANT INFORMATION

Legal Company Name	Business Name/DBA		
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Business Address	City	State	Zip Code
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Type of License Requested:

Exclusive Tobacco Dealer: At least 90% of gross revenue must come from the sale of tobacco products, loose tobacco, plants or herbs, cigars, cigarettes and smoking accessories.

Tobacco Dealer: A tobacco department/section of an individual business establishment.

II. BUSINESS INFORMATION

1. Sales: Indicate the methods by which tobacco products will be sold. This should include over the counter sales, vending machines, self-service without the assistance of an employee, for example.

2. Products: Indicate the tobacco products and devices available for sale.

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Flavored Tobacco	<input type="checkbox"/> Pipes	<input type="checkbox"/> Sampling Tobacco Products
<input type="checkbox"/> Cigars	<input type="checkbox"/> Herbal Smoking Products	<input type="checkbox"/> Rolling Papers	<input type="checkbox"/> Other:
<input type="checkbox"/> E-Cigarettes	<input type="checkbox"/> Hookahs	<input type="checkbox"/> Shisha	<input type="checkbox"/> Other:

Exclusive Tobacco Dealers Only:

1. How are persons under the age of 21 years prevented from entering the establishment?

2. The Minneapolis Code of Ordinances (281.50) allows restricted sampling of some tobacco products. Describe the method and type of sampling you intend to provide.

III. ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

No sale of single cigarettes; Sales only by the package or in multiples to which a stamp has been affixed.

No sale, or offer for sale, of cigars in original packages containing three or less cigars for less than \$2.60 per cigar or packages of four cigars for less than \$10.40 per package after all discounts, promotions, buy-one-get-one-free specials, etc.

Certified Training Program: I have will implement an annual training program for employees regarding state and federal laws and/or regulations related to the sale of tobacco products.

This Supplemental Application/Business Plan is a true and correct reflection of the undersigned's intentions; and

Any material change in this Business Plan must be submitted to an approved by the Minneapolis City Council before implementation; and

Violation of this Business Plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

Signature _____ Title _____ Date _____