



City of Minneapolis
Licenses and Consumer Services
 350 South 5th Street – Room 1C
 Minneapolis, MN 55415-1391
 Phone: 612-673-2080
 Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

For Office Use Only
DBA:
Expiration: April 1
License Code: 22
Rev Code: 311008
MCO: 281
Adm Issuance: YES
LICENSE ID #
CSR:

License Application Guidelines and Checklist

License Type: Tobacco Dealer

DEFINITION: The sale, exchange, or barter of tobacco or tobacco-related devices. No tobacco dealer's license shall be granted for any establishment in the C-1 zoning district after July 25, 2008. **Tobacco:** cigarettes, cigars, other smoking tobacco, snuff, chewing tobacco, or any other form of tobacco prepared in such manner as to be suitable for chewing or smoking. **Tobacco-Related Devices:** any tobacco product as well as pipes, rolling papers, hookahs or other devices intentionally designed or intended to be used in a manner that enables the chewing, sniffing or smoking of tobacco or tobacco products. **Self-Service Merchandising:** open displays of tobacco, tobacco products, or tobacco related devices in any manner where any person shall have access to the tobacco, or tobacco-related devices, without the assistance or intervention of the licensee or licensee's employee. The assistance or intervention shall entail the actual physical exchange of the tobacco or tobacco-related device between the customer and the licensee or employee. **Self-Service Method:** means a method of sales of tobacco or tobacco-related devices whereby the customer does not need to make a verbal or written request to an employee of the licensed premise in order to receive the tobacco, or tobacco-related device, and no physical exchange of the tobacco or tobacco-related device occurs between the customer and the licensee, or an employee or agent of the licensee. **Vending Machine** means a mechanical, electric or electronic device, regardless of locking mechanism that is used for the purposes of dispensing tobacco or tobacco related devices. The sale of tobacco by vending machine shall require a license under this chapter. In the case of a vending machine, the license shall be held by the person or organization that has control and supervision of the premises.

Application Checklist

Submit completed items below to:
[Minneapolis Development Review](#)
 250 South 4th Street
 Room 300 Public Service Center
 Minneapolis, MN 55415

Staff Initials	
	<input type="checkbox"/> 1. License Application (Form #1)
	<input type="checkbox"/> 2. Zoning Addendum (Form #2) Floor plans and Site Plan might be required for approval.
	<input type="checkbox"/> 3. Business Plan (Form #3)
	<input type="checkbox"/> 4. Fee: _____ plus New License Surcharge: _____

Additional Information

Your License Application

- Incomplete applications will be returned.
- All applications must be signed by an owner, partner or principal.
- No license will be issued for a period longer than one year.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- [Minnesota Sales Tax ID Number](#) or 651-296-6181.
- If you are applying for multiple licenses, applications may be combined. Talk to License Staff at 300 Public Service Center.

Surveillance Camera - Tobacco Dealers are required to have a surveillance camera operating in their stores during business hours.

Information in Other Languages - Yog xav paub tshaj nos ntxiv, hu 612-673-2800. Macluumaad dheeri ah, kala soo xiriir 612-673-3500. Para mas información llame al 612-673-2700.



City of Minneapolis
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350 South 5th Street - Room 1C
Minneapolis, MN 55415-1316
Phone: 612-673-2080
Fax: 612-673-3399 TTY: 612-673-2157
www.minneapolismn.gov/business-licensing

FOR OFFICE USE ONLY:
LICENSE ID #:
LIC CLERK:
FEE: \$
DATE:

LICENSE APPLICATION

1. BACKGROUND INFORMATION

Type(s) of License
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number
Legal Corporate Name of Business
Business Address/Location
Mailing Address (if Different than Business Address)
Name of Person Filling out this Application
E-mail Address
Name of Manager and Home Address
Type of Ownership: Sole Proprietor, Corporation, Partnership, LLC, Non-Profit
Date of Incorporation
State of Incorporation

Is this business publicly traded? Yes No

2. LIST ALL OWNERS, PARTNERS AND CORPORATE MEMBERS (Attach additional sheet if necessary.)

Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code
Full Name: First, Middle, Last
Date of Birth
% of Ownership
Telephone Number
Home Address
City
State
Zip Code

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. BUSINESS INFORMATION

Square Footage for Business Use

Hours of Operation

Tobacco Products, Devices, etc available for sale:

- | | | |
|--|---|---|
| <input type="checkbox"/> Cigarettes | <input type="checkbox"/> Hookahs | <input type="checkbox"/> Sampling of Tobacco Products |
| <input type="checkbox"/> Cigars | <input type="checkbox"/> Pipes | <input type="checkbox"/> Shisha |
| <input type="checkbox"/> E-Cigarettes | <input type="checkbox"/> Rolling Papers | <input type="checkbox"/> Smokeless Tobacco |
| <input type="checkbox"/> Herbal Smoking Products | | |
| <input type="checkbox"/> Other: _____ | | |

List any licenses currently or previously held in Minneapolis (Business or Individual).

