



License Application: Tobacco

License Types: The sale, exchange or barter of tobacco, tobacco products, or tobacco related devices.

Exclusive Tobacco Dealer: At least 90% of gross revenue must come from the sale of tobacco products, loose tobacco, plants or herbs, cigars, cigarettes, and smoking accessories. All flavors of tobacco products may be sold.

Tobacco Dealer: A tobacco department/section of an individual business establishment. Only non-flavored tobacco products may be sold.

Tobacco Dealer/Off Sale Liquor Store: Only non-flavored or menthol tobacco products may be sold.

Definitions:

Tobacco: Cigarettes, cigars, other smoking tobacco, snuff, chewing tobacco, or any other form of tobacco for chewing or smoking.

Tobacco-Related Devices: Any tobacco product, including pipes, rolling papers, hookahs, etc., for chewing, sniffing or smoking of tobacco.

If you are adding a Tobacco Dealer license to another license (Gas Station, Grocery Store, Restaurant, for example), you are only required to complete the [Tobacco - Add A License Application](#).

If you have questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

1. Application Requirements

- Complete the application and include all the requirements listed below. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office.
- There is a **fee**, plus a new license processing charge, for this application. You can pay by
 - Cash:** Drop off your application at our office.
 - Check:** Mail or drop off your application at our office.
 - Credit Card:** Mail, drop off or email your application to businesslicenses@minneapolismn.gov. Do not add your credit card information on this application. We will call you to securely charge your credit card.
- Tobacco Business Plan (Form #1)
- Surveillance Cameras:** Confectionary Stores, Gas Stations, Grocery Stores, Off-Sale Liquor Stores, and Tobacco Dealers are required to have a surveillance camera operating in your stores during business hours.

2. Additional Licenses

Would you like to apply for another license?

- Check all that apply and attach the documents listed. You do not have to attach duplicate copies.
- You do not need to complete any additional applications or pay an additional new license processing fee. You will be charged a **fee** for each additional license. If you have any questions, send an email to businesslicenses@minneapolismn.gov or call 612-673-2080.

- Confectionery/Convenience Store:** The sale of ready-to-eat, single-serving, pre-packaged snack items and beverages. Attach the following:
- 8.5" x 11" scaled [Floor Plan](#)
 - A copy of your Minnesota Department of Health [Certified Food Protection Manager](#) certificate
 - A copy of the menu and/or list of food items for sale.
 - Attach a [Data Privacy Advisory](#). This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
- Food Plan Requirement:** Are you doing any of the following:
- Starting a food business at a location that NEVER had a license for food business
 - Adding or replacing equipment that requires gas, plumbing or mechanical connections
 - Adding or replacing ventless cooking equipment or a ventless hood
- If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. ***This is a separate review and we cannot approve your license until it is completed.***
- Permits are required for any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
- Grocery Store:** The sale of food and food accessories. Attach the following:
- 8.5" x 11" scaled [Floor Plan](#)
 - A copy of your Minnesota Department of Health [Certified Food Protection Manager](#) certificate
 - A copy of the menu and/or list of food items for sale
 - Attach a [Data Privacy Advisory](#): This is required for the applicant and each owner and/or partner. Include a copy of your driver's license and background report. This report must be dated **within 30 days** of receipt of this application and is available from the [State of Minnesota](#) Bureau of Criminal Apprehension at 1430 Maryland Ave E. St. Paul, MN 55106 or at 651-793-2400. Here is a list of all [state telephone numbers](#). No one can have a conviction in the last five (5) years **related to** operating a food business. This also can include food subsidy program or controlled substances violation.
- Food Plan Requirement:** Are you doing any of the following:
- Starting a food business at a location that NEVER had a license for food business
 - Adding or replacing equipment that requires gas, plumbing or mechanical connections
 - Adding or replacing ventless cooking equipment or a ventless hood
- If you checked any of the boxes above, you MUST complete and email a [Food Plan Review Form](#) to development@minneapolismn.gov. There is a [fee](#) for this review. ***This is a separate review and we cannot approve your license until it is completed.***
- Permits are required for any equipment changes or work requiring gas, plumbing or mechanical connections. If you have questions, call 612-673-3000 or email development@minneapolismn.gov.
- Vending Machines**
- Attach a list with the type of food/items in each machine.

3. Applicant Information

Legal Company Name	Business Name/DBA		
Name (Last, First, MI)	<input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> On Site Manager		
Business Address	City	State	Zip Code
Mailing Address (if different than business address)	City	State	Zip Code
E-mail Address	Cell Phone Number	Business Telephone Number	
Minnesota Sales Tax ID Number (Required)	Social Security Number or Individual Tax ID (ITIN) (Required)		
Type of Ownership: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit	Date of Incorporation	State of Incorporation	
Is this business publicly traded? <input type="checkbox"/> Yes <input type="checkbox"/> No	Proposed Opening Date:		

4. Business Information

License(s) Requested:	
<input type="checkbox"/> Starting a new business in a new building. (New Business)	<input type="checkbox"/> Adding a new license to an existing business. (New License)
<input type="checkbox"/> Starting a new business in an existing building. (New Business) Name of Previous Tenant: _____	<input type="checkbox"/> Taking over an existing business. (New Owner) Name of existing business: _____
<input type="checkbox"/> Changing Equipment.	<input type="checkbox"/> Remodeling Only.

