

CITY OF SAINT PAUL Christopher B. Coleman, Mayor

375 Jackson Street, Suite 220 Saint Paul, Minnesota 55101-1806 Telephone: 651-266-9090 Facsimile: 651-266-9124 Web: www.stpaul.gov/dsi

Tobacco Compliance Check Purchase Form Compraint-Case # Affix Label Here Super 75 A 976 G. In St. Business Type: Convenience / Gas Convenience Gas Drug Store / Pharmacy ☐ Tobacco / Smoke Shop Supermarket / Grocery General Merchant Liquor Store / Bar Restaurant Other (private club, bowling, etc.) Date: Time: MM DD YY Was purchase attempted? If NO, check reason: Yes Does not sell tobacco Unsatisfactory/unsafe conditions Out of business Other After business hours Not applicable Adult Did adult or officer view transaction? Buyer Sex Use 3 initials Female Use 3 initials Yes or (No Was sale made? Was age asked? Was ID requested? Was. ID shown? Yes or No Yes or No Yes or No No Amount spent: \$ Type of purchase: Type of product: Self Service √ Cigarettes Clerk assisted Smokeless Vending machine - Unlocked Location of machine Other (cigarette papers, lighter, etc.) Vending machine - Locked Location of machine Clerk Information: Female Male Approximate Age: Actual age if known Under 18 18 and Over

Name of Cl	erk: Osman Ali Dimi	
	10/11-72	
Address:	Date of Birth	,
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	497 Girapel Terrale	Mpls. Illa 55405
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