



Return completed form to:
City Clerk's Office
City of Albert Lea
 221 E. Clark St., Albert Lea, MN 56007
 507-377-4335
dmaras@ci.albertlea.mn.us (call to arrange payment)

LICENSE APPLICATION

- Please check all that apply:
- Exhibition/Show \$550.00
 - Pyrotechnics \$500.00
 - Fireworks (tent sales) \$250.00
 - Fireworks (store sales) \$100.00
 - Theatre \$100.00

Please type or print legibly

Applicant:

Full name _____
 Home address _____ city, state, zip code _____
 Home telephone number (daytime) _____
 Email address _____

Business:

Business name _____
 Business address _____ city, state, zip code _____
 Business telephone number (daytime) _____
 Minnesota Tax ID number _____ or Federal Tax ID number _____

Corporation (if applicable):

Corporation name _____
 List the officers and their titles _____

For exhibition/show or fireworks please list your display location (contact the City Clerk directly for additional requirements) _____ date _____

For theatre, please list amount of seating _____

* * * * *

State of Minnesota)
 County of Freeborn) ss
 City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE TERMS OF THE ALBERT LEA CITY CODE AND THE LAWS OF THE STATE OF MINNESOTA AS THEY RELATE TO THE LICENSING AND OPERATION OF THE LICENSES BEING APPLIED FOR. I UNDERSTAND FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

Signature _____ Date _____

FOR OFFICE USE	
Date received _____	Check number/cash/CC _____
Fee received _____ for _____	Fee received _____ for _____
Processor initials _____	City Council approval date _____



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RIGHTS OF SUBJECTS OF GOVERNMENT DATA 'TENNESSEN WARNING'

In accordance with the Minnesota Government Data Practices Act, the City of Albert Lea 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 general 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 applicant(s)
- Private – all other information collected on the application

The information collected and required from you is to determine your eligibility for a City of Albert Lea license. If you do not supply the required information, the City of Albert Lea 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 regulatory licenses. Persons or agencies with whom this information may be shared include:

- City of Albert Lea departmental personnel involved in determining your eligibility for a license or administering the program in connection with which the application is submitted.
- Freeborn County departmental personnel involved in the program.
- City Council members (only that information needed to approve the application for a license).
- Federal, State, County, and local and contracted public auditors.
- Law enforcement personnel in the cases of suspected fraud related to the application or license.
- Those individuals or agencies to which you give your express written permission.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as 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.
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the City Manager's Office, 221 East Clark Street, Albert Lea, MN 56007-2496.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature

Date

Title

Business Name or Individual's Name