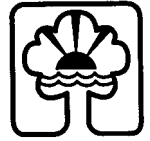


## APPLICATION FOR LICENSE TO SELL TOBACCO-RELATED PRODUCTS AT RETAIL



The undersigned resident of the CITY OF CHASKA in the County of Carver, State of Minnesota, hereby makes application for license to be issued to \_\_\_\_\_(Vendor) to sell tobacco-related products at retail at \_\_\_\_\_(location), \_\_\_\_\_(local address), in the City of Chaska, in said county and state, license period beginning January 1, 2010, and ending December 31, 2010, subject to the laws of the State of Minnesota and the ordinances and regulations of said City of Chaska pertaining thereto, and herewith deposits **\$215.00** in payment of the fee therefore.

NOTE: Pursuant to Minnesota Statute 270.72 Tax Clearance, Issuance of Licenses: The licensing authority is required to provide to the Minnesota Commissioner of Revenue the MN business tax identification number and the social security number of each license applicant. Under Minnesota government Data Practices Act and the Federal Privacy Act of 1971, 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; and,
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.

Failure to supply this information may jeopardize or delay the processing of your renewal.

<b>REQUIRED PERSONAL &amp; BUSINESS INFORMATION:</b>	
<i>PLEASE REVIEW THE INFORMATION BELOW AND MAKE ANY NECESSARY CORRECTIONS:</i>	
Business Name:	
Business Address:	
City/State/Zip:	Phone:
MN Tax ID No:	
Federal Tax ID No:	
Social Security No: <i>(REQUIRED!)</i>	
➤ Location Name:	
➤ Location Address:	
➤ City/State/Zip:	Phone:

\* If a Minnesota Tax Identification number is not required, please explain on reverse side.

Signature \_\_\_\_\_

Position (Officer, Partner, Etc.) \_\_\_\_\_

Date \_\_\_\_\_



City of Chaska One City Hall Plaza Chaska MN 55318 Phone (952)448-9200 / Fax (612)448-9300