

CITY OF RAMSEY / 2017
APPLICATION FOR TOBACCO SALES LICENSE

- 1. FULL Legal Name of Business:
2. Nature of Business:
3. Business Address:
4. Business Phone Number(s): Email Address:
5. Applicant:
6. Applicant's Position with Company:
7. If applying for tobacco sales license for machine sales, please list the location of all tobacco vending machines.

- 8. New businesses must show evidence to the City Clerk of meeting Subd. 9 (Educational Requirements) at time of application.
9. The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota and such rules and regulations as the City Council of the City of Ramsey may from time to time prescribe.

Form with checkboxes for license types:
- A license to sell cigarettes and tobacco products via clerk assistance - no identification technology - Fee is \$250.
- A license to sell cigarettes and tobacco products via identification machine assistance. By my signature below, I hereby swear that said establishment has acquired age verification technology to be used by hired personnel and that said equipment is capable of determining the age of customer, and will be used each time cigarette and tobacco products are purchased. Proof of equipment and use (written employee policy) must be provided along with the application for tobacco sales license. Fee is \$150.

10. Please fill out COMPLETELY the attached forms that are required for the Minnesota Department of Revenue and Department of Labor and Industry. Some of this information may be repetitive, but it is required by Minnesota Statute Sections 270.72 and 176.182. Applications will not be accepted until these forms are filled out completely

11. Return this completed application along with the license fee to:

City of Ramsey
7550 Sunwood Dr NW
Ramsey, MN 55303

Phone: 763-427-1410
Fax: 763-433-9898

Make check or money order payable to the "City of Ramsey".

Applicant's Signature: Date:

This license will take effect January 1, 2017 and will expire on December 31, 2017. The license fee must be paid at the time of application.

DO NOT WRITE BELOW THIS LINE - FOR CITY USE ONLY

Received Receipt # Approved

Proof of attending education session attached (new businesses only)

Our Mission: To work together to responsibly grow our community, and to provide quality, cost-effective, and efficient government services

Form SP:CI
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.**

License being applied for or renewed: Tobacco Sales
Licensing Authority: City of Ramsey
(Name of City, County, or State Agency issuing License)
License Renewal Date: January 1, 2017

1. PERSONAL INFORMATION (if applicable):

Applicant's Name: _____
Applicant's Address: _____

City State ZIP

2. BUSINESS INFORMATION (Local store information):

Business Name: _____
Business Address: _____

City State ZIP
Local Store Contact: _____
Name (Owner/Manager) Phone No.

Minnesota Tax Identification No.: _____
(If a MN Tax ID number is not required, please explain on the reverse side)
Federal Tax Identification No.: _____

3. CORPORATION INFORMATION (if applicable)

Corporation Name: _____
Corporation Address: _____

City State ZIP
Corporation Contact: _____
Name Phone No.

Signature Position (Officer, Partner, etc.) Date

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

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 requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. 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 this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

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

- I have no employees covered by the law.
- 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).

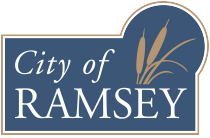
Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: () _____

Signature: _____ Date: _____



CITY OF RAMSEY
TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide 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 are 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.*

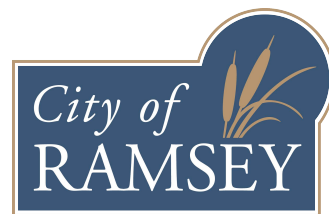
The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name

CITY OF RAMSEY
CITY CLERK'S OFFICE
REQUEST FOR BACKGROUND CHECK INFORMATION



DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Individual Background Check to Include: Criminal History, Drivers License Check, Outstanding Warrants

Please Print

Type of License Applied For: _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Name: _____ Date of Birth: _____
First Middle Last

Phone(*daytime*): _____ Sex: _____ Race: _____

Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information to the City Clerk's Office for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

Signature

Date

FOR OFFICE USE ONLY

Approved Denied

Checks: Criminal History Driver's License Warrants

Comments:

Application Processed by: _____ Date: _____