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.gow/dsi
i obacco compila	nce Check I archase 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 Liquor Store / Bar Restaurant Other (private club, bowling, etc.)
Date: 17 1 18 1 17 7	'ime: Z : 30 a.m./p.m
	not sell tobacco Unsatisfactory/unsafe conditions of business Dother <i>inspective we MIN Rames</i> business hours Not applicable
	Was ID requested? Was ID shown? Yes No
Type of purchase: Type o	product: Amount spent: \$
Self Service Cig Clerk assisted Sma Vending machine - Unlocked Cig Location of machine Shing Vending machine - Locked E-ju	arettes
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 For Office Use Only	

Name of Clerk:		· ·			
	Date of	f Birth			
Address:					
Driver's License # or S	State I. D.#:				
products to	enad during ?	their inspect	Inspector about	e Store, I	· equipments equipment memory is a fig
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