

Licensee: FAMILY DOLLAR INC

DBA: FAMILY DOLLAR STORE

License #: 20030004635

6/27/18 To CAO for adverse (incorrect cigar prices in violation of SPLC Section 324.07 (e) JNV.

4/27/18 menthol education / inspection Fail price issues JNV

06/27/2017 Passed tobacco compliance checks BLB

8/03/2016 Passed Tobacco Compliance Check BLB

07/17/15 Passed cigarette Compliance check BLB

07/09/14 Passed Cig. Comp. Ck. KS

07/23/2013 Passed tobacco compliance check. PF

12/27/2012 Passed tobacco compliance check. TPF

10/18/2010 Big League Chew being sold at this site which is not allowed under ordinance 295. Mgr. removed product. Will send warning letter. PF

License Query

Address | Licensee | Contact | License | Cardholder

Licensee Name: FAMILY DOLLAR INC
 DBA: FAMILY DOLLAR STORE
 Sales Tax Id:

- Find Now
- OK
- Cancel
- New Search
- Help



SEARCH WINDOW

| License # | Tag # | Licensee Name | DBA | License Type | Status |
|-----------|-------|-------------------|---------------------|--|----------|
| 030004635 | 0 | FAMILY DOLLAR INC | FAMILY DOLLAR STORE | Cigarette/Tobacco | Active |
| | | | | Retail Fd (B) - Grocery 101-1000 sq ft | Canceled |

New Group... | New Temp Grp... | Copy Group... | Add License... | Properties...

Licensee: FAMILY DOLLAR INC
 DBA: FAMILY DOLLAR STORE

License | Licensee | Lic. Types | Insurance | Bond | Requirements

Property
 Licensee
 Unofficial
 Street #: 1536
 Street Name: UNIVERSITY
 Street Type: AVE Direction: W
 Unit Ind: Unit #:
 City: ST PAUL
 State: MN Zip: 55130
 Ward: 1
 Dist Council: 13

Project Facilitator: ASUNCION, CORINNE

Adverse Action Comments

License Group Comments:
 6/27/18 To CAO for adverse (incorrect cigar prices in violation of SPLC Section 324.07 (e) JNV.
 4/27/18 menthol education / inspection Fail price issues JNV
 06/27/2017 Passed tobacco compliance checks BLB

Licensee: FAMILY DOLLAR INC Licensee Comments:
 DBA: FAMILY DOLLAR STORE
 Sales Tax Id: ***** Bus Phone: () -

| License Type | Class | Effective | Expiration | Conditions | License Fee |
|--|-------|------------|------------|------------|-----------------|
| Retail Fd (B) - Grocery 101-1000 sq ft | R | 11/19/2003 | 11/18/2013 | N | \$109.00 |
| Cigarette/Tobacco | R | 04/25/2012 | 11/18/2018 | N | \$453.00 |
| Total: | | | | | \$562.00 |

License # 030004635

Save Changes to History



Licensee: FAMILY DOLLAR INC
 DBA: FAMILY DOLLAR STORE

License | Licensee | Lic. Types | Insurance | Bond | Requirements

Licensee Name: FAMILY DOLLAR INC Browse...
 DBA: FAMILY DOLLAR STORE
 Sales Tax Id: ***** Non-Profit: Worker's Comp: 09/01/2018 Properties...
 AA Contract Rec'd: 00/00/0000 AA Training Rec'd: 00/00/0000
 AA Fee Collected: 00/00/0000 Discount Rec'd:

| Other Agency Licenses | | | | Financial Hold Reasons | | |
|--|-----------|------------|--------|------------------------|------|--|
| Other Licensing Agency Name / License Type | License # | Expiration | Reason | Active | Date | |
| | | | | | | |

Contacts for this Licensee

| Addr. Type | Active | Inactive | Last Name | First Name | Title | Bus | |
|------------|------------|------------|----------------------------------|------------|---------------|-------|--|
| Other | 11/19/2003 | 11/08/2016 | TAX & LICENSE DE | | | (704) | |
| Business | 12/05/2003 | 00/00/0000 | SCHUSTER | COLLEEN | MANAGER | (| |
| Mail To | 11/08/2016 | 00/00/0000 | LIC COORDINATOR NICOLE RADFORD - | | | (757) | |
| Other | 11/08/2016 | 00/00/0000 | OLD JR | WILLIAM | SENIOR VICE P | (| |

Mail License To:
 Mail To Contact
 License Address

Mail Invoice To:
 Mail To Contact
 License Address

Background Check Required Contact Properties...

Licensee: FAMILY DOLLAR INC
 DBA: FAMILY DOLLAR STORE

| License | Licensee | Lic. Types | Insurance | Bond | Requirements |
|---|----------|--|-----------|--|--------------|
| Licensee Name: FAMILY DOLLAR INC <input type="button" value="Browse..."/> | | | | | |
| DBA: FAMILY DOLLAR STORE | | | | | |
| Sales Tax Id: ***** | | Non-Profit: <input type="checkbox"/> | | Worker's Comp: 09/01/2018 <input type="button" value="Properties..."/> | |
| AA Contract Rec'd: 00/00/0000 | | AA Training Rec'd: 00/00/0000 | | | |
| AA Fee Collected: 00/00/0000 | | Discount Rec'd: <input type="checkbox"/> | | | |

| Other Agency Licenses | | | | Financial Hold Reasons | | |
|--|-----------|------------|--------|------------------------|------|--|
| Other Licensing Agency Name / License Type | License # | Expiration | Reason | Active | Date | |
| | | | | | | |

Contacts for this Licensee

| Addr. Type | Active | Inactive | Last Name | First Name | Title | B | |
|------------|------------|------------|--------------------|----------------|--------------|------|---|
| Mail To | 11/08/2016 | 00/00/0000 | LIC COORDINATOR | NICOLE RADFORD | | (75) | <input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address |
| Other | 11/19/2003 | 11/08/2016 | TAX & LICENSE DEPT | | | (70) | |
| Other | 11/08/2016 | 00/00/0000 | MILLER | DEBORAH | VICE PRESIDE | 1 | <input type="radio"/> Mail Invoice To: <input checked="" type="radio"/> Mail To Contact <input type="radio"/> License Address |
| Other | 11/08/2016 | 00/00/0000 | DEAN | ROGER | TREASURER | 1 | |

Background Check Required

Properties for Licensee Contact

Name | Address | Phone | Email | Groups

Street #: 500
Street Name: VOLVO
Street Pre Direct: <All>
Street Type: PKWY
Street Post Direct: <All>
Unit #:
Unit Abbrev:
P.O. Box #:
City: CHESAPEAKE
State: VA
Country: U.S.A.
Zip Code: 23320
Zip+4:

Inter Office Address:

Browse

Override Formatted Address for Mailing
US Post Formatted Address:

Last Upload: 01/01/1997

OK Cancel Help Save Changes to History