

**APPLICATION FOR RETAILER'S SALE OF TOBACCO
AND TOBACCO RELATED DEVICES LICENSE**

To the Board of Commissioners of Le Sueur County, Minnesota:

_____ (name of applicant), hereby makes application for a license to sell tobacco to be issued by the Le Sueur County Board of Commissioners.

THE APPLICANT DECLARES:

1. The applicant is a citizen of the United States, a resident of Le Sueur County, State of Minnesota, over 18 years of age, and of good moral character and repute.
2. Neither the applicant, nor any person owning 5% or more interest in the licensed business or premises, has been convicted of a violation of any law relating to the sale of tobacco within the past five (5) years.
3. The applicant has not had a tobacco license revoked within the preceding twelve (12) months.
4. The applicant is not prohibited by Federal, State or local law or regulation from holding a tobacco license.
5. The applicant or business location is not in violation of any local ordinances.
6. The licensed business will operate under the trade name of:

7. The address of the business is:

8. The applicant acknowledges that the license is not transferable and non-assignable and shall not be used by any party except the applicant.
9. The applicant declares that he or she is current on all tax payments including but not limited to real and personal property taxes, state and federal sales and income taxes, and withholding and social security taxes.
10. The applicant acknowledges that any false statements made on this application are grounds for suspension or revocation of this license.

Subscribed and sworn to before me
this _____ day of _____, 20__.

Notary Public

Name

Date