



LICENSE APPLICATION FOR TOBACCO ESTABLISHMENT

Applicant Note:

Print, type or check all applicable information. Incomplete applications will not be accepted and penalties may be assessed. The information contained in this application becomes part of Goodhue County's official records upon receipt by the department and is thereafter accessible to the public.

For Department Use

--	--	--	--

MAKE CHECKS PAYABLE TO: Goodhue County

Establishment ID#

<input type="checkbox"/> FIRST LICENSE for a New Establishment Date of Opening: _____	<input checked="" type="checkbox"/> NEW LICENSE for an Existing Establishment Date of Reopening: _____ Previous Owner: _____ Date of Change of Ownership: _____
Establishment Name: _____	Owner, Partner or Corporation: _____
Establishment Address: _____ _____	Mailing Address: _____ _____
Telephone Number: _____	Telephone Number: _____
Fax Number: _____	Fax Number: _____

Minnesota Tax Identification Number: _____

LICENSE CATEGORY AND FEE SCHEDULE

Please Check All Operations Applicable to Your Establishment

Store types:

- Convenience
- Convenience / Gas
- Gas station
- Drug store / Pharmacy
- Tobacco shop / Smoke shop
- Supermarket / Grocery
- General Merchant (Wal-Mart, K-Mart, etc.)
- Liquor store
- Bar / Restaurant
- Other

Annual Year-round Fee \$200.00

TOTAL AMOUNT \$

I declare under the penalties of perjury and criminal liability for willfully making a false statement that this application is, to the best of my knowledge and belief, true, correct and complete.

Signature of owner, partner or principal officer	Title	Date
--	-------	------