Have you ever had a business license denied or revoked by Minneapolis or another government entity? Yes No
If Yes, indicate date of denial/revocation, government agency, reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No

Name of Contractor or Building Manager

Explain the scope of the remodeling or construction:

Workers' Compensation Company

Policy Number

Dates of Coverage

-----Or-----

I certify that I am not required to carry workers' compensation insurance because: I am self insured. I am the sole proprietor and I have no employees. I have no employees who are covered by workers' compensation law. Only employees who are specifically exempted by statute are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. VERIFICATION

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____



**City of Minneapolis
 Community Planning & Economic Development
 Planning Division
 250 South 4th St. Room 300
 Minneapolis MN 55415-1316
 Telephone 612-673-3000 or 311 Fax 612-673-2526**

#2

Zoning Addendum

Applicants requesting a business license must be in compliance with all zoning regulations before a license can be approved. Bring this form to the **Development Review Customer Service Center at the above address, or call (612) 673-3000 or 311 to schedule an appointment** for a City Planner to complete the remainder of this application. Approval from the Development Services Division and/or City Planning Commission may be required *before* the Business Licensing Division will accept your application.

===== **THIS SECTION IS TO BE COMPLETED BY THE APPLICANT** =====

1. Legal Corporate Name of Business _____ Trade Name (DBA) _____
2. Proposed Business Address _____
3. Contact Person _____ Telephone _____
4. Entertainment: Check and describe all categories of entertainment you are planning to provide on your premises.
 - No entertainment.**
 - Limited Entertainment:** Limited to literary readings, storytelling, live solo comedians, electronically reproduced music (TV radio), karaoke, jukebox, amplified or non-amplified music by five or fewer musicians, and group singing participated in by patrons of the establishment. No patron dancing. Describe below.
 - General Entertainment:** Other forms of entertainment which do not meet the definition above. Examples include two or more comedians, bands with amplified musical instruments, patrons dancing, plays, shows, contests, etc. Describe below.
 - Adult Entertainment:** Persons who are unclothed or in attire/costume which exposes any portion of female breasts and/or male or female genitals (nude or semi-nude). Describe below.

===== **THIS SECTION IS TO BE COMPLETED BY CITY PLANNER** =====

5. Zoning district: _____ Proposed land use(s): _____
6. Are there any existing land use approvals for this address which affect this license application? YES NO
 If Yes, provide a brief description of any land use history relevant to the proposed licensure.

7. Comments: _____

8. Is an inspection by Zoning Enforcement Staff required? YES NO

===== **THIS SECTION IS TO BE COMPLETED BY ZONING INSPECTOR** =====

9. Is the site in compliance with all existing Conditions of Approval? YES NO If No, List requirements for compliance:

10. Comments: _____

CPED Planning Staff Signature _____ DATE _____ EXT _____

===== **AUTHORIZED HOURS TO BE COMPLETED BY LICENSE INSPECTOR** =====

- R, OR, C1, C2, C3S, C4, and I: Sun - Thurs, 6:00 am to 10:00 pm; Fri - Sat, 6:00 am to 11:00 pm.
- Downtown and C3A: Sun - Thurs, 6:00 am - 1:00 am; Fri - Sat, 6:00 am - 2:00 am.



Tobacco Dealer Business Plan Requirements

The Minneapolis Code of Ordinances (MCO), Chapter 259.30, requires applicants to provide a business plan that sets forth, in detail, the manner in which the licensed business will be operated. Applications will not be processed without a satisfactory business plan. Not all questions may be applicable to your business operation. Answer all that are relevant. Attach additional sheets if necessary.

1. Tobacco Sales: Indicate the methods by which tobacco products will be sold including over the counter sales, vending machines, and/or self-service where customers have physical access to products without the assistance of an employee.
2. If sales occur through vending machines or self-service, how are persons under the age of 18 years prevented from entering the establishment? N/A
3. Tobacco Sampling. MCO 281.50 allows restricted sampling of some tobacco products. Please describe the method and type of sampling you intend to provide.
4. [Security Plan](#) / Staffing Model. MCO 259.250 requires a license holder to take appropriate action to prevent illegal conduct by anyone on your business premises and parking area. Attach your security plan which addresses issues related to your business.
5. Litter Abatement. MCO 259.125 requires a license holder to clean litter within a 100 foot radius of your establishment. Describe your plans for litter clean-up including additional resources during the warm weather months.
6. [Noise](#) Abatement. MCO 389 regulates allowable decibel levels of noise from you business. Describe in detail how you will make sure your establishment will not violate this.

ACKNOWLEDGEMENT AND AGREEMENT

I, (print name) _____, an authorized corporate officer, partner or owner, hereby acknowledge and agree to the following:

- The attached business plan is a true and correct reflection of the undersigned's intentions; and
- Any material change in the business plan must be submitted to an approved by the Minneapolis City Council before implementation; and
- Violation of this business plan may result in suspension, revocation, or refusal to renew the license or in a civil fine as determined by the Minneapolis City Council.
- Certified Training Program: I have will implement an annual training program for employees regarding state and federal laws and/or regulations related to the sale of tobacco products.

Signature _____ Title _____ Date _____