



Kathleen Ryan, Aitkin County Auditor

Aitkin County Government Center
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Aitkin, MN 56431

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License Applicant:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of licenses: The licensing 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: ☐ On Sale ☐ Off Sale ☐ On/Off Sale & Sunday
☐ On Sale & Sunday ☐ Wine ☐ 3.2% On Sale ☐ 3.2% Off Sale ☐ 3.2% On/Off Sale

Licensing Authority:

Aitkin County

(Name of City, County or State Agency issuing the license)

License Renewal Date:

Personal Information - Owner(s) Officer(s) Member(s):

Please attach a separate piece of paper if needed.

Owner/Officer Name:

Home Address:

Street

City

State

Zip Code

Cell Number:

Social Security Number:

Applicant's Email Address:

Business Information:

Business Name: _____

Business Address: _____
Street

City State Zip Code

Mailing Address if different: _____
Street

City State Zip Code

Business Phone Number: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

Tax Parcel Identification Number of Business Location: _____

Township: _____

Signature

Position (Officer, Partner, Etc.)

Date

This section below to be completed by County

- Minnesota Department of Health Food, Pools and Lodging License Number: _____
Renewal Received?

Yes _____ No _____

- Date: _____

Zoning Classification: _____

Conditional Use Permit needed to obtain or renew Intoxicating Liquor License?

Yes _____ No _____

Aitkin County Planning & Zoning
Andrew Carlstrom, Director

- State of Minnesota
County of Aitkin

The undersigned County Auditor of Aitkin County, hereby certifies that there are no delinquent taxes on the liquor license premises that is requesting license approval. As required by Aitkin Count Board of Commissioners.

Kathleen Ryan, Aitkin County Auditor Date

By: _____
Deputy