



GENERAL APPLICATION FOR TOBACCO SALES AT RETAIL

Type of License	TOBACCO SALES AT RETAIL	License Fee	\$75.00			
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number						
Legal Corporate Name of Business		Trade Name (DBA)		Business Telephone Number		
Business Address/Location				City	State	Zip Code
Mailing Address (if Different than Business Address)				City	State	Zip Code
Name of Person Filling out this Application			Title		Telephone Number	
E-mail Address			Fax Number		Cell Phone Number	
Name of Manager and Home Address					Date of Birth	
<p>I, _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. The undersigned hereby applies for a license to carry on the aforementioned business in the City of Lakeland of Washington County, Minnesota. This business is subject to the laws of Minnesota and ordinances enforced by the City of Lakeland. This business agrees to tender all applicable licensing fees to the City of Lakeland.</p>						
SIGNATURE OF APPLICANT					DATE	
TITLE						

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Please return to:

**City of Lakeland
1190 St. Croix Trail S.
Lakeland, MN 55043**