CITY OF RAMSEY
2025 APPLICATION FOR TOBACCO SALES LICENSE

License application review and approval process may take up to ***15 business days***. Business licenses are issued upon approval by City Council. Incomplete applications *will not* be accepted. Refer to City Code Chapter 26 Article XVI for ordinance details. Tax ID required per MN Statute 270C.72. License is valid through December 31st and renewed annually.

Enclose with this completed application

- License fee of $250 + Background check fee $35 (per person) *(3% transaction fee applied to all credit card payments)*
  - $100 Discount with proof of ID technology equipment
- Completed and signed Request for Background Check Information form
- Color copy of driver's license or government-issued ID
- Certificate of workers' compensation insurance or certificate of compliance
- Completed MN DOR REV185b form from MN Department of Revenue
- Completed CT102 form from MN Department of Revenue (*new establishments)*
- Attach photo/proof of ID Technology (if applicable)
- Evidence of company employee training program City Code Ch 26, Article XVI, Div 2, Subd. 9 (*new establishments)*

1) Full Name of Business: _____

If business is conducted under a designation or assumed name, attach a certified copy of the certificate as required by MN Stat. § 333.01 and §333.02.

2) Business Type: ☐ Individual ☐ Corporation ☐ Partnership ☐ Other _____

3) Address of the Business to be licensed: _____

4) Business Phone Number: _____

5) Business Email Address: _____

6) Minnesota Tax Identification #: _____

7) Federal Tax Identification #: _____

8) Applicant's Full Name: _____
Last First Middle

9) Applicant's Date of Birth: _____ (must be 21 yrs or older)

10) Applicant's Phone Number: _____

11) Applicant's Email Address: _____

12) Applicant is: ☐ Owner ☐ Manager ☐ Other:_____

13) If applying for tobacco sales license for machine sales, please list the location of all tobacco vending machines: _____

_____

_____

14) Has applicant had a license to sell tobacco, tobacco products, or tobacco-related devices *revoked* within the preceding 12 months of the date of application? ☐ Yes ☐ No

If yes, please explain: _____

_____

_____

15) Has applicant been convicted, within the past five (5) years, of any violation of a federal, state, or local law, ordinance provision, or other regulation relating to tobacco or tobacco products, or tobacco-related devices? ☐ Yes ☐ No

If yes, please explain: _____

The undersigned applicant makes this application pursuant to all the laws of the City of Ramsey, Anoka County, State of Minnesota and such rules and regulations as the City Council of the City of Ramsey may from time to time prescribe. I, the undersigned, being a duly authorized representative of the business listed above, hereby apply to the City of Ramsey for the following (check one):

☐ A license to sell cigarettes and tobacco products via clerk assistance – no identification technology - **Fee is $250**

☐ A license to sell cigarettes and tobacco products via identification machine assistance. By my signature below, I hereby swear that said establishment has acquired age verification technology to be used by hired personnel and that said equipment is capable of determining the age of customer, and will be used each time cigarette and tobacco products are purchased. **Fee is $150***

**Proof of equipment and use (written employee policy) must be provided along with the application for tobacco sales license.*

Applicant's Signature: _____ Date: _____

This license will expire on December 31, 2025

Return completed application and requested information along with the fee to:

City of Ramsey
Attn: Business Licenses
7550 Sunwood Drive NW
Ramsey, MN 55303

Make check or money order payable to "City of Ramsey". VISA, MasterCard, Discover accepted.

DATA PRACTICES ADVISORY: *The data supplied in this application will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record.*

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law. Licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a $1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

1. **Insurance Company Name:** _____
   (NOT the insurance agent)

   Policy Number: _____

   Dates of Coverage: _____

OR

2. **I am not required to have workers' compensation liability coverage because:**

☐ I have no employees covered by the law.

☐ I am self-insured (include permit to self-insure)

☐ I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children, and certain farm employees).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: _____

Signature: _____ Date: _____

CITY OF RAMSEY
TENNESSEN WARNING

The City of Ramsey has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Ramsey.

2. You are not legally obligated to supply the requested information.

3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.

4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.

5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03, or subject to such other exceptions as are provided by law. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.

6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.

7. The City may be required to furnish some of this information to the Minnesota Department of Revenue or other governmental agencies.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

_____ _____

Date Signature

_____

Print Name

CITY OF RAMSEY

REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Please print legibly – All Fields MUST Be Completed *(Enter "N/A" if not applicable)*

Type of License Applied For:

☐ *Peddler/Solicitor* ☐ *Transient Merchant* ☐ *Massage* ☐ *Tobacco* ☐ *Liquor* ☐ *Other:* _____

Business Name: _____

Business Address: _____

Applicant Information:

Driver's license, State ID, or Military ID Number (a*ttach color copy*): _____

Full Name: _____ Date of Birth: _____
First Middle Last

Phone (*daytime*): _____ Sex: _____ Race: _____

Local Address: _____
Street City State Zip Code

Other Names Used (*in past 5 years*): _____

Other Addresses (*in past 5 years*): _____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

_____ _____
Applicant Signature *Date*

FOR OFFICE USE ONLY

Checks: □ MN Criminal History □ Local Police Records

Comments: _____

Background Check Processed by: _____ Date: _____

Revision 01/25

DEPARTMENT OF REVENUE

Form REV185b, Authorization to Release Business Tax Information

Read instructions before completing this form.

