

## Electronic Delivery Device

*The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.*

### Contact Person Information

Legal Name First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Company Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Mailing Address (where future correspondence should be sent):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**Business Information:**    Corporation    Limited Liability Company    Partnership    Other \_\_\_\_\_

Name of Company \_\_\_\_\_

Business Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Website \_\_\_\_\_

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

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

Applicant/Licensee Signature \_\_\_\_\_

Title (if signing on behalf of an organization) \_\_\_\_\_ Date \_\_\_\_\_

\*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at [ariedel@alexandriamn.city](mailto:ariedel@alexandriamn.city). On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

**\*Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

### (FOR OFFICE USE ONLY)

Date Received \_\_\_\_\_

Date of City Council Approval \_\_\_\_\_

License # \_\_\_\_\_

Date Submitted To State \_\_\_\_\_

**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*

<b>Print or Type</b>	Applicant's Minnesota Tax ID Number		The Minnesota Tax ID must be issued in the same legal name of the licensee below.		License Authority
					License Number
					Period Covered
					Date of Issuance
	<b>Cigarettes/tobacco products will be sold</b> (a separate license is required for each location or vending machine): <input type="checkbox"/> Over Counter <input type="checkbox"/> Through Vending Machine <input type="checkbox"/> Both				Federal Employer ID Number (FEIN)
	Licensee's Legal Name				Daytime Phone
	Business Trade Name (doing business as)				Other Phone Number
	Complete Address of Business Location (permit location)		County	Fax Number	
City	State	ZIP Code	Email Address		
Mailing Address (if different than business address)	City	State	ZIP Code		

<b>Business Information</b>	<b>Type of legal organization (check one):</b>				
	<input type="checkbox"/> Sole proprietor	<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____			
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Out-of-state corporation: State of incorporation _____			
	<input type="checkbox"/> Other (describe) _____	Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No			
	<b>Corporate officers or partners (attach a list if necessary)</b>				
	Name	Title			
Address	City	State	ZIP Code		
Name	Title				
Address	City	State	ZIP Code		

<b>Statement of Understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>				
	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 <a href="http://www.revenue.state.mn.us">www.revenue.state.mn.us</a> 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.				

<b>Sign Here</b>	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](mailto:cigarette.tobacco@state.mn.us)

# General Application For License

## CITY OF ALEXANDRIA

### Section A

#### 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, and 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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
---	----------------

Dates of Coverage: _____ to _____
-----------------------------------

### OR

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

- I have no employees
- 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)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

### Section B

#### Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Alexandria will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
-------------------------------	------------------------

If a Minnesota Tax ID number is not required, please explain:	Social Security Number:
---	-------------------------

### Section C

#### Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:
------------	----------------	-------



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
INSURED	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A :	NAIC #
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

**COVERAGES**                      **CERTIFICATE NUMBER:**                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	<b>GENERAL LIABILITY</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b>						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						WC STATUTORY LIMITS      OTH ER
	DED RETENTION \$						E.L. EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

The City of Alexandria is listed as an additional insured.

**CERTIFICATE HOLDER**

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE