

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
507-437-9940
www.ci.austin.mn.us

CIGARETTE LICENSE

NEW LICENSE REQUIREMENTS

- General Application for License
- Minnesota Department of Revenue License Application – CT102
- \$10 application fee
- \$150 annual fee - Pro-rated to \$75 minimum
- Completed Worker's Compensation Compliance Form

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin
General Application for License
City of Austin ♦ 500 4th Avenue NE
Austin, MN 55912
507-437-9940
www.ci.austin.mn.us
Submit to licensing@ci.austin.mn.us

New License ☐

Renewal ☐

Transfer ☐

SECTION A. License Information

License Type:

Fee:

SECTION B. Applicant Information

Applicant's First Name:

Applicant's Middle Name:

Applicant's Last Name:

Type of Entity: ☐ Individual Owner ☐ LLC ☐ Corporation ☐ Partnership

Business/ Legal Name:

Business Phone:

Personal Phone:

DBA:

Email Address:

DBA Address:

City:

State:

Zip:

Correspondence Mailed To:

☐ Corporate

☐ DBA

SECTION C. Corporations, LLCs and partnerships must complete this section

Corporate Name:

Corporate Phone Number:

Corporate Address:

City:

State:

Zip:

Officer Name:

Title:

Address:

City:

State:

ZIP:

Officer Name:

Title:

Address:

City:

State:

ZIP:

SECTION D. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner Revenue your Minnesota business tax identification number and the social security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information:

- 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;
- Upon receiving this information, the City of Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
- **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Applicant's Name (Last, First, MI):		Social Security Number:	
Home Address:	City:	State:	ZIP:
Business Name:			
Business Address:	City:	State:	ZIP:
Minnesota Business Tax ID Number:	Federal Tax ID Number:		

SECTION E. Certification of Compliance for Minnesota Workers' Compensation

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
Dates of Coverage: _____ to _____	

OR

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

- ☐ I have no employees
- ☐ I am self-insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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.

SIGNATURE_____
POSITION_____
DATE SIGNED

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.

FOR MUNICIPAL USE ONLY

Print or Type	Applicant's Minnesota Tax ID Number		The Minnesota Tax ID must be issued in the same legal name of the licensee below.		License Authority City of Austin	
					License Number	
					Period Covered	
					Date of Issuance	
	Cigarettes/tobacco products will be sold (<i>a separate license is required for each location or vending machine</i>): <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 (<i>permit location</i>)				County	Other Phone Number	
City		State	ZIP Code	Fax Number		
Mailing Address (<i>if different than business address</i>)		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 (<i>describe</i>) _____		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 and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.				
	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
					507-437-9940

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail, email or fax to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.

Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us