



CITY OF **CHASKA**
1 City Hall Plaza
Chaska, MN 55318
(Phone) 952-448-9200 (Fax) 952-448-9300
www.chaskamn.gov

APPLICATION FOR LICENSE TO SELL TOBACCO-RELATED PRODUCTS AT RETAIL

Fee: \$240 Annually

REQUIRED PERSONAL & BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City/State/Zip: _____ Phone Number: _____

Applicant Name: _____

Applicant Position with Company: _____

Email: _____

Location Name: _____

Location Address: _____

City/State/Zip _____ Phone Number: _____

The business stated above in the County of Carver, State of Minnesota, hereby makes application for license to be issued to sell tobacco-related products at retail, in the City of Chaska, in said county and state, license period beginning January 1st and ending December 31st of the year applied for, subject to the laws of the State of Minnesota and the ordinances and regulations of the [Chaska City Code Chapter 5, Article 5.08 \(Tobacco Related Products\)](#).

Signature

Position (Officer, Partner, Etc.)

Date

Please return completed forms with permit fee to Chaska City Hall, Licensing Dept, 1 City Hall Plaza, Chaska MN 55318

NOTE: All permits expire on December 31 of the year applied for.

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
					License Number
	Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):				Period Covered
	<input type="checkbox"/> Over Counter	<input type="checkbox"/> Through Vending Machine	<input type="checkbox"/> Both		Date of Issuance
	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

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 (describe) _____	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

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



City of Chaska

**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. This information will be collected by the City and retained in the files.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

NUMBER 2 – Complete if self-insured:

- I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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.

Applicant Signature	Title	Date
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