

9. Has the applicant had a tobacco license suspended or revoked?
 Yes No *If yes, please provide the date, place, and nature of offense.*

10. Has the applicant had a tobacco license violations, citations, fines, or administrative penalties issued in the last 5 years?
 Yes No *If yes, please provide the date, place, and nature of offense.*

11. Has the applicant ever been convicted of or charged with a crime or violation of any federal, state, county, or local law or regulations other than a minor traffic violation?
 Yes No *If yes, please provide the date, place, and nature of offense.*

Section 1: Complete Information for Applicable Applicant Type

*Refer to Question No. 1 for applicant Type and complete only the section below 12a, 12b, or 12c that applies.
NOTE: A Personal History form is required for each person listed in this section.*

12a. Individual *If applicable, complete this question, then proceed to Section 2.*

Full Name _____
First Middle Last

Residence Address _____ Phone _____
Street City State Zip

Business Address _____ Phone _____
Street City State Zip

12b. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 2.
NOTE: A Personal History form is required for each person listed in this section.*

Full Name _____
First Middle Last Financial Interest %

Full Name _____
First Middle Last Financial Interest %

Full Name _____
First Middle Last Financial Interest %

Full Name _____
First Middle Last Financial Interest %

For additional partners, attach a separate sheet.
Attach: a copy of partnership agreement.

12c. Corporation/other organization *If applicable, complete this section for corporations, then proceed to Section 2.*

Name _____ State of _____
 incorporation/association _____
First Middle Last

List the officers of the corporation and all persons or entities with a financial interest office percent 5% or more.
 NOTE: A Personal History form is required from each.

Officers of corporation/other organization

President

Full Name _____
First Middle Last Financial Interest%

Vice-President

Full Name _____
First Middle Last Financial Interest %

Secretary

Full Name _____
First Middle Last Financial Interest %

Treasurer

Full Name _____
First Middle Last Financial Interest %

For additional officers, persons, or entities, attach a separate sheet.

- Attach:** 1. Certificate of Incorporation
 2. Foreign corporations, attach a Certificate of Authority as required by Minn. Stat. 303.06

Section 2: Person(s) In Charge of Licensed Premises

All applicants must complete this section.

13. Designated on-site manager in charge of the licensed premises. *The on-site manager is responsible for the conduct of the licensed premises and operation; and serves as agent for service of notice and other processes relating to the license.*

Name _____ Position _____
First Middle Last

For additional manager(s) or agent(s), attach separate sheet.

Attach: Personal History form from each person in charge.

Section 3: Insurance

All applicants must complete this section.

14. **Attach:** 1. Certificate of Liability Insurance showing general liability insurance.
 2. Workers' Compensation insurance coverage Certificate of Compliance as required by Minnesota law.

I am **not** required to have workers' compensation liability coverage because

- I have no employees covered by the law Other (Specify)

<i>For office use only</i>	
Date received in office _____/_____/_____	License Fee: \$300 Tobacco <input type="checkbox"/>
Approved _____/_____/_____	Investigation Fee: \$150 <input type="checkbox"/> <i>(One-time-only)</i>

Section 4: Notice and Signature

All applicants must complete this section.

I hereby acknowledge that I have received and/or reviewed Chapter 6, Sale of Tobacco, and Chapter 24, Cannabinoid Products of the City Code, and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Lakeville to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Lakeville to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to ensure this application complies with the City's licensing and zoning ordinances. The information supplied on this form will become public information when received by the City of Lakeville. Under Minnesota law (Minn. Stat. 270.72), the City may be required to provide each applicant's business tax identification number and/or social security number of each applicant to the Minnesota Commission of Revenue.

X _____
Applicant's Signature

Print Name



Part II – Personal History

To be completed by the sole owner, each partner, each officer or director, each general or on-site manager, proprietor, manager, or any other individual or agent in charge of the business or premises and by all persons or entities that have a five percent (5%) or more financial interest in the business.

Section 1: Applicant

Complete only one number in this section. Refer to question 2 for type of applicant.

1. Complete the following for personal information

Legal Name _____
First Middle Last Maiden Name

Address _____ Phone _____
Street City State Zip

Phone (____) _____ Social Security No. _____

Drivers License No. _____ State of Issue _____

Date of birth _____ Place of birth _____
mm/dd/yyyy City/State/Country

2. Have you ever used or been known by a name(s) other than the legal name given above? Yes No

3. Are you a U.S. citizen or legally permitted to be in the U.S.? *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport.* Yes No
If no, present proof of immigration/employment status.

4. Address(es) at which you have lived during the preceding ten (10) years.

Street City State Zip Dates

Street City State Zip Dates

Street City State Zip Dates

Street City State Zip Dates

Street	City	State	Zip	Dates
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5. Employers for the preceding ten (10) years. *Include name, address, and dates of employment.*

Employer	Address	Dates

6. Have you ever been convicted of or charged with a crime or violation of any federal, state, county or local law or regulation other than a minor traffic violation? Yes No
If yes, provide the date, place, and nature of the offense.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LICENSE.

Section 4: Notice and Signature

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X _____
Applicant Signature

Print Name