



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

LICENSE APPLICATION
Cigarette - \$200.00 per yr.

Please Type or Print Legibly

Applicant:

Full Name:
Home Address: City, State, Zip Code:
Home Telephone Number (Daytime):
Email Address:

Business:

Business Name:
Business Address: City, State, Zip Code:
Business Telephone Number (Daytime):

Corporation (if applicable):

Corporation Name:
List the Officers and their Titles:

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:
Processor Initials:
Fee Received:

Check Number/Cash/CC:
Council Approved: