



# City of South St. Paul Business License Application

City Clerk's Office  
125 3rd Avenue North  
South St. Paul, MN 55075  
(651)554-3229

License Year: \_\_\_\_\_

**TYPE OF LICENSE(S) APPLYING FOR:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please make check payable to: **City of South St. Paul**

**Total Amount Submitted:** \_\_\_\_\_

Business Name:	Business Phone:
Address:	City, State, Zip
Please Check: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other	

Owner of Business or Individual Applying for License:	Phone:
Address:	City, State, Zip
Social Security #: <i>(Required by MN Statutes 270C.72)</i>	Drivers License #: _____ State of Issuance: _____
Minnesota Business Tax ID#:	Federal Business Tax ID#

***Business Manager if different from Applicant:***

Manager's Name:	Home Address:
Phone:	Date of Birth:
Driver's License Number:	State of Issuance:

**PLEASE COMPLETE BACK SIDE OF APPLICATION** 

Receipt #: _____	<b>For office use only:</b>	Account #: _____
Date: _____		

**Certificate 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 Minnesota Statutes, 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, 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 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 Industry.

Insurance Company Name (not the agent)	Policy Number:
Dates of Coverage: _____ to _____	
<b>OR</b>	
<b>REASON FOR EXEMPTION FROM WORKERS' COMPENSATION</b>	
<i>If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.</i>	
I am not required to have workers' compensation liability coverage below:  _____ I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee) _____ I am self-insured for workers' compensation (attached a copy of the authorization to self-insure from the Minnesota Department of Commerce). _____ I have no employees but they are not covered by the workers' compensation law (See Minn. Statutes 176.041 for a list of excluded employees.)	
<i>I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.</i>	

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

Date of Application:

(x) Signature of Applicant

\_\_\_\_\_

\_\_\_\_\_



City Clerk's Office

# City of South St. Paul Applicant Tobacco Program/Training Form

Business Name:	Business Phone:
Address:	City, State, Zip
Applicant Name:	Applicant Address:
<input checked="" type="checkbox"/> I have provided training to all employees on the sale of tobacco-related products, and such training includes information that the sale of tobacco-related products to minors is illegal, what proof of age is legally acceptable, and that a sale to a minor can subject the employer and the employee to criminal and/or civil penalty.	
Date of Application:	Signature of Applicant

## NOTICE

**All applicants must submit along with this form, a copy of the educational materials and written program you provide to employees on the sale of tobacco.**

**PLEASE REMIT TO:**

City Clerk's Office  
125 Third Avenue North South St. Paul, MN 55075  
651-554-3200 Fax #: 651-554-3201

February 22, 2007



# 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.

<b>Print or type</b>	Applicant's Minnesota tax ID number		<input type="checkbox"/> 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			

<b>Business information</b>	<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		

<b>Statement of understanding</b>	<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.				

<b>Sign here</b>	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. Fax: 651-297-1939  
Phone: 651-297-1882. TTY: Call 711 for Minnesota Relay.