



CITY OF SAINT PAUL
Christopher B. Coleman, Mayor

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

RECHECK 2013
5TH STREET CONVENIENCE
55 5TH ST E
ST PAUL, MN 55101-2701
License Type License #
Cigarette/Tobacco 20050004334

ALLIANCE

For Office Use Only
Compliance Check ID # _____
Business ID # _____
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: / / Time: : a.m. / p.m.

*NOT N51M
pd. 2/10*

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 Age Sex Adult Did adult or officer view transaction? Yes or No

Was sale made? Yes or No Was age asked? Yes or No Was ID requested? Yes or No Was ID shown? Yes or No

Type of purchase: Self Service Clerk assisted Vending machine - Unlocked Location of machine _____
 Vending machine - Locked Location of machine _____
Type of product: Cigarettes *Marlboro* Smokeless Cigars Other (cigarette papers, lighter, etc.)
Amount spent: \$.

Clerk Information: Female Male Approximate Age: Under 18 Actual age if known _____
 18 and Over

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