

## APPLICATION FOR ANNUAL CITY LICENSES

STATE OF MINNESOTA )  
 COUNTY OF WRIGHT )  
 CITY OF BUFFALO )



TO THE CITY COUNCIL OF THE CITY OF BUFFALO, MINNESOTA:

\_\_\_\_\_ hereby makes application for the following  
 (Business Name)  
 license(s) for a period of \_\_\_\_ months beginning \_\_\_\_\_ and ending on December 31 of the  
 current year for the business located at \_\_\_\_\_  
 (Street Address)  
 Buffalo, MN 55313.

TYPE OF LICENSE	COST	TOTAL
<b>INVESTIGATION FEES – One-time Fee (New applicants only)</b>	\$300.00	
ON-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$200.00	
OFF-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$60.00	
ON-SALE LIQUOR	\$3,800.00	
SUNDAY LIQUOR SALES	\$200.00	
WINE	\$100.00	
LIMITED ON-SALE CULLINARY CLASS	\$100.00	
BREWERY / TAP ROOM (ON-SALE)	\$500.00	
GROWLER (OFF-SALE)	\$250.00	
DISTILLERY/COCKTAIL ROOM (ON-SALE)	\$500.00	
CIGARETTE / TOBACCO / E-CIG	\$50.00	
THEATER	\$30.00	
TATTOO/BODY PIERCING	\$500.00	
GOLF CART	\$5.00	
PAWN SHOP	\$50.00	
CURRENCY EXCHANGE / MONEY ORDERS	\$50.00	
CRAFT RETREAT FACILITY (Requires an Interim Use Permit)	\$50.00	
FIREWORKS – INSIDE SALES (License valid for 6 months only)	\$50.00	
FIREWORKS – OUTSIDE SALES (License valid for 6 months only)	\$250.00	

**TOTAL FEES DUE - (Make checks payable to City of Buffalo) \$ \_\_\_\_\_**

Comments: \_\_\_\_\_

This application is made pursuant and subject to all the laws of the state of Minnesota and the ordinances and Regulations said City of Buffalo applicable thereto. The undersigned affirms that the conditions set forth in the original application remain unchanged.

\_\_\_\_\_  
 Signature of Licensee Date

\_\_\_\_\_  
 Phone Number Email Address

Application must be filed at City Clerk's office, 212 Central Avenue, Buffalo, MN 55313  
 All applications for licenses listed above must be approved by City Council before a license can be granted.

**License Application to Make Retail Sales of Cigarette and Other Tobacco Products**

To be completed by applicant when applying for a license with a city or county.

FOR MUNICIPAL USE ONLY

<b>Print or Type</b>	Applicant's Minnesota Tax ID Number		The Minnesota Tax ID must be issued in the same legal name of the licensee below.		License Authority	
					License Number	
	<b>Cigarettes/tobacco products will be sold</b> (a separate license is required for each location or vending machine):				Period Covered	
	<input type="checkbox"/> Over Counter		<input type="checkbox"/> Through Vending Machine		<input type="checkbox"/> Both	
	Licensee's Legal Name				Federal Employer ID Number (FEIN)	
	Business Trade Name (doing business as)				Daytime Phone	
	Complete Address of Business Location (permit location)		County		Other Phone Number	
	City	State	ZIP Code		Fax Number	
Mailing Address (if different than business address)		City	State	ZIP Code	Email Address	

<b>Business Information</b>	<b>Type of legal organization</b> (check one):				
	<input type="checkbox"/> Sole proprietor		<input type="checkbox"/> Minnesota corporation: Enter date of incorporation _____		
	<input type="checkbox"/> Partnership		<input type="checkbox"/> Out-of-state corporation: State of incorporation _____		
	<input type="checkbox"/> Other (describe) _____		Are you registered to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<b>Corporate officers or partners</b> (attach a list if necessary)				
	Name		Title		
Address		City	State	ZIP Code	
Name		Title			
Address		City	State	ZIP Code	

