



CITY OF SAINT PAUL  
 Christopher B. Coleman, Mayor

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 Saint Paul, Minnesota 55101-1806

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**Tobacco Compliance Check Purchase Form**

Case # \_\_\_\_\_

Affix Label Here

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: 12 / 18 / 17   
 Time: 2 : 30 a.m. / p.m.

MM          DD          YY

*found multiple flavored Hemp wraps  
 (pic included)*

Was purchase attempted?  
 Yes     No

**If NO, check reason:**

- Does not sell tobacco   
  Unsatisfactory/unsafe conditions  
 Out of business   
  Other *inspector's w/ MIN Reason*  
 After business hours   
 Not applicable

Buyer            
 Age    Sex    Adult            
 Use 3 initials    15    Female    Use 3 initials

16    Male  
 17

Did adult or officer view transaction? *see attached*  
 Yes     No    *comments*

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

Type of purchase:    Type of product:    Amount spent: \$       .      

Self Service     Cigarettes  
 Clerk assisted     Smokeless  
 Vending machine - Unlocked     Cigars  
 Location of machine \_\_\_\_\_     Shisha  
 Vending machine - Locked     E-juice  
 Location of machine \_\_\_\_\_     Other (cigarette papers, lighter, etc.) \_\_\_\_\_

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

Civil Penalty \$ _____	Criminal Penalty \$ _____
Licensee: Civil Penalty \$ _____	Suspension: <input type="checkbox"/> 10 days or less <input type="checkbox"/> 11 to 31 days
For Office Use Only	
_____ 32 days to 1 year    Over 1 year	

Name of Clerk: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

Address: \_\_\_\_\_  
\_\_\_\_\_

Driver's License # or State I. D.#: \_\_\_\_\_

2-18 was contacted by <sup>MIV</sup> Dept of Rev. Inspector about flavored products found during their inspection at the Blue Store. I joined their inspection and found multiple flavored tobacco related products. 5 Boxes of Hemp wraps were flavored, 1 Hemp Zone brand & 4 Twisted brand. Pictures attached



YOU ONLY LIVE ONCE

U.S. ARMY

U.S. ARMY

AIR FORCE

W  
NAME  
ADDRESS  
CITY  
STATE  
ZIP  
CITY  
STATE  
ZIP  
CITY  
STATE  
ZIP

GOVERNMENT

STATES

Signor  
Ester

Twisted HEMP WRAPS  
TROPICAL BREEZE  
4 Hemp Wraps \$9.99

Twisted HEMP WRAPS  
CALIFORNIA DREAM  
4 Hemp Wraps \$9.99

Twisted HEMP WRAPS  
MANGO PINCARPENT  
4 Hemp Wraps \$9.99

Twisted HEMP WRAPS  
GRAPE BURST  
4 Hemp Wraps \$9.99

5 WRAPS FOR \$1  
SLOW BURNING  
HEMP ZONE  
KIWI STRAWBERRY  
HERBAL  
RULO SIZE HEMP WRAP

