



ONLY FULLY COMPLETED APPLICATIONS ARE ACCEPTED. PAYMENT AND ALL REQUIRED DOCUMENTATION IS REQUIRED AT TIME OF APPLICATION SUBMITTAL. LICENSES THAT HAVE LAPSED OVER THIRTY (30) DAYS FROM THEIR EXPIRATION DATE MUST RE-APPLY AS A NEW LICENSE. RENEWAL APPLICATIONS THAT ARE SUBMITTED PAST THEIR DUE DATE OR WHOSE LICENSE HAD EXPIRED OVER THIRTY (30) DAYS WILL BE CHARGED A LATE FEE OF \$25.00 OR 10% OF THE TOTAL LICENSE, WHICHEVER IS GREATER. THE LICENSE HOLDER IS RESPONSIBLE FOR KNOWING THEIR LICENSE EXPIRATION DATE AND RENEWING THEIR LICENSE IN A TIMELY MANNER.

SALE OF TOBACCO AND TOBACCO RELATED PRODUCTS LICENSE APPLICATION

SALE OR DISPENSING OF TOBACCO OR TOBACCO RELATED PRODUCTS BY MEANS OF A VENDING MACHING IS PROHIBITTED UNLESS THE VENDING MACHINE IS LOCATED IN AN AREA WHICH DOES NOT PERMIT UNRESTRICTED ACCESS TO THE VENDING MACHINE BY A MINOR OR CAN BE CONTROLLED BY AN ELECTRONIC DEVICE BY AN EMPLOYEE OF THE BUSINESS.

SALE OF TOBACCO OR TOBACCO RELATED PRODUCTS FOR THIS LICENSE WILL BE THROUGH A VENDING MACHINE: YES NO

IF YES, IS THE VENDING MACHINE LOCATED IN AN AREA RESTRICTED FOR ACCESS BY A MINOR OR CAN IT BE CONTROLLED BY AN ELECTRONIC DEVICE BY AN EMPLOYEE OF THE BUSINESS: YES NO

IF NO, YOU ARE NOT ELIGIBLE FOR A LICENSE FOR THE SALE OF TOBACCO AND TOBACCO RELATED PRODUCTS THROUGH A VENDING MACHINE.

CHECKLIST OF REQUIRED DOCUMENTATION:

- License Application Packet, fully completed.
- Payment .
New Licenses are \$275.00 (\$25.00 investigation fee, \$250.00 annual license fee).
Renewal licenses are \$250.00 (additional fee of \$25.00 if submittal is late or license has lapsed over 30 days).
- Photocopy of Current Minnesota Driver's License, Minnesota State Issued Identification Card or other Government Issued Identification as evidence that applicant is at least eighteen (18) years of age.
- Workers Compensation Form, fully completed (required by State Law).
- SP:C1 Tax Clearance Form, fully completed (required by State Law).

(continued on back side)

(I) do hereby swear that I have submitted all of the required documentation as listed above and that the answers in this application are true and correct to the best of knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with the requirements of the City, as are amended from time to time, and of which is detailed in the pertinent section of the Anoka City Code, which was provided to me with my original license application, and of which I may request additional copies of by contacting the office of the City Clerk.

Signature of Individual: _____ Date: _____



THIS APPLICATION, FEE AND REQUIRED DOCUMENTATION MUST BE FILED AND A LICENSE OBTAINED BEFORE YOU CAN LEGALLY ENGAGE IN BUSINESS IN THE CITY OF ANOKA, MINNESOTA. APPLICATION FEES ARE REFUNDABLE ONLY IF APPLICATION IS WITHDRAWN PRIOR TO APPROVAL. INCOMPLETE APPLICATIONS ARE NOT ACCEPTED.

