APPLICATION FOR
RETAIL LICENSE TO SELL TOBACCO PRODUCTS

State of Minnesota ***County of Brown***

To the Commissioners of the County of Brown, State of Minnesota:

_____ (Business Name) hereby applies for a license to conduct retail sales of tobacco products, as defined by Minn. Stat. 461, for the term of one year beginning the 1st day of July 20___, and in support of said application represents and states as follows:

That said applicant has been provided a copy of and read the ordinance adopted by the Brown County Board of Commissioners on December 1, 2020; and

That said applicant further states that Minnesota Department of Revenue Form CT102, License Application to Make Retail Sales of Cigarette and Other Tobacco Products, has been completed and is attached hereto.

Business Name: _____

Business Address: _____

_____

Business Phone: _____

Minnesota Sales Tax No. _____

Owner Name: _____

Owner Phone: _____

Dated _____ Applicant Signature _____

STATE OF MINNESOTA)
) ss.
COUNTY OF BROWN)

This foregoing instrument was acknowledged before me on this _____ day of _____, 20____, by _____ (name of applicant) as the owner of _____ (business name).

(Seal)

_____
(Notary Signature)

For Office Use Only

License Granted: _____, 20_____ (County Board Approval Date)
License Period: July 1, 20____ to June 30, 20_____
Required Fee: $_____ Paid on Receipt No. _____

Updated: 7/26/2023