

# APPLICATION FOR LICENSE TO SELL TOBACCO PRODUCTS

To the County Board of the County of Aitkin, State of Minnesota

\_\_\_\_\_ make(s) application for a Tobacco license to sell at  
APPLICANT  
the following premises in the County of Aitkin, State of Minnesota, known and described  
as follows:

1. Applicants Full Name-Specify if a Corporation \_\_\_\_\_
2. Contact Person (If corporate name) \_\_\_\_\_
3. Applicant's Residential Address \_\_\_\_\_
4. Applicant's Phone Number \_\_\_\_\_
5. Business Name \_\_\_\_\_
6. Business Address \_\_\_\_\_
7. Business Phone Number \_\_\_\_\_
8. Minnesota Sales Tax ID # \_\_\_\_\_
9. Real Estate Tax Codes (Parcel Code) \_\_\_\_\_
  
10. Signature & Date \_\_\_\_\_

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## STATE OF MINNESOTA, COUNTY OF AITKIN

The undersigned, County Attorney and County Sheriff of said County, recommend the within application, it appearing to the best of our knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of Tobacco, and that in our judgement the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
County Sheriff

Dated \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_  
County Attorney

### For Office Use Only

County Board Approval Date \_\_\_\_\_

License Number \_\_\_\_\_

Delinquent Taxes ( ) Yes ( ) No

Workers' Compensation Form ( ) Yes ( ) No