

CITY OF WEST ST. PAUL
Police Department
 1616 Humboldt Avenue
 West St. Paul, Minnesota 55118
 (651) 552-4200

BUSINESS LICENSE APPLICATION

BUSINESS NAME		<input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Individual
DOING BUSINESS AS		
BUSINESS ADDRESS		
Home Phone:	Cell Phone:	Work Phone:
Individual Applying for Business License: FIRST, MIDDLE LAST		Date of Birth
Street Addresses Applicant has lived during the past 5 years and Telephone Numbers		
Street Address/City/State/Zip Code		Phone Number
Street Address/City/State/Zip Code		Phone Number
I hereby apply for the following licenses in the City of West St. Paul, County of Dakota, State of Minnesota:		
<u>TYPE OF LICENSE/PERMIT</u>	<u>FEE</u>	
TOTAL		
YOUR APPLICATION WILL BE CONSIDERED <u>INCOMPLETE</u> IF YOU DO NOT PROVIDE THE FOLLOWING WITH YOUR APPLICATION:		
<u>Information</u>	<u>Required</u>	<u>Received</u>
Liability Insurance; \$100,000, \$300,000, \$100,000		
Worker's Compensation Insurance		
Federal ID# _____		
MN State ID# _____ (To obtain an ID# call 651-282-5225)		
Social Security# _____ (If MN State ID# is not provided)		
Background Investigation		
<u>Supplemental Forms</u>		
Corporation Supplement		
Massage – Certificate of Graduation Diploma & 500 Hours of Course Work		
Partnership Supplement		
Rubbish Hauler Form		
Email Contact Information: _____		Revised 8/2017

ANSWER ALL THE QUESTIONS BELOW.

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

- 1. Yes No Is the applicant a Citizen of the United States or a resident alien?

- 2. Yes No If the applicant has ever been known by another name, other than that listed above, please list the name, date, places and circumstances.

- 3. Yes No 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. Yes No Does the applicant hold a current business license or has the applicant ever held a license from any governmental unit, including the City?
- 5. Yes No 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.

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.

I hereby certify that the above information is true to the best of my knowledge and make this application pursuant to all the laws of the State of Minnesota and the City of West St. Paul.

Applicant Signature: _____ Date: _____

FORM – A – Partnership Supplement

If the applicant of a business license is a partnership, this form must be completed.

1. List names and addresses of all general and limited partners 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. Federal Tax Identification number: _____

5. Minnesota Employer Identification number: _____

WRITTEN DECLARATION:

I declare, under penalty of perjury, that the information contained in this application is true and complete.

A General Partner must sign the written declaration.

Applicant Signature: _____ **Date:** _____

FORM – B – Corporation Supplement

If the applicant of a business license is a corporation, this form must be completed.

1. If the applicant is not also the manager, list the names of the managers or other persons in charge of the business and all information concerning each manager, proprietor or agent pursuant to questions 1 – 3 on the business license application. Attach additional sheets if necessary

2. 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

3. Federal Tax Identification number: _____

4. Minnesota Employer Identification number: _____

WRITTEN DECLARATION:

I declare, under penalty of perjury, that the information contained in this application is true and complete.

An Officer of the Corporation must sign the written declaration.

Applicant Signature: _____ **Date:** _____