



City of Hoyt Lakes  
 206 Kennedy Memorial Drive  
 Hoyt Lakes, MN 55750  
 218-225-2344  
[info@hoytlakes.com](mailto:info@hoytlakes.com)

## Tobacco License Application

Name of individual, partnership, LLC, corporation: \_\_\_\_\_

Owner Information:

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Driver's License No: \_\_\_\_\_

Is the applicant 18 years of age or older?     Yes             No

Circle One: Minnesota Tax ID / Federal Tax ID / Social Security number: \_\_\_\_\_  
*(Required by the Minnesota Department of Revenue)*

Premises Information:

Describe premises to be licensed (type of business): \_\_\_\_\_

Name of manager \_\_\_\_\_ Phone: \_\_\_\_\_

Has the applicant, person managing the business, or any person associated in the business ever been convicted of any crime, misdemeanor, or violation of any city, state, or federal law involving activities licensed under this article?     Yes             No

If yes, state the nature of the offense(s) and the punishment or penalty assessed therefore. *Attach additional sheets if necessary.* \_\_\_\_\_

I certify the above information is true and correct. Written notice must be provided to the City within five (5) business days following any changes to the information stated above. I acknowledge the provisions of the tobacco and tobacco products ordinance have been reviewed and attest the property at the above address will be operated and maintained according to the requirements of the ordinance, subject to applicable sanctions and penalties. I affirm I will provide all necessary reports and make all sales tax payments as required by State Statute. I affirm I am aware of and will comply with all Federal, State, and Local requirements with respect to tobacco and tobacco products. I authorize the City of Hoyt Lakes to investigate any or all statements or facts contained herein; acknowledging that the misrepresentation or the omission of facts called for will be just course for the disqualification or repeal of the license.

I understand that as part of the Tobacco License application process, the City shall conduct a criminal background check.

Signature of applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**Release of Information for Background Check:**

The following named individual has made application with this agency for a Tobacco License.

**Last Name of Applicant** (please print): \_\_\_\_\_

**First Name** (please print): \_\_\_\_\_

**Middle** (full)(please print): \_\_\_\_\_

**Maiden, Alias or Former** (please print): \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Sex** (M or F): \_\_\_\_\_

Month/Day/Year

**Social Security Number** (optional): \_\_\_\_\_

I authorize the Minnesota Bureau of Criminal Apprehension or East Range Police Department to disclose all criminal history record information to the City of Hoyt Lakes for the purpose of Tobacco License Application with this agency.

The expiration of this authorization shall be one year from the date of my signature.

**MUST BE SIGNED IN FRONT OF A NOTARY**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

State of Minnesota

County of St. Louis

This record was acknowledged before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name(s) of individual(s)).

My commission expires: \_\_\_\_\_ Stamp:

\_\_\_\_\_  
Notary Signature

Application Rec'd: \_\_\_\_\_ Paid: \_\_\_\_\_ Payment Type: \_\_\_\_\_

Police Chief Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Council Approval: \_\_\_\_\_ License no.: \_\_\_\_\_ Mailed on: \_\_\_\_\_

Denial: \_\_\_\_\_

# Certificate of Compliance Minnesota Workers' Compensation Law

**PRINT IN INK OR TYPE.**

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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. 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.

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

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)		
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIPCODE

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2, or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

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

**ALL APPLICANTS COMPLETE THIS PORTION:**

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 (mandatory)	TITLE	DATE
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**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.**  
 This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

**\* Number 1, 2, or 3 MUST be completed**

**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.

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.	<i>FOR MUNICIPAL USE ONLY</i>		
			License number		
		Period covered			
		Date of issuance			
	<b>Cigarettes/tobacco products will be sold</b> (a separate license is required for each location or vending machine):				
	<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 (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	<b>Type of legal organization</b> (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			
	<b>Corporate officers or partners</b> (attach a list if necessary)				
Name		Title			
Address		City	State	Zip code	
Name		Title			
Address		City	State	Zip code	

Statement of understanding	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>				
	1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.				
	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
	City Administrator <b>Becky Lammi</b>				218-225-2344

**License applicant:** Submit this form to the licensing authority along with the license application.  
**Licensing authority:** Mail or fax a copy of approved form to:  
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331. Fax: 651-297-1939  
 Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.