

### TOBACCO LICENSE INFORMATION, CHECKLIST and REQUIRED DOCUMENTATION

No person shall sell or offer to sell any licensed tobacco products at a retail establishment without first having obtained a license to do so from the city.

Listed below is the documentation required for new and renewal applications. The category corresponding to your request is highlighted. To insure proper processing of tobacco license application(s) it is imperative that all the information requested for each license application is returned to the City. This application requires management structure information and also requires your acknowledgement of training for new and existing employees.

**PLEASE NOTE:** Incomplete applications shall be returned to the applicant with notice of the information required to complete the application.

New tobacco license applications must be received 90 days prior to the desired license activation.

Upon receipt of a completed application, together with the applicable license fee and a completed background investigation, the Deputy City Clerk shall forward the application to the City Council for action at a regularly scheduled Council meeting. Once issued, the license is non-transferable.

#### New Tobacco License

\_\_\_\_\_ Application

\_\_\_\_\_ Proof of Workers Comp Ins. Coverage

\_\_\_\_\_ Certificate of Liability Insurance

\_\_\_\_\_ Data Practices – Tennesen Warning

\_\_\_\_\_ License Fees (\$250.00)

\_\_\_\_\_ Authorizaiton for Background Check(s)

\_\_\_\_\_ Investigation Fees (\$25.00)

\_\_\_\_\_ Articles of Incorporation and Management Structure

#### Renewal Tobacco License

\_\_\_\_\_ Application

\_\_\_\_\_ Proof of Workers Comp Inc. Coverage

\_\_\_\_\_ Certificate of Liability Insurance

\_\_\_\_\_ Data Practices – Tennesen Warning

\_\_\_\_\_ License Fees (\$250.00)

\_\_\_\_\_ Changes to Management Structure



**TOBACCO LICENSE APPLICATION**  
**CITY CODE CHAPTER 118.01**

TYPE OF LICENSE: \_\_\_\_\_ NEW or \_\_\_\_\_ RENEWAL

APPLICANT INFORMATION

Applicant FULL Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Applicant Residential Address: \_\_\_\_\_

Applicant Residential Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Social Security Number: \_\_\_\_\_

BUSINESS INFORMATION

Type of Applicant: \_\_\_\_\_ Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Other

***Please attach Articles of Incorporation as well as your management structure***

Licensee & DBA Name(s): \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

State Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

List of all persons or entities with either a direct or indirect interest in the applicant or the applicant’s business to be conducted under the license for which this application is made and describe their interest in detail. (Attach additional sheets if necessary)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Residential Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Residential Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Residential Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Title : \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Residential Phone(s): (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_

Interest in Business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has ANY person listed on this application, whether an Applicant, Owner, Manager, or Officer of the business been convicted of a felony? If yes, list the offense, date and county/state of the conviction: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The licensee has submitted the following in conjunction with a new or renewal tobacco license application:

- \_\_\_\_\_ City of Forest Lake Application Form
- \_\_\_\_\_ Proof of Workers Comp Insurance Coverage
- \_\_\_\_\_ Certificate of Liability Insurance
- \_\_\_\_\_ Data Practices – Tennesen Warning Form
- \_\_\_\_\_ License and Background Check Fees
- \_\_\_\_\_ Authorization for Background Check(s) [new applicants only]
- \_\_\_\_\_ Articles of Incorporation and Management Structure

By signing this form I agree that any manager employed in the licensed premises will have all the qualifications of a licensee and that the manager will not violate any city or state laws.

By signing this form I agree to notify the City of Forest Lake of any changes (including insurance coverage) that occur during the year.

I acknowledge that I have read and understand the current City Tobacco code including unannounced compliance checks and required signage (provided by the city).

I also understand that I am responsible for the actions of all employees in regard to the sale of licensed products on the licensed premises and the sale of such items by an employee is considered a sale by the licensee. I further understand that all employees are required to participate in training (***see attached recommended programs***) which includes the following information:

- Information regarding the laws pertaining to the sale of licensed products
- The rules for identification checks
- Responsibilities of establishments selling licensed products
- Verification of age, forms of identification, and forms of false or misleading age identification

\_\_\_\_\_  
Applicant Signature – certifies all information to be true and correct Date

\_\_\_\_\_  
Police Department Approval Date

\_\_\_\_\_  
City Council Approval Date

Additional Comments: \_\_\_\_\_



Minnesota Government Data Practices Act – Chapter 13  
“Tennessee Warning”

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created, or maintained is classified as **Private**: (13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 4.

The following data collected, created, or maintained is classified as **Confidential**: (13.41, Subd. 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Forest Lake may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



Dear Tobacco License Holder,

Below are the links to some training programs that were reviewed and approved by City Council as a minimum training standard for your employees.

You can use any of these training programs, or if you already have one in place that meets the minimum standards in the new ordinance (see attached), you can use what you already have. Training item number 1 is a simple format, online and free of charge training program that will generate a certificate for your employees when they have completed the training. Training item number 2 is also an online format and requires a fee. Training item number 3 is a training guide provided by Washington County, however, please keep in mind that our ordinance restricts sales to anyone under the age of 21.

1. <http://www.ansrmn.org/our-programs/prevention-programs/stop-sales-to-minors/>
2. <https://wecard.learningcart.com/ProductSubCats.aspx?SubCatID=5>
3. <https://www.co.washington.mn.us/DocumentCenter/View/702/Vendor-Training-Manual-?bidId=>

Signage is also being provided to all tobacco license holders. This is a standard sign that the City is requiring you to use, thus it is being provided to you. If you need additional signs, please call or stop by the front desk at the City Center to pick up more.

If you have any questions, please call the Deputy City Clerk at 651-209-9732.