



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

Cigarette - \$300 per year

Please type or print legibly

Applicant:

Full name: _____

Home address: _____ city, state, zip code: _____

Home telephone number (daytime): _____

U.S. Citizen: Yes No

Place of birth: _____

Email address: _____

Business:

Business name: _____

Business address: _____ city, state, zip code: _____

Business telephone number (daytime): _____

Minnesota ID number: _____

Partnership: Agreement shall be submitted with the application listing the name of the partnership

List the partners and their titles: _____

Corporation (if applicable):

Corporation name: _____

List the officers and their titles: _____

State of Minnesota)

County of Freeborn) ss.

City of Albert Lea)

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

Signature

Date

FOR OFFICE USE

Date received: _____

City Council approval date: _____

Processor initials: _____

Licensing period: _____

Fee received: _____

License number: _____

Check number/cash/CC: _____



Form REV185b, Authorization to Release Business Tax Information

Read instructions before completing this form.

Business Taxpayer Information	Business Taxpayer Name			Minnesota or Federal Employer Identification Number (FEIN)		
	Street Address or PO Box			Phone Number		Fax Number
	Apt. or Suite			For combined business returns: Filing entity name <i>(if different)</i>		
	City	State	ZIP Code	Filing entity FEIN/TIN		

Recipient	Name of Person to Receive Return Information			Attorney Number, Accountant Number, or PTIN		
	Street Address or PO Box			Phone Number		
	Apt. or Suite			Fax Number		
	City	State	ZIP Code	Email Address		

Type of Information	The person above is authorized to receive and inspect nonpublic data about the business for the following:					
	Type of Tax <i>(Such as Business Income, Sales, Withholding) or Debt Issue</i>		Tax Form Name or Number <i>(If applicable)</i>		Extended Expiration Date	
					/ /	
					/ /	

Signature	This authorization is not valid until it is signed and dated by someone with legal authority to sign agreements on behalf of the business taxpayer. <i>I certify that I have the legal authority to sign this form.</i>						
	Signature			Date	Address, If Different from Taxpayer		
	Print Name and Title			Phone Number	City	State	ZIP Code

Send a signed copy of this form to the department:
 Mail: Minnesota Department of Revenue, Mail Station 7703, 600 Robert Street North, St. Paul, MN 55146
 Fax: 651-556-5210
 Email: MNDOR.POA@state.mn.us

Form REV185b Instructions

Purpose of This Form

By signing this form, you authorize the Minnesota Department of Revenue to release nonpublic data to the person above.

An authorized recipient may inspect or receive nonpublic data, but may not act on your behalf. To grant additional authority, complete Form REV184b, *Business Power of Attorney*.

Individuals

To authorize the department to release private data about an individual, complete Form REV185i, *Authorization to Release Individual Tax Information*.

Your Signature

Owners or officers: Sign, date, print your name and title, and enter your contact information.

We reserve the right to request additional information as needed.

Expiration

This authorization expires once the data is released. To extend the amount of time this authorization is valid for, indicate when you want it to expire in the Tax Type or Issue section of this form.

Questions?

Website: www.revenue.state.mn.us
 Email: MNDOR.POA@state.mn.us
 Phone: 651-556-3003 or 1-800-657-3909



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Investigation fee:
 Individual ownership \$100 plus \$25 for each employee
 Partnership ownership \$125 plus \$25 for each employee
 Corporate ownership \$175 plus \$25 for each employee

Investigation Application

Date _____

The following named individual has made application with this agency for a _____ license.

First, middle, and last name of applicant (please print) _____

Maiden, alias or former name (please print) _____

Date of birth: month/day/year _____ How many years living in MN _____

Social security number _____

Driver's license number _____ State of issuance _____

Business name _____

Business address _____

I authorize the City of Albert Lea Law Enforcement Department to disclose all criminal history record information to the City of Albert Lea City Clerk or her designee for the purpose of conducting the statutorily required background check for the issuance of the license I am applying for as indicated on this application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of applicant

Date

Police Chief

Date

City Clerk

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