



Tobacco, Tobacco  
Products & Tobacco-Related Devices  
License Application

Application Type (select one):     New or Transfer             Renewal

MN Tax ID Number:		Federal Tax ID Number:	
Licensee Legal Name:			
Licensee DBA Name:			
Physical Address:		City:	State: Zip:
Mailing Address:		City:	State: Zip:
Business Phone:	Home Phone:	Email Address:	
Type of business to be licensed (convenience store, bar, grocery store, etc.):			
Number of months per year establishment will be open:		Name of Manager:	
Do your sales include electronic cigarettes (e-cigarettes)? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Do you expect more than 25% of your gross revenue to come from the sale of your regulated products? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Corporate Contact Name:		Corporate Contact Phone #:	
Corporate Mailing Address:			
License Certificate:	Send original to: <input type="checkbox"/> store <input type="checkbox"/> corporate office		
	Send copy to: <input type="checkbox"/> store <input type="checkbox"/> corporate office ( <input type="checkbox"/> mail <input type="checkbox"/> e-mail)		
As a licensed tobacco products or cigarette retailer, I understand that:			
<ol style="list-style-type: none"> <li>1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.</li> <li>2. I must obtain a Tobacco Products Distributor license if I purchase untaxed tobacco products from an out-of-state company.</li> <li>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</li> </ol>			



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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 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 loss of cigarettes and tobacco products.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Applicant's Legal Name (print):	Applicant's Signature:	Date:
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Annual Fee: \$150.00. Make check payable to: Wright County Finance & Taxpayer Services

Return completed application, CT102, workers compensation form and fee to:  
Wright County Finance & Taxpayer Services

Attn: Licensing

10 2<sup>nd</sup> Street NW, Rm 230

Buffalo, MN 55313

<i>FOR WRIGHT COUNTY USE ONLY</i>			
Date received:		Check#:	
Application: <input type="checkbox"/>	CT102: <input type="checkbox"/>	Fee: <input type="checkbox"/>	
Number of compliance check violations in the past five years:			
County Board approval date:			