

Retailer Registration for Delivery Sales of Cigarette and Tobacco into Minnesota

To be completed by retailers who deliver cigarette or tobacco products to Minnesota consumers.

Print or Type	Retailer Legal Name			Federal Employer ID Number (FEIN)
	Business Trade Name (<i>doing business as</i>)			Daytime Phone
	Address of Principal Place of Business (<i>permit location</i>) (<i>attach list of addresses of all other places of business</i>)			Other Phone Number
	City	State	ZIP Code	Fax Number
	Mailing Address (<i>if different than business address</i>)	City	State	ZIP Code

Type of Legal Organization (check one):

Sole proprietor
 Partnership
 Other (*describe*) _____
 Corporation: State of Incorporation _____

Are you registered to do business in Minnesota? Yes No

Name of Registered Agent _____

Address of Registered Agent _____

Corporate Officers or Partners (attach a list if necessary)

Name	Title		
Address	City	State	ZIP Code

Name	Title		
Address	City	State	ZIP Code

Retailer Signature	Print Name	Title	Date
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Sign Here

Mail to:
 Minnesota Department of Revenue
 Mail Station 3331
 600 N. Robert St.
 St. Paul, MN 55146-3331
 Phone: 651-556-3035
 cigarette.tobacco@state.mn.us