

# CITY OF FARMINGTON LICENSE PROCESS

## Tobacco License

A tobacco license is required to regulate the sale of all tobacco products. Please review Title 3 Chapter 7 of the city code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a tobacco license:

1. Application forms and fees should be submitted to the city of Farmington at least two weeks prior to a City Council meeting.
2. A background check will be performed by the Farmington Police Department.
3. Approval is required by the City Council. Council meetings are held the first and third Mondays of every month.
4. Upon City Council approval, a license is issued. The entire application process takes approximately two weeks.
5. Fees: \$200/year

If you have questions, please contact:

Shirley Buecksler, City Clerk  
City of Farmington  
430 Third Street  
Farmington, MN 55024  
651-280-6803  
[SBuecksler@FarmingtonMN.gov](mailto:SBuecksler@FarmingtonMN.gov)



## Checklist for Tobacco License

**Business Name:** \_\_\_\_\_

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

<b><u>Required Documents</u></b>	<b><u>Applicant Initials</u></b>	<b><u>City Staff Initials</u></b>
1. Tobacco License Application (Form TLIC2009)	_____	_____
2. State form CT102	_____	_____
2. All applicable Fees (See fee schedule below)	_____	_____
3. Copy of City Tobacco Sales Regulations	_____	_____ <u>N/A</u>

### **License Fees**

Cigarette / Tobacco Sales (New or Renewal)	\$200
Reinstatement after Revocation	\$150 (plus Administrative Time per fee schedule)



**Application for Tobacco License**  
(Form TLIC2009)

**APPLICANT INFORMATION**

Applicant Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(First) (Middle) (Last)

Applicant Address: \_\_\_\_\_  
(Street) (City, State, ZIP)

Applicant Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City, State, ZIP)

Business Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Business Type: Proprietorship \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Type of Cigarette Sales: Vending Machine \_\_\_\_\_ Display / Counter \_\_\_\_\_

**I hereby certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any misstatements or omissions of material facts may result in the disqualification or denial of the license. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application.**

Name of Applicant (please print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

**APPROVALS**

Department	Signature	Date	Comments
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Police	_____	_____	_____
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City Clerk/Deputy Clerk	_____	_____	_____
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**CITY OF FARMINGTON  
GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the city of Farmington is requesting your authorization and consent to permit the city to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
Number Street City County State Zip Code

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? \_\_\_\_\_ If yes, please state place and nature of offense: \_\_\_\_\_  
\_\_\_\_\_

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "city") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the city to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the city from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the city will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the city of that intent.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full Name Printed)

Please return to:  
City of Farmington  
Shirley Buecksler, City Clerk  
430 Third Street  
Farmington, MN 55024

## CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the city of Farmington (“the city”). Private data is that information held by the city which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the city may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the city’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The city attorney and support staff of the city attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

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Applicant

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Date

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.

Applicant's Minnesota tax ID number

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

For Municipal Use Only

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

Table with 3 columns: Licensee's legal name, Business trade name, Complete address, City, Mailing address, Federal employer ID number (FEIN), Daytime phone, Other phone number, Fax number, Email address.

Type of legal organization (check one):

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

Corporate officers or partners (attach a list if necessary)

Table with 4 columns: Name, Title, Address, City, State, Zip code. Two rows for listing officers or partners.

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

- 1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.
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.

Table with 5 columns: Licensee signature, Title, Print Name, Date, Daytime phone. Two rows for signatures.

License applicant: Submit this form to the licensing authority along with the license application.

Licensing authority: Mail or fax a copy of approved form to:

Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331. Fax 651-297-1939 Phone: 651-297-1882. TTY: Call 711 for MN Relay.