



Business License Application

339 Third St. • Excelsior, MN 55331
952-653-3674

TYPE OF LICENSE(S) APPLYING FOR: _____ LICENSE YEAR: 2022

(X)	LICENSE	ANNUAL FEE IF PAID BY 7/14/22	ANNUAL FEE IF PAID AFTER 7/14/22	TOTAL
	Refuse Hauler	\$275 Base Fee Plus \$25 Per Vehicle Sticker	\$412.50 Base Fee Plus \$37.50 Per Vehicle Sticker	
	Tobacco	\$325	\$487.50	

TOTAL DUE: _____

Business Name:	Business Phone:
Address:	City, State, Zip:
Please Check: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other	
Applicant Name (Owner of Business):	Phone: Cell Phone:
Address:	City, State, Zip:
Email Address:	
Minnesota Tax ID Number:	Federal Business Tax ID Number:
Owner of Premises:	Phone: Cell Phone:
Home Address:	City, State, Zip:
Name of Manager:	Phone: Cell Phone:
Home Address:	City, State, Zip:

If Business is a Partnership or Corporation:

List name, title, home address, and telephone numbers of each partner or officer

Description of Business (be specific): _____

Has the applicant, or any associated with this application, in the past five years been convicted of any felony or gross misdemeanor? _____ Yes _____ No

THE INFORMATION BEING COLLECTED WITH THE ATTACHED FORM(S) IS BEING COLLECTED TO EVALUATE YOUR APPLICATION. YOU ARE NOT LEGALLY REQUIRED TO PROVIDE ANY OR ALL OF THE REQUESTED INFORMATION. REFUSING TO PROVIDE ANY OR ALL OF THE REQUESTED INFORMATION MAY, HOWEVER, RESULT IN DENIAL OF YOUR APPLICATION. THE DATA YOU PROVIDE MAY BE PROVIDED TO CITY STAFF, CONSULTANTS, AND COMMISSIONERS WHO HAVE A BONA FIDE NEED TO REVIEW THE INFORMATION IN THE COURSE OF EVALUATING YOUR APPLICATION.

BY SIGNING BELOW, YOU HEREBY AUTHORIZE THE INSPECTION AND GATHERING OF DATA RETAINED BY ANY AGENCY, INDIVIDUAL OR INSTITUTION THAT IS DEEMED NECESSARY TO DETERMINE WHETHER YOU ARE PROHIBITED BY MINNESOTA STATUTE AND/OR CITY OF EXCELSIOR ORDINANCE CODES FROM OBTAINING THE LICENSE(S) OR PERMIT(S) FOR WHICH YOU APPLIED. FAILURE TO COMPLETE AND SIGN THIS RELEASE OF INFORMATION FORM WILL RESULT IN THE INABILITY TO PROCESS THIS LICENSE APPLICATION(S). YOU MAY BE ASKED AT A FURTHER DATE TO SIGN ADDITIONAL RELEASE OF INFORMATION FORMS IF IT IS DEEMED NECESSARY.

ALL APPLICATIONS MUST BE SIGNED AND NOTARIZED

I, _____, being duly sworn, on his oath deposes and says that the matters and facts set forth in the foregoing application are true and I sign this affidavit as or on behalf of the above named applicant.

AFFIDAVIT:
State of _____
County of _____
Subscribed and sworn to before me this _____ day of _____, 2021
Notary Public, _____ County, MN
My Commission Expires: _____

Signature of Applicant

Notary Public

APPROVED

Kristi Luger, City Manager

Date