



## Verification

Applicant may subscribe to receive an electronic notification from the City of proposed ordinances by signing up for *Email Updates* on the City's website at [www.cityofapplevalley.org](http://www.cityofapplevalley.org).

The data you furnish on this application will be used by the City of Apple Valley in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Apple Valley may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.

**Your signature is required in order to process this application.**

I, (print name) \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. I understand that false information may result in the denial, suspension, or revocation of this license.

Signature of Applicant \_\_\_\_\_

Business Title \_\_\_\_\_

Date \_\_\_\_\_

Annual fee: \$52.00

All licenses expire December 31<sup>st</sup>.

01/22	Office use only	Code 1001.4049
Date rec'd/paid	Amount \$	Receipt #
Approve/Deny	License #	Temporary dates