DEPARTMENT OF REVENUE

Print or Type

Business Information

Statement of Understanding

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 M	UNICIPAL USE ONLY	
Applicant's Minnesota Tax ID Number	The Minnesota Tax ID must be issued in the same legal name of the licensee below.			License Autho	prity	
			License Number			
Cigarettes/tobacco products will be sold (a separate license is required for each location or vending machine):					Period Covered	
Over Counter Through Vending Machine Both				Date of Issuar	nce	
Licensee's Legal Name					Federal Employer ID Number (FEIN)	
Business Trade Name (doing business as)	Daytime Phone		ne			
Complete Address of Business Location (permit location)		County		Other Phone	Other Phone Number	
City		State	ZIP Code	Fax Number		
Mailing Address (if different than business ad	dress) City	State	ZIP Code	Email Addres	S	
Type of legal organization (check o	ne):					
Sole proprietor Minnesota corporation: Enter date of inco				orporation		
Partnership	Out-of-sta	oration				
Other (describe)	Are you registered to do business in Minnes			iesota?	Yes 🗌 No	
Corporate officers or partners (atta	ach a list if necessary)					
Name		Title				
Address		City		State	ZIP Code	
Name		Title				
Address		City		State	ZIP Code	

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

- 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 www.revenue.state.mn.us 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.

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 form with \$100.00 License Fee to: Beltrami County License Center, 701 Minnesota Ave NW Ste 100, Bemidji, MN 56601

Fax: 218-333-8352 Email: leala.roth@co.beltrami.mn.us

Sign Here

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