

**STATE OF MINNESOTA**  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

1. This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest
2. The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service
3. Failing to supply this information may jeopardize or delay the issuance of your license or processing of your renewal application

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue. **Please Print or Type**

**Name of license being applied for:**

Liquor/Beer       Consumption & Display       Tobacco       Fireworks

Licensing authority: Crow Wing County

License renewal date:

**Personal Information**

|                   |      |            |                        |
|-------------------|------|------------|------------------------|
| Applicant's name: | Last | First & MI | Social Security Number |
|-------------------|------|------------|------------------------|

|                      |        |      |       |          |
|----------------------|--------|------|-------|----------|
| Applicant's address: | Street | City | State | Zip code |
|----------------------|--------|------|-------|----------|

Applicant's Date of Birth:

**Business Information (if applicable)**

Business name:

|                   |        |      |       |          |
|-------------------|--------|------|-------|----------|
| Business address: | Street | City | State | Zip code |
|-------------------|--------|------|-------|----------|

|                            |                                 |
|----------------------------|---------------------------------|
| MN Tax Identification No.: | Federal Tax Identification No.: |
|----------------------------|---------------------------------|

**If a Minnesota tax identification number is not required, please explain on the reverse side of this form.**

Signature

Title

Date