Business Taxpayer Information

Business Taxpayer Name			Minnesota or Federal Employer Identification Number (FEIN)
Street Address or PO Box			Phone Number / Fax Number
Apt. or Suite			**For combined business returns:** Filing entity name *(if different)*
City	State	ZIP Code	Filing entity FEIN/TIN

Recipient

Name of Person to Receive Return Information			Attorney Number, Accountant Number, or PTIN
City of Ramsey			
Street Address or PO Box			Phone Number
7550 Sunwood Dr NW			763-427-1410
Apt. or Suite			Fax Number
City	State	ZIP Code	Email Address
Ramsey	MN	55303	wschlueter@cityoframsey.com

Type of Information

The person above is authorized to receive and inspect nonpublic data about the business for the following:

Type of Tax *(Such as Business Income, Sales, Withholding)* **or Debt Issue**	**Tax Form Name or Number** *(If applicable)*	**Extended Expiration Date**
Sales tax and debt liabilities		/ /
		/ /
		/ /

Signature

This authorization is not valid until it is signed and dated by someone with legal authority to sign agreements on behalf of the business taxpayer.
I certify that I have the legal authority to sign this form.

Signature	Date	Address, If Different from Taxpayer		
	/ /			
Print Name and Title	Phone Number	City	State	ZIP Code

Send a signed copy of this form to the department:
Mail: Minnesota Department of Revenue, Mail Station 7703, 600 Robert Street North, St. Paul, MN 55146
Fax: 651-556-5210
Email: MNDOR.POA@state.mn.us

Form REV185b Instructions

Purpose of This Form

By signing this form, you authorize the Minnesota Department of Revenue to release nonpublic data to the person above.

An authorized recipient may inspect or receive nonpublic data, but may not act on your behalf. To grant additional authority, complete Form REV184b, *Business Power of Attorney*.

Individuals

To authorize the department to release private data about an individual, complete Form REV185i, *Authorization to Release Individual Tax Information*.

Your Signature

Owners or officers: Sign, date, print your name and title, and enter your contact information.

We reserve the right to request additional information as needed.

Expiration

This authorization expires once the data is released. To extend the amount of time this authorization is valid for, indicate when you want it to expire in the Tax Type or Issue section of this form.

Questions?

Website: www.revenue.state.mn.us
Email: MNDOR.POA@state.mn.us
Phone: 651-556-3003 or 1-800-657-3909

DEPARTMENT OF REVENUE

CT102

License Application to Make Retail Sales of Cigarette and Other Tobacco Products

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

Print or Type

Applicant's Minnesota Tax ID Number

The Minnesota Tax ID must be issued in the same legal name of the licensee below.

License Authority: City of Ramsey
License Number
Period Covered
Date of Issuance

Cigarettes/tobacco products will be sold *(a separate license is required for each location or vending machine)*:

☐ Over Counter ☐ Through Vending Machine ☐ Both

Licensee's Legal Name | Federal Employer ID Number (FEIN)

Business Trade Name (doing business as) | Daytime Phone

Complete Address of Business Location *(permit location)* | County | Other Phone Number

City | State | ZIP Code | Fax Number

Mailing Address *(if different than business address)* | City: Ramsey | State | ZIP Code | Email Address

Business Information

Type of legal organization *(check one)*:

☐ Sole proprietor
☐ Partnership
☐ Other *(describe)* _____
☐ Minnesota corporation: Enter date of incorporation _____
☐ Out-of-state corporation: State of incorporation _____
Are you registered to do business in Minnesota? ☐ Yes ☐ No

Corporate officers or partners *(attach a list if necessary)*

Name | Title

Address | City | State | ZIP Code

Name | Title

Address | City | State | ZIP Code

Statement of Understanding

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

1. I can purchase cigarettes and tobacco from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue. The Cigarette and Tobacco Distributor List is on our website. Go to www.revenue.state.mn.us and type Distributor List in the Search box.
2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.
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 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 the 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 penalties, including the loss of cigarettes and tobacco products.

Sign Here

Licensee Signature | Title | Print Name | Date | Daytime Phone

Licensing Agent's Signature | Title | Print Name | Date | Daytime Phone

License applicant: Submit this form to the licensing authority along with the license application.
Licensing authority: Mail, email or fax to:
Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.
Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

(Rev. 7/19)