

**TOBACCO LICENSE**  
**CITY CODE CHAPTER 118**  
[Forest Lake City Code - Chapter 118: Tobacco Regulations](#)

**TOBACCO LICENSE INFORMATION, CHECKLIST and REQUIRED DOCUMENTATION**

No person shall sell or offer to sell any licensed tobacco products at a retail establishment without first having obtained a license to do so from the city.

Listed below is the documentation required for all tobacco applications. To insure proper processing of tobacco license application(s) it is imperative that all the information requested for each license application is returned to the City. This application requires management structure information and also requires your acknowledgment of training for new and existing employees.

**PLEASE NOTE:** Incomplete applications shall be returned to the applicant with notice of the information required to complete the application.

New tobacco license applications must be received 90 days prior to the desired license activation.

Upon receipt of a completed application, together with the applicable license fee and a completed background investigation, the City Clerk shall forward the application to the City Council for action at a regularly scheduled Council meeting. Once issued, the license is non-transferable.

Please use the checklist below to submit the following documents with your application.

- \_\_\_\_\_ Application
- \_\_\_\_\_ Proof of Workers Comp Ins. Coverage
- \_\_\_\_\_ Certificate of Liability Insurance
- \_\_\_\_\_ Tennessee Warning
- \_\_\_\_\_ License Fees (\$250.00)
- \_\_\_\_\_ Authorization for Background Check(s)
- \_\_\_\_\_ Investigation/Background Fees (\$35.00)
- \_\_\_\_\_ Articles of Incorporation and Management Structure
- \_\_\_\_\_ Department of Revenue CT102 Form



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New or Annual License Fee: \$250.00  
Background Check Fee: \$35.00

NEW \_\_\_\_\_ RENEWAL \_\_\_\_\_

Name of Applicant \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Name of Business (and DBA) \_\_\_\_\_

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

Business Manager Name and Phone Number \_\_\_\_\_

Business Email Address \_\_\_\_\_

Business Structure / Organization Type     Individual     Partnership     Corporation     Other

**PLEASE ATTACH YOUR ARTICLES OF INCORPORATION AND MANAGEMENT STRUCTURE**

List Corporate or Partnership names and addresses of managers, officer, and partners (attach additional pages if necessary).

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residential Address \_\_\_\_\_

Residential Phone(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business \_\_\_\_\_

\_\_\_\_\_

Full Name \_\_\_\_\_ DOB \_\_\_\_\_

Title \_\_\_\_\_ Social Security Number \_\_\_\_\_

Residential Address \_\_\_\_\_

Residential Phone(s) (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business \_\_\_\_\_

\_\_\_\_\_

Has ANY person listed on this application, whether an applicant, owner, manager, or officer ever been convicted of a crime other than a traffic violation? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please give an explanation including time, place, and nature of each crime/offense and disposition thereof. Include a separate sheet if necessary. \_\_\_\_\_

**Tax information is required by the IRS and the MN Department of Revenue on all license applications**

FEDERAL TAX ID # \_\_\_\_\_ STATE TAX ID # \_\_\_\_\_

If you do not have a state or federal tax ID, you must provide your SOCIAL SECURITY # \_\_\_\_\_

**INFORMATION FOR BUSINESS**

Please submit a copy of your Certificate of Liability Insurance form obtained from your insurance company.

Please submit accurate and complete business records showing names and addresses of all individuals having an interest in business including partners, officers, owners, and creditors furnishing credit for establishment acquisition and maintenance and furnishing of said business.

By signing this form I agree that any manager employed in the licensed premises will have all the qualifications of a licensee and that the manager will not violate any city or state laws.

By signing this form I agree to notify the City of Forest Lake of any changes (including insurance coverage) that occur during the year.

I acknowledge that I have read and understand the current City Tobacco code including unannounced compliance checks and required signage (provided by the city).

I also understand that I am responsible for the actions of all employees in regard to the sale of licensed products on the licensed premises and the sale of such items by an employee is considered a sale by the licensee. I further understand that all employees are required to participate in training (*see attached recommended programs*) which includes the following information:

- Information regarding the laws pertaining to the sale of licensed products
- The rules for identification checks
- Responsibilities of establishments selling licensed products
- Verification of age, forms of identification, and forms of false or misleading age identification

**Failure to provide all information may result in an incomplete application and will be returned to applicant.**

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

*Completed by City Staff*

Police Dept. Signature \_\_\_\_\_ Date \_\_\_\_\_

Council Signature \_\_\_\_\_ Date \_\_\_\_\_

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Dear Tobacco License Holder,

Below are the links to some training programs that were reviewed and approved by City Council as a minimum training standard for your employees.

You can use any of these training programs, or if you have one in place that meets the minimum standards in the City Ordinance, you can use what you already have. Training item number one is a simple format, online, and free of charge training program that will generate a certificate for your employees when they have completed the training. Training item number two is also an online format and requires a fee. Training item number three is training guide information provided by Washington County. Please keep in mind that our ordinance restricts sales to anyone under the age of 21.

1. <http://www.ansrmn.org/our-programs/prevention-programs/stop-sales-to-minors/>
2. <https://wecard.learningcart.com/ProductSubCats.aspx?SubCatID=5>
3. <https://www.co.washington.mn.us/591/Tobacco-Alcohol-and-Other-Drugs>

Signage is also being provided to all **NEW** tobacco license holders. This is a standard sign the City is requiring you to use, thus it is being provided to you. If you need additional signs, please call or stop by the front desk at the City Center to pick up more.

If you have any questions, please call the Deputy City Clerk at 651-209-9732.



**Minnesota Government Data Practices Act – Chapter 13**  
**TENNESSEN WARNING**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd.4).

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing and findings of fact
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action
4. Entire record concerning the disciplinary proceeding
5. License numbers
6. License status

**The following data collected, created, or maintained is classified as Private: (13.41, Subd. 2).**

1. The identity of complaints who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. The record of any disciplinary proceeding except as limited by Subd. 4

**The following data collected, created, or maintained is classified as Confidential: (13.41, Subd.3).**

1. Active investigative data relating to the investigation of complaints against any license

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

**I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA**

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Signature of Applicant

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Date

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

Minnesota State Statute Chapter 176, Section 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. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The information will be collected by the licensing agency.

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 and/or is falsely stated, it may result in a \$2,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (NOT the insurance agent): \_\_\_\_\_

Policy Number of Self Insurance Permit Number: \_\_\_\_\_

Effective Dates of Coverage:      From \_\_\_\_\_      To \_\_\_\_\_

**OR**

I am not required to have workers' compensation liability coverage because (Please make an "X" on one line only)

- \_\_\_\_\_ I have no employees
- \_\_\_\_\_ I am self-insured (you must include permit to self-insure)
- \_\_\_\_\_ I have no employees who are covered by workers' compensation law

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.

Applicant Name: \_\_\_\_\_

Licensee Business Name (and DBA): \_\_\_\_\_

City, State, and Zip \_\_\_\_\_

Business Phone(s): \_\_\_\_\_

Business Email: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**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*

<b>Print or Type</b>	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
	<b>Cigarettes/tobacco products will be sold</b> (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

<b>Business Information</b>	<b>Type of legal organization (check one):</b>				
	<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 (attach a list if necessary)</b>				
	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 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 <a href="http://www.revenue.state.mn.us">www.revenue.state.mn.us</a> 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.				

<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, email or fax to:  
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.  
 Fax: 651-556-5236. Email: [cigarette.tobacco@state.mn.us](mailto:cigarette.tobacco@state.mn.us)