

BUSINESS LICENSE APPLICATION

Licensing Department - 651-552-4133 - bbyrd@wspmn.gov

TYPE OF LICENSE/PERMIT/REGISTRATION

BUSINESS INFORMATION	
BUSINESS NAME	BUSINESS TYPE
DOING BUSINESS AS	
BUSINESS ADDRESS	
Business Email:	
Business Phone:	Cell Phone:

CONTACT INFORMATION	
Business Contact Name	Business Contact Title
Contact Email	
Contact Phone Number	

YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE IF YOU DO NOT PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

Federal ID #	
MN State ID #	
Social Security #	

ANSWER ALL THE QUESTIONS BELOW

IF A QUESTION DOES NOT PERTAIN, WRITE N/A TO ACKNOWLEDGE YOU HAVE READ THE QUESTION

1. Is the applicant a Citizen of the United States
or a resident alien?

2. If the applicant has ever been known by another name, other than that listed above, please list
the name, date, places and circumstances.

3. Has the applicant ever been convicted of a felony, gross misdemeanor, or misdemeanor
(including violations of municipal ordinance but excluding minor traffic violations)? If yes, please
furnish information as to the date, time, place of conviction, and nature of the offense.

4. Does the applicant hold a current business license or has the applicant ever held a license from
any governmental unit, including the City?

5. Has the applicant ever had a business license denied, revoked, or suspended in any City or
State? If yes, explain.

List the type, name and location of every business or occupation in which the applicant has been
engaged during the past five years.

**If not managed by the applicant, provide the name(s) on a separate sheet listing the managers/other
persons in charge of the business and all information concerning each of them pursuant to the
questions above.**

If the business is to be conducted under a designation, name or style other than the name of the
applicant, please list the name of the business and attach a certified copy of the business certificate
from the Secretary of State's Office.

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All real estate and personal property taxes that are due and payable for the premises must be paid before a license will be issued. List any and all taxes that are unpaid at this time along with the amount and year.

If the applicant is applying for a personal business license, attach a copy of the independent contractor or employment agreement, or an executed statement from the business owner that the applicant is authorized to conduct business at the business premises.

NOTE: License holders must comply with all conditions placed on the property pursuant to any zoning approval.

Applicant Signature:

Date:

Supplement for (Select One):

1. List names and addresses of all general and limited partners or corporate officers and all information concerning each general partner pursuant to questions 1 – 3 on the business license application. **Attach additional sheets if necessary.**

2. List the names of the managing partners and the interest of each partner in the licensed business.

3. If the applicant does not manage the business, list the name of the managers or other persons in charge of the business and all information concerning each of them pursuant to questions 1 – 3 on the business license application. **Attach additional sheets if necessary.**

4. List all persons who control or own an interest in excess of 5% in applicant's organization or business as well as all officers of the corporation or business and all information concerning the persons pursuant to questions 1 – 3 on the business license application. This provision, however, does not apply to a corporation whose stock is publicly traded on a stock exchange when the corporation is applying for a license to be owned and operated by itself. **Attach additional sheets if necessary**

Applicant Signature:

Date: