

KANABEC COUNTY AUDITOR-TREASURER

18 N Vine St, Suite 261A

Mora, MN 55051

(320) 679-6430

CHECK TYPE
() NEW
() RENEWAL

APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS

(Must Be Applied For By An Owner, Officer, or Partner)

FOR OFFICE USE ONLY
LICENSE ID NUMBER:
LICENSE CLERK:
DATE:

Applicant (First Name, Middle Name and Last Name):		MN Tax ID Number:	
Business Name:			
Business Address:		Zip Code:	Business Phone Number:
Name of Manager:		Manager Birthdate:	Manager Home Phone:

MAILING ADDRESS-ONLY IF DIFFERENT FROM ABOVE			
Street Address:	City:	State:	Zip Code:

IF A CORPORATION		
Full and Accurate Corporate Name:	State in which Incorporated:	Date of Incorporation:

LIST ALL NAMES OF OWNERS, PARTNERS OR CORPORATE MEMBERS			
Name (First, Full Middle, and Last):	Birthdate:	Title:	Resident Phone Number:
Resident Address:	City:	State:	Zip Code:
Name (First, Full Middle, and Last):	Birthdate:	Title:	Resident Phone Number:
Resident Address:	City:	State:	Zip Code:
Name (First, Full Middle, and Last):	Birthdate:	Title:	Resident Phone Number:
Resident Address:	City:	State:	Zip Code:

IF MORE SPACE IS REQUIRED, ATTACH SEPARATE SHEET

1. Method by which Tobacco Products are sold (check one):

(a) () Over the counter only

(b) () Over the counter and by vending machine

(c) () Vending machine only

2. If (b) or (c) above are checked, indicate the category your business falls under:

(a) () On-Sale Alcoholic Beverage Establishment

(b) () Off-Sale Liquor Store

(c) () Licensed Hotel

(d) () Not a Place of Public Accommodation

3 (a). If (d) above was checked, where is the Tobacco product vending machine located in your establishment? _____

(b). How is the general public or those persons under the age of 18 years of age prevented from entering this area? _____

I hereby certify that I have read and understand every question in this application and that the answer to every questions is true to my best knowledge and belief. I further understand that the giving of false information in this application constitutes cause for the immediate revocation of any license issued hereunder.

Print Name:	Signature:	Date Signed:
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