

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Applicant _____ Phone (_____) _____
Last First Full middle Maiden
 Address _____
Street City State Zip

2. Business name _____ Phone (_____) _____
 Address _____
Street City State Zip

*If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statute, Section 333.02.*

3. Minnesota Business Tax ID Number _____ Applicant's Social Security Number _____
(Per Minnesota Statute 270C.72)
 Federal Business Tax ID Number _____

4. **Description of event:** Site manager _____
 Date(s) _____ Time(s) _____
 Type of products being sold _____

Attach a site plan showing location of sale and parking.

Notice and signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

X _____
Applicant signature