



KANDIYOHI COUNTY HEALTH AND HUMAN SERVICES

2200 23rd Street NE, Suite 1080

Willmar, MN 56201

320-231-7800

Receipt Date: _____

Check #: _____

Receipt Amt: _____

License #: _____

2024

TOBACCO SALES APPLICATION

Complete all applicable information or application will be returned to you.

New licensees must provide a floor plan/diagram for all areas within said location to be used for display and sale of tobacco. Please use the back of this page.

Establishment Information

Establishment Name: _____

Establishment Address: _____

Telephone: _____

Owner Information

✓ **The correct box:** ☐ Renewal ☐ New Owner

Owner Name: _____

Mailing Address: _____

Telephone: _____ Email: _____

Place "X" where license renewals & notices should be sent: ☐ Licensee address ☐ Establishment address

Workers Compensation/Tax Information:

The information you are being asked to provide in this section is classified as public data except the Individual's Social Security Number which is classified as private data under the Minnesota Government Data Practices Act.

Pursuant to Minnesota Statutes 176.182 & 270C.72, the following applicable information is required of each license applicant:

Minnesota Tax ID Number: _____

Federal Tax ID Number: _____ Worker's Comp Policy Number: _____

Name of Worker's Compensation Insurance Company: _____

Address: _____

FEE \$300.00

Applications received after December 31st will be charged a \$150 late fee.

Applications received after January 31st will be charged a \$300 late fee.

New licensees applying between October 1st and December 31st will pay a \$150 licensee fee.

Make checks payable to: Kandiyohi County Health and Human Services

Mail to: Kandiyohi County Health and Human Services, 2200 23rd St. NE, Suite 1080, Willmar, MN 56201.

I consent to a check of law enforcement records to verify the statements on this application.

Applicant's Signature

Date