



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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City Code Title 3, Chapter 5 License & Registration Application

In an effort to provide the public of the City of Andover with the best quality of life within its corporate city limits, the city has determined that the following information be received from any and all persons or firms wishing to conduct:

_____ Canvasser/Solicitor _____ Transient Merchant _____ Peddler

1. Name and description of applicant:

Name: _____
 (First) (Middle) (Last)

Eyes _____ Hair _____ Height _____ Weight & Build _____

Date of birth _____ Drivers License # _____
(Attach copy of license)

2. Permanent Home Address: _____

Telephone Number: _____ Email: _____

Local Address: _____ Phone #: _____

3. Description of vehicle(s) used for sales purposes:

Make & Year _____ Model: _____

License # & State _____ Color: _____

4. Brief written description of the nature of the business, a description of the goods to be sold (including photographs or brochures), what company you are soliciting for and the applicant's method of operation:

Continued →

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being Applied for or Renewed: _____
Licensing Authority: CITY OF ANDOVER
License Renewal Date: _____

Personal Information:

Applicant's Name: _____
Applicant's Address: _____
Social Security Number: _____
Or Individual Tax Identification Number (ITIN) _____

Business Information:

Business Name: _____
Business Address: _____
Minnesota Tax Identification # _____
Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____ Company: _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name