

Minneapolis Gift Mart

PERMANENT CARD APPLICATION – 2 SIDED

BOTH SIDES OF THIS APPLICATION NEEDS TO BE FILLED OUT

Eligibility: AN OWNER OR BUYER OF A RESALE BUSINESS

Requirements: PLEASE ATTACH THE FOLLOWING:

A PHOTOCOPY OF YOUR STATE TAX PERMIT or Confirmation Letter from the Dept. of Revenue, copy of year end tax form, quarterly payment book, copy of on-line registration/confirmation (*Iowa Hospital Gift Shops OR businesses from Montana & Oregon—please attach copy of Federal ID #*)

AND either:

- ◆ A VOIDED BUSINESS CHECK
- ◆ A BUSINESS CARD

The Minneapolis Gift Mart Reserves the Right to Request Further Information

****NO APPLICATIONS WILL BE PROCESSED WITHOUT ALL REQUIREMENTS ATTACHED****

****IMPORTANT****

The Minneapolis Gift Mart mailing are sent out "bulk rate".

We are asking for your nine (9) digit zip code to help insure you are receiving our mailings. This is especially important if your address includes highway, county road or interstate.

Thank you for your help.

PLEASE TYPE OR PRINT CLEARLY

ONE APPLICATION PER STORE

STORE PRINCIPAL/OWNER _____

BUSINESS NAME – We will abbreviate when necessary _____

BUSINESS ADDRESS _____

CITY _____ STATE _____ ZIP _____

ZIP + 4

BUSINESS PHONE _____ ADDITIONAL PHONE _____

FAX NUMBER _____ E-MAIL _____

BUYER(S) - PLEASE PRINT – **BADGES ARE NOT ISSUED TO PERSONS UNDER THE AGE OF 16**

TYPE OF BUSINESS (CHECK ONLY ONE):

- | | | | |
|--|---|---|---------------------------------------|
| <input type="checkbox"/> GIFT | <input type="checkbox"/> HOME FURNISHINGS | <input type="checkbox"/> GOURMET/FOODS | <input type="checkbox"/> VARIETY |
| <input type="checkbox"/> DRUG | <input type="checkbox"/> STATIONERY/CARD | <input type="checkbox"/> TOYS/CRAFTS | <input type="checkbox"/> INTERIOR |
| <input type="checkbox"/> FLORAL | <input type="checkbox"/> DEPARTMENT STORES | <input type="checkbox"/> HARDWARE | <input type="checkbox"/> JEWELRY |
| <input type="checkbox"/> RESORTS | <input type="checkbox"/> CAMPGROUNDS/RV PARKS | <input type="checkbox"/> HOTEL/MOTEL | <input type="checkbox"/> MANUFACTURER |
| <input type="checkbox"/> BED & BREAKFAST | | <input type="checkbox"/> HOSPITAL GIFT SHOP | |

****APPLICATIONS ARE ACCEPTED AND PROCESSED BETWEEN DECEMBER 1 AND SEPTEMBER 15****
MISUSE OF BADGES OR FALSE INFORMATION WILL RESULT IN ALL BADGES BEING REVOKED

****Please allow 10 business days to process application – at which time badges will be mailed****

****It is the owner's responsibility to retain cards from employees at the end of their employment****

OWNER/BUYER SIGNATURE _____ DATE: _____

DIVISION OF UMAGA

10301 Bren Road West, Minnetonka, MN 55343-9079, (952) 932-7200, (800) 626-1298
Fax (952) 932-0847, E-Mail mart@mplsgiftmart.com, Web Site: mplsgiftmart.com



Certificate of Exemption

Purchaser: Complete this certificate and **give it to the seller.**

Seller: Keep this certificate as a part of your records. If this certificate is not fully completed, you must charge tax.

Print or Type	Check one		
	<input type="checkbox"/> Single purchase certificate	<input checked="" type="checkbox"/> Blanket certificate (if checked, this certificate continues in force until cancelled by the purchaser)	
	Name of purchaser's business or organization		
	X		
	Business Address		
	X		
	City	State	Zip code
	X		
	Purchaser's state tax ID number (copy of State issued document must be attached)		State of issue
	X		
If no number, give reason			
Name of seller from whom you are purchasing, leasing or renting			
Minneapolis Gift Mart - UMAGA			
Seller's Address			
10301 Bren Road West			
City	State	Zip code	
Minnetonka	Minnesota	55343	

Describe business/ exempt items	Describe the nature of your business or organization. Include a description of the items normally sold in your business, if applicable.
	X
Describe the items for which you are claiming exemption.	
N/A	

Type of exemption	Circle the exemption reason code. Enter the number or title where applicable.	
	Code	Description
	A	Agricultural or industrial production.
	B	Direct Pay. Enter DP# _____
	C	Exempt organization. Enter ES# or type of group _____
	D	Motor Carrier direct pay. Enter MCDP# _____
	E	Multiple points of use.
	F	Percentage exemption
	<input type="checkbox"/>	Advertising (enter percentage) _____ %
	<input type="checkbox"/>	Utilities (enter percentage) _____ %
<input checked="" type="radio"/>	Resale	
H	Resource recovery facility. Enter CN# _____	
I	Other. Enter title _____	

Sign here	I declare that the information on this certificate is correct and complete to the best of my knowledge and belief. (PENALTY-If you try to evade paying sales tax by using an exemption certificate for items or services that will be used for purposes other than those being claimed, you may be fined \$100 under Minnesota law for each transaction for which the certificate is used.)			
	Signature of authorized purchaser	Print name here	Phone	Date
	X			

If you have questions, call 651-296-6181. TTY: Call 711 for Minnesota Relay.
Forms and fact sheets are available on our web site at www.taxes.state.mn.us.