



## CITY OF SHOREWOOD

### NOTIFICATION FOR LICENSE APPLICATION INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

*(Includes Tennessee Warning)*

City of Shorewood, 5755 Country Club Road, Shorewood, MN 55331

Phone: 952-960-7900 / Fax: 952-474-0128 / Email: [cityhall@ci.shorewood.mn.us](mailto:cityhall@ci.shorewood.mn.us)

As part of your application for a license or permit, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

- The purpose and intended use of the information requested is to determine if you are eligible for a license or permit from the City of Shorewood.
- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license or permit cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license or permit with the City, unless the conviction is related to the matter for which the license or permit is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
- The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice. Return this notice with your application.

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Date

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Signature

**CITY OF SHOREWOOD  
CERTIFICATE OF COMPLIANCE  
DEPARTMENT OF REVENUE INFORMATION  
City of Shorewood, 5755 Country Club Road, Shorewood, MN 55331  
Phone: 952-960-7900 / Fax: 952-474-0128 / Email: cityhall@ci.shorewood.mn.us**

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 (person signing the application).

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:

- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Upon receiving this information, the license 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

**Please supply the following information and return along with your application:**

Type of License \_\_\_\_\_

**PERSONAL INFORMATION**

Applicant Name \_\_\_\_\_

Applicant Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Social Security Number \_\_\_\_\_ Phone Number \_\_\_\_\_

**BUSINESS INFORMATION**

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

MN Tax ID #: \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

If a MN Tax ID# is not required, explain on the reverse side

\_\_\_\_\_  
Signature Title Date