City of International Falls

License Application

Applicant's Full Legal Name: _____

Applicant's Permanent Address: _____

Applicant's Telephone Number: _____

Date of Birth: _____ Driver's License Number: _____

U.S. Citizen: Yes_____ No_____ If no, list Citizenship: _____

MN Identification Number: _____

Federal Identification Number: _____

Social Security Number: _____

Business Legal Name: _____

DBA ("doing business as") _____

Type of ownership (LLC, Inc., etc.): _____

Business Address: _____

Business Telephone Number: _____

Email Address: _____

Type of Business: _____

Yearly License Fee: Cigarette/Tobacco License = $150.00

Officer or Partners:

_____	_____	_____
Name	DOB	Address
_____	_____	_____
Name	DOB	Address

Have you ever been convicted of a crime within the last five years? Yes_____ No_____

If yes, explain: _____

_____

Please list previous addresses and occupations, if different from above.

1. _____
2. _____

Please list the names and addresses of previous employers, if any.

1. _____
2. _____

Please list the name, address, and phone number of two-character references:

1. _____
2. _____

Please provide any other information you would like the City Council to consider when evaluating this license application.

_____

_____

I authorize the City of International Falls, MN to investigate the statements and information provided within this license application form. Yes_____ No_____

Note: It is unlawful for any applicant to intentionally make a false statement or omission upon any application form. Any false statement or willful omission to provide information called for in this application form, shall, upon such discovery of falsehood or omission of information, be sufficient cause to refuse this license or void this license if already issued. Furthermore, the applicant may be subject to revocation of the license and prosecution for false statements and/or willful omission of information requested in this application form.

By my signature below I hereby subscribe to and swear that all statements and information as provided herein is complete, accurate and truthful; and furthermore, I/we shall agree to all applicable provisions of federal, state, and local laws and rules and the stated terms and any conditions of license approval.

_____ _____

Applicant's Signature Date