

License Application: Tobacco

License Types: The sale, exchange or barter of tobacco, tobacco products, or tobacco related devices. No smoking or sampling inside of the business. No sales to persons under 21 years old.

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. All flavors of tobacco products may be sold. No one under the age of 21 years permitted to enter the business.

Tobacco Dealer: A tobacco department/section of an individual business establishment. Only non-flavored tobacco products may be sold.

Tobacco Dealer/Off Sale Liquor Store: Only non-flavored and menthol tobacco products may be sold.

Definitions:

Tobacco: Cigarettes, cigars, other smoking tobacco, snuff, chewing tobacco, or any other form of tobacco for chewing or smoking.

Tobacco-Related Devices: Any tobacco product, including pipes, rolling papers, hookahs, etc., for chewing, sniffing or smoking of tobacco.

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1 . Application requirements

1. Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
2. There is a [fee](#), plus a new license processing charge, for this application. You can pay by
 - Cash:** Do not mail cash, must drop off in person.
 - Check:** Make checks payable to- Minneapolis Finance Department
 - Credit Card:** Do not add your credit card information on this application. We will call you to securely charge your credit card.
3. **Surveillance Cameras:** Confectionary Stores, Gas Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in your stores during business hours.
4. **Tobacco Acknowledgment and Agreement** (Form #1)
5. **Data Privacy:**
 - Attach a [Data Privacy Advisory](#) (Form #2): This is required for the applicant and each owner and/or partner.
 - Include a copy of a driver's license or state ID for the applicant and each owner and/or partner.
6. **Copy of the signed lease**
7. **Attach a detailed diagram of floor plan-** includes all fixtures, doors, measurements and camera placements.
8. **Corporate documents**
 - Corporation-** Articles of Corporation **LLC-** MN Secretary of State Certificate of Organization

2. Applicant information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
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:		

3. Business information

<input type="checkbox"/> Starting a new business in a new building. <input type="checkbox"/> Starting a new business in an existing building. Name of Previous Tenant: _____ <input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Adding a new license to an existing business. Name of existing business: _____ <input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____ <input type="checkbox"/> Remodeling Only.
Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> No <input type="checkbox"/> Yes	Name of Contractor or Building Manager

Explain the scope of the remodeling or construction

4. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.

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

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

5. Company operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Products: Check the tobacco products and devices available for sale at the business

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Flavored Tobacco	<input type="checkbox"/> Pipes	<input type="checkbox"/> Lower Potency THC
<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:

Sales: Tell us how your products will be sold

Exclusive Tobacco Dealers Only: How will you prevent persons under 21 years old from entering the business?

List any licenses you currently have or previously held in Minneapolis (business or individual).

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

6. 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.

7. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information 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.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

8. Additional information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. If you need an additional licenses, contact your [License Inspector](#) or call 612.673-2080 with any questions. You will need to complete additional applications, and the licenses are not valid until the license application has been approved and issued.
4. For reasonable accommodations or alternative formats please contact Business Licensing at 612-673-2080 or via email at businesslicenses@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-263-6850. Para ayuda, llame al 311. Rau kev pab hu 311. Hadii aad caawimaad u baahantahay wac 311.

Acknowledgement and Agreement

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

- No sampling or smoking is allowed in the business.
- No person shall sell any licensed product to any person under the age of twenty-one (21).
- No sale of single cigarettes; Sales only by the package or in multiples to which a stamp has been affixed.
- No person may sell or offer for sale or otherwise distribute snus for a sales price, prior to applicable sales taxes being imposed, of less than fifteen dollars (\$15.00) per 0.32 ounce package. No person may sell or offer for retail sale any snus unless it is sold in a package of at least 0.32 ounces minimum pack size. The price floor for packages larger than 0.32 ounces shall be computed by adding two dollars and fifty cents (\$2.50) for each 0.08 ounces or any fraction thereof in excess of 0.32 ounces, excluding all applicable taxes. In addition, no person may sell or otherwise offer for retail sale a package of loose tobacco three (3) ounces or less, prior to applicable sales taxes being imposed, of less than five dollars (\$5.00) nor a package of loose tobacco greater than three (3) ounces, prior to applicable sales taxes being imposed, of less than fifteen dollars (\$15.00).
- No person may sell, offer for sale, or otherwise distribute cigars in original packages containing three (3) or fewer cigars for a sale price, after any coupons, multipack or buy-one/get-one promotions, or any other discounts are applied and prior to applicable sales taxes being imposed, of less than three dollars and seventy-five cents (\$3.75) per cigar contained within (equating to seven dollars and fifty cents (\$7.50) for packages containing two (2) cigars and eleven dollars and twenty-five cents (\$11.25) for packages containing three (3) cigars). In addition, no person may sell, offer for sale, or otherwise distribute cigars in original packages of four (4) or more cigars for a sale price, after any coupons, multipack or buy-one/get-one promotions, or any other discounts are applied and prior to applicable sales taxes being imposed, of less than fifteen dollars (\$15.00) per package.
- No person may sell or offer for retail sale moist snuff retail packages or multipacks for a sales price, prior to applicable sales taxes being imposed, of less than fifteen dollars (\$15.00) per 1.2 ounce package. No person may sell or offer for retail sale any smokeless tobacco/moist snuff unless it is sold in a package of at least 1.2 ounces minimum package size. The price floor for packages larger than 1.2 ounces shall be computed by adding two dollars and fifty cents (\$2.50) for each 0.3 ounces or any fraction thereof in excess of 1.2 ounces, excluding all applicable taxes.
- No person shall sell or offer to sell any electronic delivery device at a price that is less than twenty-five dollars (\$25.00) per device, excluding taxes or fees. This minimum price is applicable to any type of electronic delivery device and applies per unit if multiple devices are sold together.

- Certified Training Program: I have will implement an annual training program for employees about state and federal laws related to the sale of tobacco products.
- This Business Plan is true and correct; and
- Any material change in the business plan must be submitted to an approved by the Division of Licenses and Consumer Services
- 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.

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

Signature _____ Title _____ Date _____



City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

Data Privacy Advisory

Complete the information below and attach the following **for each owner and/or partner**:

A copy of your driver’s license or state identification card.

The Minnesota Data Practices Act requires us to tell you the following information:

As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records.

You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application.

The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public.

Authorization for Release of Information

This Authorization for Release of Information will expire two years from the date you signed it.

Last Name	First Name	Middle Name
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Also Known As: _____ Date of Birth: _____

Title: _____

I have read and understand the above Data Privacy Advisory.
 I have read and agree to the [Terms and Conditions](#) for electronic signatures.
By typing your name, you are electronically signing this form.

Signature: _____ Date: _____