5. Owners

List all owners and partners. Ownership must add up to 100%. Attach additional sheets if necessary.			
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	
Full Name: Last, First, Middle			Telephone
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

Full Name: Last, First, Middle		Telephone	
Home Address	City	State	Zip
Title	Date of Birth	Ownership %	

6. Company Operations

Days and Hours of Operation:	Gross Square Footage for Business Use:
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Give us a description of the services and products at your business.

You may not have any live entertainment. You may have radio, television, or electronically reproduced music. Music/noise cannot be amplified. Describe your entertainment:

List any licenses you currently have or previously held in Minneapolis (business or individual).

Have you ever had a business license denied or revoked by any government entity? Yes No
 If Yes, Indicate the Date of Denial/Revocation, Government Agency, and Reason for Denial or Revocation.

Are you planning or have you completed any construction or remodeling? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Contractor or Building Manager
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Explain the scope of the remodeling or construction.

7. Workers Compensation

Workers' Compensation Company	Policy Number	Dates of Coverage
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-----Or-----

I certify that I am not required to carry workers compensation insurance because I am self-insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers compensation law. Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

8. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. MN Statute 270C.72 requires your Minnesota Tax ID Number and either a Social Security Number or Individual Tax ID Number. These may be given to the Minnesota Commissioner of Revenue if requested. After we approve your license, all information except your Social Security Number is public (MN Statutes, Chapter 13).

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension or revocation of my business license.

By typing your name, you are electronically signing this application.

Signature of Applicant _____ Title _____ Date _____

9. Additional Information

1. No license will be issued for longer than one year.
2. You cannot transfer your license to any other person or location.
3. For reasonable accommodations or alternative formats, please call us at 612-673-2080 or send an email to businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service by calling 311 at 612-673-3000.
4. Information in other languages: Para asistencia 612-673-2700. Rau kev pab 612-673-2800. Hadii aad Caawimaad u baahantahay 612-673-3500.



City of Minneapolis
Licenses and Consumer Services
505 Fourth Ave. S., Room 220
Minneapolis, MN 55415
Telephone: 612-673-2080

For Office Use Only
Expiration: April 1
BLGeneral/Tobacco
MCO: 281
Adm Issuance: Yes

Tobacco Business Plan

I. Applicant Information

Legal Company Name	Business Name/DBA		
Business Address	City	State	Zip Code

Type of License Requested:

- Exclusive Tobacco Dealer:** At least 90% of gross revenue must come from the sale of tobacco products, loose tobacco, plants or herbs, cigars, cigarettes, and smoking accessories. All flavors of tobacco products may be sold.
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II. Business Information

1. Products: Check which tobacco products and devices are available for sale.

<input type="checkbox"/> Cigarettes	<input type="checkbox"/> Flavored Tobacco	<input type="checkbox"/> Pipes	<input type="checkbox"/> Sampling Tobacco Products
<input type="checkbox"/> Cigars	<input type="checkbox"/> Herbal Smoking Products	<input type="checkbox"/> Rolling Papers	<input type="checkbox"/> Other:
<input type="checkbox"/> E-Cigarettes	<input type="checkbox"/> Hookahs	<input type="checkbox"/> Shisha	<input type="checkbox"/> Other:

2. Sales: Tell us how tobacco products will be sold. This should include over the counter sales, vending machines, self-service without the assistance of an employee, etc.

3. Exclusive Tobacco Dealers Only:

How are persons under the age of 21 years prevented from entering your business?

The Minneapolis Code of Ordinances (281.50) allows restricted sampling of some tobacco products. Tell use the method and type of sampling at your business.

III. Acknowledgement and Agreement

I, (print name) _____, a corporate officer, partner or owner, acknowledge and agree to the following:

- No sale of single cigarettes; Sales only by the package or in multiples to which a stamp has been affixed.
- No sale, or offer for sale, of cigars in original packages containing three or less cigars for less than \$2.60 per cigar or packages of four cigars for less than \$10.40 per package after all discounts, promotions, buy-one-get-one-free specials, etc.
- Certified Training Program: I have will implement an annual training program for employees about state and federal laws related to the sale of tobacco products.
- This Business Plan is true and correct; and
- Any material change in the business plan must be submitted to an approved by the Division of Licenses and Consumer Services
- Violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.

A signature is required.

- I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

Signature _____ Title _____ Date _____