



City Clerk's Office
 221 East Clark Street
 Albert Lea, MN 56007-2496
 Telephone: 507-377-4335
 dmaras@ci.albertlea.mn.us

LICENSE APPLICATION
 Please check all that apply:
 Commercial \$300.00/yr
 Industrial \$325.00/yr
 Residential \$150.00/yr

Please Type or Print Legibly

Applicant:

Full Name: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Manager of Business:

Full Name: _____

Home Address: _____ City, State, Zip Code: _____

Home Telephone Number (Daytime): _____

Business:

Business Name: _____

Business Address: _____ City, State, Zip Code: _____

Business Telephone Number (Daytime): _____

Corporation (if applicable):

Corporation Name: _____

List the Officers and their Titles: _____

Insurance Agent:

Agency: _____ Agent: _____

Address: _____ City, State, Zip Code: _____

Telephone Number (Daytime): _____

Description:

Please describe the services to be provided: _____

Please list the vehicles you have and give the following information regarding them:

	<u>Make</u>	<u>Serial Number</u>	<u>License Number</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

Please attach a separate sheet listing the routes/area to be serviced, schedule of pickups, and your rate schedule.

* * * * *

State of Minnesota)
County of Freeborn) ss.
City of Albert Lea)

THE UNDERSIGNED HEREBY AGREES TO COMPLY WITH THE LAWS OF THE STATE OF MINNESOTA AND THE ALBERT LEA CITY CODE AS THEY RELATE TO THE LICENSING AND OPERATION OF LICENSES BEING APPLIED FOR. I UNDERSTAND THAT FALSIFICATION OF ANY PART OF THIS APPLICATION IS CAUSE FOR DENIAL OR REVOCATION.

Signature

Date

Office Use

Date Received: _____

Fee Received: _____ for Commercial

Processor Initials: _____

Fee Received: _____ for Industrial

Check Number/Cash/CC: _____

Fee Received: _____ for Residential