LICENSE APPLICATION

BUSINESS INFORMATION:

BUSINESS NAME (Individual or Company) _____

STREET NUMBER & NAME _____ CITY _____ STATE _____ ZIP _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ STATE _____ ZIP _____

PHONE NUMBER: (_____) _____ ALTERNATE NUMBER: (_____) _____

BUSINESS OWNERSHIP INFORMATION: *(complete this section only if applicable)*

TYPE OF OWNERSHIP: Individual Partnership Limited Liability Corporation (LLC) Corporation (INC)

LLC OR CORPORATION NAME _____

NAME OF OWNERSHIP, PARTNER(S) OR OFFICERS, TITLE, HOME ADDRESS AND PHONE NUMBER
(attach additional sheets as necessary)

I AM THE OWNER OF THE BUSINESS: Yes No *(if no you must attach written a statement from the business owner that authorizes you to apply for the business license on behalf of the business owner)*

PREMISE/PROPERTY INFORMATION: *(complete this section only if applicable)*

The property at which I am requesting a license for, I Own Rent Lease Other: _____

(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement or a notarized statement from the property owner that you are authorized to operate such business or provide such services on the property)

APPLICANT INFORMATION:

APPLICANT NAME (Full, Middle, Last)

HOME ADDRESS

CITY

STATE

ZIP

PHONE NUMBER: (____) _____ ALTERNATE NUMBER: (____) _____

DRIVER'S LICENSE #: _____ EXPIRATION DATE: _____ STATE OF ISSUANCE: _____

PLEASE ANSWER ALL QUESTIONS TRUTHFULLY AND TO THE BEST OF YOUR KNOWLEDGE.

IF THE APPLICATION IS SUBMITTED ON BEHALF OF A PARTNERSHIP, LLC OR CORPORATION, YOU MUST INCLUDE THE FOLLOWING INFORMATION FOR EACH PARTNER, OFFICER AND DIRECTOR (*attach additional sheets as necessary*)

1. Have you ever been convicted of any misdemeanor or felony violation of local ordinances (with the exception of misdemeanor traffic violations)? Yes No

(if yes, you must provide details of conviction(s); date of offense, date of conviction, location and charge)

2. Have you ever applied for or held a license to conduct a like or similar activity in any other City or State, not including Anoka? Yes No

(if yes, you must provide details; description, date and location)

3. Have you ever been denied a license to conduct a similar or like activity or had such licenses suspended, revoked or canceled in any City/State, including Anoka? Yes No

(if yes, you must provide details; description, date and location)

4. List all names, nicknames and aliases by which you have been known:

5. List two (2) of your previous addresses, immediately prior to your present address:

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

PRINT LEGIBLY 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.

ALL APPLICANTS: I certify that the information provide 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	PRINTED NAME	TITLE	DATE
---------------------	--------------	-------	------

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

I have no employees

I have employees but they are not covered by workers' compensation law.
(See Minn. Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION IF YOU ARE INSURED: 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 # (if applicable)

DBA (doing business as name) (if applicable)

ADDRESS (PO Box must include street address)

CITY

STATE

ZIP

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

COMPLETE THIS PORTION IF SELF-INSURED:

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

NOTE: If your workers' compensation policy is cancelled within the license period, you must notify the agency who issued the license or permit by resubmitting this form.

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of 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 the use of this information:

1. 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.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: **CITY OF ANOKA, MINNESOTA**

DATE

APPLICANT'S SIGNATURE AND TITLE (if any)

PERSONAL INFORMATION: *(COMPLETE PERSONAL INFORMATION ONLY, IF YOU ARE APPLYING AS AN INDIVIDUAL AND/OR DO NOT HOLD A MN TAX IDENTIFICATION OR FEDERAL TAX IDENTIFICATION #)*

Applicant name: _____
Applicant address: _____
Social Security No: _____

BUSINESS INFORMATION: *(COMPLETE BUSINESS INFORMATION ONLY, IF YOU ARE APPLYING AS A BUSINESS)*

Business name: _____
Business address: _____

Minnesota Tax Identification No.: _____
Federal Tax Identification No.: _____

If a Minnesota Tax Identification Number is not required, you must explain on the reverse side.



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

In connection with your request for a license the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understands the contents of this notice.

Date

Signature of Applicant

Print Name

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.

FOR MUNICIPAL USE ONLY

License number, Period covered, Date of issuance

Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):

Over counter, Through vending machine, Both

Licensee's legal name, Business trade name, Complete address of business location, City, State, Zip code, Mailing address, Federal employer ID number, Daytime phone, Other phone number, Fax number, Email address

Business information

Type of legal organization (check one):

Sole proprietor, Partnership, Other, Minnesota corporation, Out-of-state corporation, Are you registered to do business in Minnesota?

Corporate officers or partners (attach a list if necessary)

Name, Title, Address, City, State, Zip code (repeated for multiple officers/partners)

Statement of understanding

As a licensed tobacco products or cigarette retailer, I understand that:

- 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

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.