Check Type
◯ NEW
◯ RENEWAL

Rev. (05/14)

HENNEPIN COUNTY
APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS
(Must Be Applied For By an Owner, Officer, or Partner)

The annual license fee is $250 per tobacco vendor, and needs to be remitted at the time of application.

APPLICANT (FIRST,FULL MIDDLE AND LAST NAME)	MN TAX ID NUMBER:	
BUSINESS NAME:		
BUSINESS ADDRESS:	ZIP CODE:	BUS. PHONE NUMBER
NAME OF MANAGER:	MANAGER BIRTH DATE:	MGR. HOME PHONE NO:
EMAIL ADDRESS:		

MAILING ADDRESS – ONLY IF DIFFERENT FROM ABOVE			
STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

IF A CORPORATION		
FULL AND ACCURATE CORPORATE NAME:	STATE IN WHICH INCORPORATED:	DATE OF CORPORATION:

LIST ALL NAMES OF OWNERS, PARTNERS OR CORPORATE MEMBERS				
NAME(FIRST, FULL MIDDLE AND LAST)	BIRTHDATE:	TITLE:	RESIDENT PHONE NUMBER:	
RESIDENT ADDRESS:	CITY:		STATE:	ZIP CODE:
NAME(FIRST, FULL MIDDLE AND LAST)	BIRTHDATE:	TITLE:	RESIDENT PHONE NUMBER:	
RESIDENT ADDRESS:	CITY:		STATE:	ZIP CODE:
NAME(FIRST, FULL MIDDLE AND LAST)	BIRTHDATE:	TITLE:	RESIDENT PHONE NUMBER:	
RESIDENT ADDRESS:	CITY:		STATE:	ZIP CODE:

IF MORE SPACE IS REQUIRED, ATTACH SEPARATE SHEET

1. Method by which Tobacco Products are sold (check one):

◯ (a) Over the counter only
◯ (b) Over the counter and by vending machine
◯ (c) Vending machine only

2. If (b) or (c) are checked, indicate the category your business falls under:

(a) On-Sale Alcoholic Beverage Establishment
(b) Off-Sale Liquor Store
(c) Licensed Hotel
(d) Not a Place of Public Accommodation

3. (a). If (d) above was checked, where is the Tobacco product vending machine located in your establishment?

(b). How is the general public or those persons under the age of 18 years of age prevented from entering this area?

4. Have you ever been convicted or cited with a Tobacco Violation? ◯ YES ◯ NO *If YES, please state which County violation occurred.

I hereby certify that I have read and understand every question in this application and that the answer to every question is true to the best of my knowledge and belief. I further understand that the giving of false information in this application constitutes cause for the immediate revocation of any license issued hereunder.

PRINT NAME:	SIGNATURE:	DATED SIGNED:

Questions regarding this form please contact: Judy.Rounsville@hennepin.us, Hennepin County Resident and Real Estate Services Department @ 612-348-5679