

STATE OF MINNESOTA )  
 ) §  
COUNTY OF BIG STONE )

FOR OFFICE USE ONLY	
Check #	_____
Receipt #	_____
Date Received	_____
Date Approved	_____

## Application for License to Sell Tobacco, Tobacco Related Devices, Electronic Delivery Devices or Nicotine or Lobelia Delivery Products

TYPE OF APPLICATION: <input type="checkbox"/> Renewal <input type="checkbox"/> New	LICENSE YEAR: _____
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Business Name: _____	Applicant Name: _____
Business Address: _____ _____	Home Address: _____ _____
Business Phone: _____	Home Phone: _____
MN Tax ID No.: _____	Email Address: _____

### STATEMENT OF UNDERSTANDING

As a licensed tobacco products or cigarette retailer, I understand that:

- I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
- I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
- I may not sell cigarettes affixed with Minnesota Native American stamps.
- I may not purchase from or exchange cigarettes or tobacco products with another retailer.
- 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 the purchase.
- 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.
- I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Annual Licensing Fee: \$150.00