



GENERAL APPLICATION FOR MUNICIPAL LICENSE

Type of License		License Fee
Minnesota Sales Tax ID Number, Social Security Number, or Individual Tax ID Number		
Legal Corporate Name of Business	Trade Name (DBA)	Business Telephone Number
Business Address/Location	City	State Zip Code
Mailing Address (if Different than Business Address)	City	State Zip Code
Name of Person Filling out this Application	Title	Telephone Number
E-mail Address	Fax Number	Cell Phone Number
Name of Manager and Home Address	Date of Birth	
<p>I, _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota. The undersigned hereby applies for a license to carry on the aforementioned business in the City of Lakeland of Washington County, Minnesota. This business is subject to the laws of Minnesota and ordinances enforced by the City of Lakeland. This business agrees to tender all applicable licensing fees to the City of Lakeland.</p>		
SIGNATURE OF APPLICANT		DATE
TITLE		

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

Please return to:

**City of Lakeland
1190 St. Croix Trail S.
Lakeland, MN 55043**