Kandiyohi County Health and Human Services
2200 23rd Street NE Suite 1080, Willmar, MN 5620
www.kcmn.us • 320.231.7800

Public Health
Prevent. Promote. Protect.

Receipt Date: _____
Check #: _____
Amount: _____
License #: _____

2027 TOBACCO SALES APPLICATION

☐ Renewal ☐ New Owner

ESTABLISHMENT INFORMATION

Business Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

OWNER INFORMATION

Owner Name: _____

Mailing Address: _____

City, State, Zip: _____

Telephone: _____ Email: _____

License renewals and notices should be mailed to: ☐ Owner Address ☐ Establishment Address

WORKERS COMPENSATION 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: _____

Dates of Insurance Coverage: From: _____ Through: _____

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.

Application Fee: $300.00
Make checks payable and submit to Kandiyohi County Health and Human Services.

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

Applicant Name: _____

Signature: _____ Date: _____