

**APPLICATION FOR LICENSE
TO SELL TOBACCO PRODUCTS**

I, _____ hereby make application for a
license to sell tobacco products at

(business name)

(business address / telephone)

for the period January 1 to December 31, 20__.

Address to mail license to:

I have received a copy of Shoreview Municipal Code Section 706
and agree to abide by these regulations as set forth.

(signature of applicant)

(print name)

(address of applicant)



CERTIFICATION OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____

(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

or

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____