

License Application: Tobacco – Add a New License

Use this application if you want to add a Tobacco Dealer’s license to your business licensed in Minneapolis. This can include a gas station, grocery store, or restaurant, for example. You must have the same ownership and address. Use the [Tobacco Application](#) if you are applying only for a Tobacco Dealers license, do not have a Minneapolis license, or have different ownership/address.

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

| 1. Application Requirements |
|---|
| 1. Complete the attached application and business plan. Incomplete applications may be returned. You may send your application by email (businesslicenses@minneapolismn.gov), US mail, or drop it off at our office. |
| 2. There is a fee , plus a new license processing charge, for this application. You can pay by <input type="checkbox"/> Cash: Drop off your application at our office. <input type="checkbox"/> Check: Mail or drop off your application at our office. <input type="checkbox"/> 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. |
| 3. <input type="checkbox"/> Tobacco Business Plan (Form #1) |
| 4. 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. Applicant Information

| | | | |
|--|---|-------------------|----------|
| Legal Company Name | Business Name/DBA | | |
| Name (Last, First, MI) | <input type="checkbox"/> Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner <input type="checkbox"/> Manager <input type="checkbox"/> _____ | | |
| Business Address | City | State | Zip Code |
| Mailing Address (if different than business address) | City | State | Zip Code |
| E-mail Address | Business Telephone Number | Cell Phone Number | |
| Minnesota Sales Tax ID Number (Required) | Social Security Number or Individual Tax ID(ITIN) (Required) | | |
| Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Non-Profit | | | |

3. Business Information

| | |
|--|---|
| <input type="checkbox"/> Adding a new license to an existing business (New License) | <input type="checkbox"/> Changing or Adding Equipment |
| <input type="checkbox"/> Remodeling <input type="checkbox"/> Upgrading/downgrading a current license | <input type="checkbox"/> Other: _____ |
| License Requested: | |

4. Company Operations

| | |
|--|--|
| Gross Square Footage for Business Use: | |
| Days and Hours of Operation: | |
| Give us a brief description of your business. | |
| 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 |
| Does this include adding/changing equipment that requires a gas or plumbing connection? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Explain the scope of the remodeling or construction. | |

5. Entertainment

| |
|---|
| A. Entertainment: Check all categories of entertainment you are planning to provide at your business. |
| <input type="checkbox"/> No Live Entertainment: Radio, television, electronically reproduced music, and jukebox. |
| <input type="checkbox"/> Limited Entertainment: Literary readings, storytelling, live solo comedians, karaoke, amplified or nonamplified music by a disc jockey or any number of musicians, and group singing by patrons of the establishment. No patron dancing. |
| <input type="checkbox"/> General Entertainment: All forms of entertainment described above and patron dancing. |
| <input type="checkbox"/> Adult Entertainment: This includes persons who are unclothed or dressed in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). |
| B. Describe all the entertainment you are planning to provide: |

6. 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 given 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 _____

7. 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 us an email at businesslicenses@minneapolismn.gov. Individuals who are deaf or hard of hearing can use a relay service to call 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 _____