



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.

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

<b>Recipient</b>	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		

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

<b>Signature</b>	<b>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.</b> <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](http://www.revenue.state.mn.us)  
 Email: [MNDOR.POA@state.mn.us](mailto:MNDOR.POA@state.mn.us)  
 Phone: 651-556-3003 or 1-800-657-3909



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

## INDEMNITY AGREEMENT

AGREEMENT made this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by and between the City of Albert Lea, Minnesota herein referred to as "the City" and \_\_\_\_\_, herein referred to as "the Licensee".

WHEREAS, the licensee shall execute and deliver to the City Clerk, on a form prescribed by the City for said purpose, an indemnification agreement holding City harmless for any person injury or property damage resulting from the operation of said business.

NOW, THEREFORE, in consideration of the foregoing, the parties hereto agree as follows:

1. Subject to the terms and conditions of this indemnity agreement, licensee shall indemnify, defend, and hold harmless the City against any and all claims, demands, causes of action, suits or judgments, including reasonable attorney's fees, costs and expenses incurred in connection with such matters, for death or injuries to persons or for loss of or damage to property arising out of or in connection with the operation and maintenance by licensee or any of their agents, contractors or employees of said business within the public right of ways of the City.
2. Indemnity under this agreement shall commence as of the date of the agreement by the City of Albert Lea.
3. The City agrees to notify licensee in writing within thirty (30) days of the receipt By the City of Notice of any indemnified claim.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement.

APPLICANT/LICENSEE

CITY OF ALBERT LEA, MINNESOTA

\_\_\_\_\_  
Signature

By: \_\_\_\_\_  
Its: Mayor

By: \_\_\_\_\_  
Its: City Clerk



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

## 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