<b>Statement of Understanding</b>	<b>As a licensed tobacco products or cigarette retailer, I understand that:</b>				
	1. I can purchase cigarettes only from a Minnesota distributor or subjobber who holds a license with the Minnesota Department of Revenue.				
	2. I must obtain a tobacco products distributor license if I purchase untaxed tobacco products from an out-of-state company.				
	3. I may not sell cigarettes affixed with Minnesota Native American stamps unless my retail business is located on a reservation that has a tax agreement with the State of Minnesota.				
	4. I may not purchase from or exchange cigarettes or tobacco products with another retailer.				
	5. I must keep complete and legible cigarette and tobacco products invoices on the licensed premises, or make invoices available within one hour of request, for at least one year after the date of the purchase.				
	6. I know that the Minnesota Department of Revenue and/or law enforcement may conduct cigarette and tobacco inspections of the premises, including inspections of inventory, invoices and licenses, and I understand that a refusal to allow an inspection is grounds for revocation of my license.				
	7. I know that failure to comply with all requirements can result in criminal penalties, including the loss of cigarettes and tobacco products.				

<b>Sign Here</b>	Licensee Signature	Title	Print Name	Date	Daytime Phone
	Licensing Agent's Signature	Title	Print Name	Date	Daytime Phone

**License applicant:** Submit this form to the licensing authority along with the license application.  
**Licensing authority:** Mail, email or fax to:  
 Minnesota Revenue, Mail Station 3331, St. Paul, MN 55146-3331.  
 Fax: 651-556-5236. Email: cigarette.tobacco@state.mn.us

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**DATA PRACTICES ADVISORY  
TENNESSEN WARNING – PERMITS AND LICENSES**

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Buffalo City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the “Act”). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. 13.41, subd.5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, subd.2; Minn. Stat. 13.37, subd.1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Buffalo may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

**Certification:** I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Buffalo.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Establishment Name (DBA) or Trade Name



CITY OF BUFFALO, MINNESOTA

**CITY OF BUFFALO  
INFORMED CONSENT FORM  
LIQUOR OR TOBACCO LICENSE APPLICATIONS**

The City of Buffalo requires criminal background checks on all parties applying for a liquor or tobacco license. This background check is a mandatory part of the permit process.

The following person has made application for a liquor or tobacco license with the City of Buffalo.

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Maiden, Previous, Alias: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security # \_\_\_\_\_

Drivers License: \_\_\_\_\_

I authorize the Buffalo Police Department to disclose any criminal history record information to the City of Buffalo for the purpose of consideration for a liquor or tobacco license.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

.....  
You have the following rights under State Statute:

1. The right to be informed by the City of Buffalo of the BCA's response to the background check and to obtain a copy of the background check report.
2. The right to obtain from the City of Buffalo any record that forms the basis for the report.
3. The right to challenge the accuracy and completeness of any information contained in the report.
4. The right to be informed by the City of Buffalo if your application for a liquor or tobacco license has been denied is because of the BCA's response.

If the results of the criminal background check do not satisfy the City of Buffalo, the parties knowingly and voluntarily agree that no contract was ever created between the City of Buffalo and the above signed.

Date to PD: \_\_\_\_\_

PD Approved  Denied  By \_\_\_\_\_ Date \_\_\_\_\_  
Police Department Staff

# **MINNESOTA BUSINESS TAX IDENTIFICATION LAW**

**Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4.** All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).

**Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974,** we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

<b>Applicant's name (LAST, first, middle initial)</b>				<b>*Social Security Number</b>	
<b>Home address</b>		<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Phone number</b>
<b>Business Establishment Name</b>			<b>Type of license applied for:</b>		
<b>Business address</b>		<b>City</b>	<b>State</b>	<b>Zip code</b>	<b>Phone number</b>
<b>Minnesota Tax Identification Number (or explain why you don't have one)</b>				<b>Federal Tax Identification Number</b>	

**\*If company stock is publicly exchanged, you may omit submitting this Social Security information.**



## LICENSE CONTACT INFORMATION

Licensee Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Business Establishment's Telephone #: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Managing Partner/Primary Officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Licenses and renewal application forms should be returned to:

Company Name: \_\_\_\_\_

Attention: \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Name of person to contact if questions: \_\_\_\_\_

Telephone number of contact person: \_\_\_\_\_

Email of contact person: \_\_\_\_\_

Licensee's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Please Print Name: \_\_\_\_\_