Cigarette/Tobacco

Application

MOORHEAD

MINNESOTA

CIGARETTE/TOBACCO LICENSE APPLICATION

Applicant Information

Applicant's Name (First, Middle, Last)

Applicant's Home Phone Number

Applicant's Address

Applicant's Cell Phone Number

City **State** **Zip**

Applicant's Email Address

Applicant's Birthdate

Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City **State** **Zip**

Name and address of ALL persons having a financial interest in applicant's business, including ownership or financing interests:

Type of entity – See Details
If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State's website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created:_____ **Registered with MN Secretary of State:** Yes No

☐ **Sole Proprietorship**
- Certificate of Assumed Name (if any)

Partnerships (all Types)
- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation**

☐ General Partnership
☐ Limited Partnership
☐ Limited Liability Partnership
☐ Limited Liability Limited Partnership

Limited Liability
- Operating Agreement and subsequent Amendments and/or
- Additional Documentation**

☐ Limited Liability Company

Corporations (all Types)
- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

☐ Business Corporation
☐ Nonprofit Corporation

☐ **Trusts**
- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

** Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State's website.

The failure to provide the above requested information will result in your application being rejected as incomplete.

Financial Authorization

(New Applications Only)

To: _____

(Name of financial institution)

YOU ARE HEREBY AUTHORIZED to release to the **Moorhead Police Department** any and all financial information concerning my dealings with your institution as a customer of the institution, said information to be given in connection with the investigation being conducted by the Moorhead, Minnesota Police Department.

_____

Signature

Date: _____

Subscribed and sworn before me this

_____ day of _____, 20____.

_____

(Notary Public)

My commission expires _____

Please photocopy this document if additional copies are needed for each financial institution listed.

Send Future Renewals To: _____

_____

Affidavit by Responsible Party

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

_____ _____

Responsible Party Signature Date

Office Use Only: Fees payable to the City of Moorhead

_____Application Fee

Payment: ☐ Cash ☐ Check #_____ ☐ Credit Card ☐ Other_____

Payment Date:_____ Received By:_____

Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
PO Box 64217
St. Paul, MN 55155

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

DEPARTMENT OF LABOR AND INDUSTRY

Certificate of Compliance
Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code

County	Email address

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	**Title**	**Date**

If you have questions about completing this form or to request this form in Braille, large print or audio.

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and 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:

1. 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:

2. Upon receiving this information, the licensing authority 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:

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

Name of Applicant_____

Type of Business_____

Minnesota Tax Identification #_____

Federal Tax Identification #_____

Social Security # (if MN **&** Federal Tax ID are not provided)*_____

If a Minnesota Tax Identification Number is not required, please explain below.

_____

_____

Signed by _____Date _____

Print Name of Person Signing:_____

***2008 Minnesota Statutes**
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.
Subd. 4. Licensing authority; duties.
All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.
History: *2005 c 151 art 1 s 87*

CONSENT TO PERFORM CRIMINAL HISTORY/ DRIVER'S LICENSE BACKGROUND CHECK TENNESSEN WARNING

_____
Print Full Name (First) (Full Middle) (Last)

_____
Print Maiden / Previous Name(s) and/or Aliases

Residing at _____
(Address) (City) (State) (Zip Code)

_____ _____
Driver's License No. / State Phone Number

_____ _____
Cell Phone Number E-Mail

_____ _____
Date of Birth Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

Does your business have a security alarm? No Yes
If Yes, please provide the following key holder information:

_____ _____ _____
First & Last Name Phone # Position

This authorization is valid for six (6) months from the date indicated below.

_____
Signature of above individual authorizing release

Date: _____

Subscribed and sworn before me this

_____ day of _____, 20_____.

_____
(Notary Public)

My commission expires _____

All owners, partners, and managers are to complete a copy of this form.