

TOBACCO SALES
 Office of the City Clerk
 City of Robbinsdale

LICENSE APPLICATION
Fee: \$250/year

I, _____, hereby make application for a Cigarette Vending License, subject to provisions of City Ordinances. I do hereby swear that the several answers and statements, and any attached information set forth by me in this application are true.

The City Ordinance requires that the data requested in this application must be submitted in order for the City to determine your eligibility for the license. Refusal to provide the data may result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The City Staff shall investigate the data provided. A recommendation for approval or denial, based upon the applicant's eligibility is determined by the provisions of the licensing ordinance and other applicable laws, shall be forwarded to the City Council for final determination. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES
 (Provide in full the first, middle and last names where requested)

Applicants Full Name & Title		Trade Name or D.B.A.	
Business Address		City	State Zip
Driver's License No./State Issued	Date of Birth	Residence Phone No.	Business Phone No.
2nd Contact Person	2nd Contact Business Phone No.	Type of Establishment	
Describe the display and sale of tobacco (use an additional piece of paper if necessary)			
Will vending machines be used to sell tobacco?		Will customers have free access to displays of tobacco, or will the dispensing of tobacco be self-serve?	
Describe how your establishment will prevent sales of tobacco products to minors			

_____ General/Public Liability Certificate of Insurance of not less than \$1,500,000 combined single limit

_____ MN Tax/Workers' Compensation Forms

Applicant Signature: _____

Date: _____

RECOMMENDATION OF DEPARTMENT HEADS (Initial your approval. Give reason for denial on separate memorandum.)

	<u>APPROVE</u>	<u>CONDITIONS?</u>	<u>DENY/MEMO ATTACHED</u>
_____ Building Official	_____	_____	_____
_____ City Planner	_____	_____	_____