

# BECKER COUNTY TOBACCO LICENSE APPLICATION

Applicant Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

Minnesota Tax ID: \_\_\_\_\_ Business opening date: \_\_\_\_\_

Form of Business (check one):

Sole Proprietor \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

1. Are tobacco sales 90 per cent or more of your gross sales?

Yes \_\_\_\_\_ No \_\_\_\_\_

2. Have you been convicted within the past five years for any violation of a federal, state or local law, ordinance provision or other regulation relating to tobacco or tobacco products?

Yes \_\_\_\_\_ No \_\_\_\_\_

3. Have you ever had a license to sell tobacco or tobacco products revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please state the reason for revocation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Do you presently sell tobacco by the use of vending machine?

Yes \_\_\_\_\_ No \_\_\_\_\_

5. Do you allow minors in your establishment at anytime?

Yes \_\_\_\_\_ No \_\_\_\_\_

6. Are property taxes current? Yes \_\_\_\_\_ No \_\_\_\_\_

Legal description and location of Business Property (Section, Township, Range, etc):

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

My Wholesaler for tobacco is \_\_\_\_\_

**This License is non-transferable.**

I understand I am subject to unannounced compliance checks by the Becker County Sheriff.

I have received and reviewed a copy of the ordinance.

I certify that all the information provided above is true and correct and agree to comply with the provisions of the ordinance.

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