



Application for Business License

Applicant Information

Full Name: Last First Middle Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: Email

Length of Time At Address Social Security No.: Applicant's Place of Employment:

Length of time so engaged:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever been convicted of a felony? YES NO If yes, when?

Has the applicant been convicted of a gross misdemeanor, or misdemeanor, including violation of a municipal ordinance but excluding traffic violations. YES NO If yes, when?

If yes, explain:

Business Information

Legal Name of Licensee (LLC, Inc., Etc.) Address of Business:

Trade Name (DBA)

Minnesota Tax I.D. Federal Tax I.D.

This information may be used to deny the issuance or renewal of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.

MN 270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.

**References**

**Character References (List 4) if Applicant has not resided in the City for two (2) years prior to the date of application:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

**Disclaimer and Signature**

I, the applicant, understand that it is unlawful to intentionally make a false statement or omission upon this application form. Further, I understand that any false statement in such application, or any willful omission to state any information called for on such application form, shall, upon discovery of such falsehood, work on automatic refusal of license, or if already issued, shall render any license or permit issued pursuant thereto, void, and of no effect to protect me from prosecution for violation of Chapter 6, or any part hereto, of the City Code for the City of North Mankato.

RIGHTS OF SUBJECTS OF GOVERNMENT DATA, LICENSE AND PERMIT DATA “TENNESSEN WARNING. In accordance with the Minnesota Government Data Practices Act, the City of North Mankato is required to inform you of your rights as they pertain to the information collected about you. Public information is that information which is available to the general public; private information is that information which is available to you, not to the public; and confidential information is that information which is not available to you or the public. The information we collect from you is either public or private. The separation of that information is as follows:

- PUBLIC – NAME AND ADDRESS OF APPLICANTS(S) AT THE TIME OF APPLICATION
- PRIVATE – SOCIAL SECURITY INFORMATION, TAX ID NUMBERS (MS 13.355 & 13.37(a))

The information collected and required from you is to determine your eligibility for a City of North Mankato license or permit. If you do not supply the required information, the City of North Mankato will not be able to determine your eligibility. The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the licensing program. Persons or agencies with whom this information may be shared include: CITY, COUNTY, AND STATE PERSONNEL INVOLVED IN DETERMINING YOUR ELIGIBILITY, CONTRACTED PUBLIC AUDITORS, AND THOSE INDIVIDUALS TO WHOM YOU GIVE YOUR EXPRESS WRITTEN PERMISSION.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the report private data must also treat the information private. You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include: the right to see and obtain copies of the data maintained on you, the right to be told the contents and meaning of the data, and/or the right to contest the accuracy of completeness of the data. By signing the above application I certify that I have read and understand the above information regarding my rights as a subject of government data.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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