



Tobacco, Tobacco Products  
& Tobacco-Related Devices  
License Application

Application Type (select one):     New                       Renewal

MN Tax ID Number:		Federal Tax ID Number:		
Applicant's Full Name:				
Business Legal Name:				
Business DBA Name:				
Business Address:		City:	State:	Zip Code:
Business Mailing Address:		City:	State:	Zip Code:
Residential Address:		City:	State:	Zip Code:
Business Phone:	Residential 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:	
New licensees - State the percentage of estimated gross revenue to be derived from the sale of tobacco and tobacco related products: _____%				
Renewal licensees - State the actual percentage of gross revenue from the sale of tobacco and tobacco related products: _____%				
<p>As a licensed tobacco products or cigarette retailer, I understand that:</p> <ol style="list-style-type: none"> <li>1. I can purchase cigarettes only from a Minnesota distributor or sub jobber 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</li> </ol>				



agreement with 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 and/or civil penalties, including fines or loss of cigarettes and tobacco products
8. I have reviewed and understand the requirements set forth in the Wright County Tobacco Ordinance and affirm that my application meets those requirements.

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 Full Name (print):	Applicant's Signature:	Date:
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Annual Fee: \$200.00. 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  
 3650 Braddock Ave NE, Suite 1400  
 Buffalo, MN 55313

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