

City of Mendota
P O Box 50688
Mendota, MN 55150
651-322-0827
cityofmendota@gmail.com

Application for _____ License
(General Business / Restaurant / Hauler / Vending / Manufacturing)

I, _____, hereby apply for a license for the term of one year in the City of Mendota, Dakota County, State of Minnesota.

Business Name: _____

Address: _____
(Street)

(City) (State) (Zip)

Phone: _____

This is a: Firm Corporation Partnership Private Ownership

Owners / Operators: _____

List of other cities in which you are licensed: _____

If Leasing / Renting, Signature of Landlord: _____

The undersigned applicant makes this application to any rules and regulations the City of Mendota prescribes as well as all laws of the State Of Minnesota, including MN Statute §270c.72, Subdivision 4 which requires the inclusion of personal information that will remain private and confidential.

Signed: _____ **Date:** _____

Applicant MN Business Identification Number: _____

Social Security Number: _____ **F.E.I.N:** _____

License Fee Paid: _____