

**CITY OF PRIOR LAKE**

**LICENSE QUESTIONNAIRE (FOR POLICE DEPARTMENT USE)**

LICENSE APPLICANT: \_\_\_\_\_  
(First, Middle, Last) (Date of Birth)

DBA: \_\_\_\_\_

TYPE OF LICENSE APPLIED FOR: \_\_\_\_\_

TYPE OF OWNERSHIP: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

**NAMES OF EMPLOYEES:**

(First, Middle, Last)

**BIRTH DATES:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Attach additional sheet if necessary)

**NAME OF MANAGER:** \_\_\_\_\_  
(First, Middle, Last) (Date of Birth)

**NAME(S) OF OWNER(S):**

\_\_\_\_\_ (First, Middle, Last) (Date of Birth)

\_\_\_\_\_ (First, Middle, Last) (Date of Birth)

\_\_\_\_\_ (First, Middle, Last) (Date of Birth)

\_\_\_\_\_ (First, Middle, Last) (Date of Birth)

**Form SP:C1**

**LICENSE APPLICANT:**

- Pursuant to Minnesota statute 270.72 Tax Clearance: Issuance of Licenses, the authority 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 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 it 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 issuance or renewal 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:** \_\_\_\_\_  
(Name of City, County or State Agency issuing license)

**LICENSE RENEWAL DATE:** \_\_\_\_\_

**PERSONAL INFORMATION:**

Applicant's Name: \_\_\_\_\_

Applicant's Home Address: \_\_\_\_\_  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

\_\_\_\_\_  
**Signature, Position (Officer, Partner, Etc.)** **Date**

**MINNESOTA WORKER'S COMPENSATION INFORMATION**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. **The information required is:** the name of the insurance company, the policy number and dates of coverage or the permit to self-insure. **This information will be collected by the licensing agency and retained in their files.**

**This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor Industry.**

**Insurance Company Name:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Dates of Coverage:** \_\_\_\_\_

**(OR)**

**I am not required to have worker's compensation liability coverage because:**

- ( ) I have no employees.
- ( ) I am self-insured (include permit to self-insure).
- ( ) I have no employees who are covered by the worker's compensation law (these include: spouse, parents, children and certain farm employees).

**I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law:**

**Name:** \_\_\_\_\_  
(Last, First, Middle)

**DBA:** \_\_\_\_\_  
(Business name if different than your name)

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
Signature Date



**CITY OF PRIOR LAKE**

**CONSENT FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Print Full Name (First) (Full Middle) (Last)

Residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
Driver's License/State

\_\_\_\_\_  
Date of Birth

Authorize the Prior Lake Police Department to disclose to the Prior Lake City Manager, Accounting Clerk and the Prior Lake City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

Witness: \_\_\_\_\_