



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

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Tobacco Compliance Check Purchase Form

2013
FAMILY DOLLAR INC #6507 *Recheck*
1990 SUBURBAN AVE
ST PAUL, MN 55119-7001
License Type License #
Cigarette/Tobacco 20040005320

For Office Use Only
Compliance Check I.D.# _____
Business I.D.# _____
Pre Ordinance _____
Post Ordinance _____

Business Type:

- Convenience
- Convenience / Gas
- Gas
- Drug Store / Pharmacy
- Tobacco / Smoke Shop
- Supermarket / Grocery
- General Merchant
- Liquor Store / Bar Restaurant
- Other (private club, bowling, etc.)

Date: / /
MM DD YY

Time: : a.m. / p.m.

pd. 4/9
Not ch

Was purchase attempted?

Yes No

If NO, check reason:

- Does not sell tobacco
- Unsatisfactory/unsafe conditions
- Out of business
- Other
- After business hours
- Not applicable

Buyer

Use 3 initials

Age

15
 16
 17

Sex

Female
 Male

Adult

Use 3 initials

Did adult or officer view transaction?

Yes or No

Was sale made?

Yes or No

Was age asked? Was ID requested?

Yes or No Yes or No

Was ID shown?

Yes or No

Type of purchase:

- Self Service
- Clerk assisted
- Vending machine - Unlocked
- Location of machine _____

Type of product:

- Cigarettes *Newport*
- Smokeless
- Cigars
- Other (cigarette papers, lighter, etc.) _____

Amount spent: \$.

Vending machine - Locked

Location of machine _____

Clerk Information:

Female Male

Approximate Age:

Under 18

Actual age if known _____

buzzcut hair, latino

18 and Over

For Office Use Only
Civil Penalty \$ _____ Criminal Penalty \$ _____
Licensee Civil Penalty \$ _____ Suspension 10 days or less 11 to 31 days
32 days to 1 year Over 1 year