

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806

Telephone: 651-266-8989 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Tobacco Compliance Check Purchase Form	
 2012	
PAYNE IVY GROCERY STORE 1340 PAYNE AVE	For Office Use Only 5 Compliance Check LD #
ST PAUL, MN 55101-3434 License Type License #	Blismest D##
Cigarette/Tobacco 20050002096	Post Ordinance
Business Type:	The state of the s
Convenience Convenience / Gas Gas Drug S	tore / Pharmacy
Supermarket / Grocery General Merchant Liquor Stor	e / Bar Restaurant Other (private club, bowling, etc.)
Date: 03/1/2 Time: 10	: 55 a.m. p.m
MM DD YY	
Was purchase attempted? Yes No Does not sell tobacco Unsatisfacto Out of business After business hours	ory/unsafe conditions Other Not applicable
Buyer Use 3 initials Use 3 initials 15 Female Use 3 initials Use 3 initials	Did adult or officer view transaction? Yes or No
Was sale made? Was age asked? Was ID requested? Yes or No Yes or No Yes or No	Was ID shown? Yes or No
Type of purchase: Type of product:	Amount spent: \$ 15.25
Self Service Cigarettes Why Clerk assisted Smokeless	BORT
Vending machine - UnlockedCigars	
etc.)	ette papers, lighter,
Vending machine - Locked Location of machine	
Clerk Information: Female Male Approximate Age: Unde	er 18 Actual age if known
SAB ar	ad Over
Civil Penalty St. Criminal Penalty St.	
Literasee Givil Penalty 5. Suspension: +10 days or Jess + 11 to 31 days	
For Office Use Only:	

Name of Clerk: NZAMA MAHDI AL-JAZMAN 9/18/64
Date of Birth
Address: 10015 EBERGE EGRET BLUD-NW#101
Driver's License # or State I. D.#: N 37410 111 5914
Brand