



GOING OUT OF BUSINESS SALE LICENSE APPLICATION

CITY OF ROBBINSDALE-Office of the City Clerk

Approved ___ Denied ___
1st ___ 2nd ___ 3rd ___
See Fee Schedule for License

The Robbinsdale City Code requires that the data requested in this application must be submitted in order for the City to determine your eligibility for this license. Refusal to provide the data shall result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial based upon the applicant's eligibility as determined by provision of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES

| | | | |
|---|------------------------------|-----------|------------------------|
| Applicants Full Name /Title (NO initials or nicknames) | | | |
| Birth date | Drivers License/State Issued | | Social Security Number |
| Applicant's Address | City | State Zip | Phone No. |
| Business Trade Name or d/b/a | | | |
| Business Address | City | State Zip | Phone No. |
| Type of sale to be conducted | | | |
| Reasons for conducting sale | | | |
| Address of Sale | City | State Zip | Phone No. |
| Nature of occupancy where sale will be held own ___ Lease ___ Sublease ___ If lease/sublease date of termination of lease _____ | | | |
| Has applicant held regulated sale at premises during past year? Yes ___ No ___ | | | |
| Date applicant acquired business | | | |
| Names and address of individuals in charge of sale _____ _____ _____ () _____ () _____ () _____ | | | |
| Partners and/or officers of the corporation: Please list names, current addresses, residence addresses for the past five years, and dates of birth (If this is a renewal application: ___no changes from initial application ___ changes as follows) | | | |
| (1) Name: _____ | | | |
| Current Address: _____ | | | |
| Residence Addresses for past five years: _____ | | | |
| Date of Birth _____ Drivers License # /State Issued: _____ | | | |
| (2) Name: _____ | | | |
| Current Address: _____ | | | |

Residence Addresses for past five years: _____
 Date of Birth _____ Citizenship Status _____ Drivers License # /State Issued: _____

(Partners and/or officers of the corporation Cont.)

(3) Name: _____
 Current Address: _____
 Residence Addresses for past five years: _____
 Date of Birth _____ Citizenship Status _____ Drivers License # /State Issued: _____

(Inset additional page if more space is needed)

Information to be submitted with license application:

___ 1. Complete Inventory listing as required in Section 1120.05, Subd. 5(h)
 ___ 2. Minnesota Tax/Workers Compensation form
 ___ 3. Applicable Fees

Applicant Signature: _____ Date: _____

| | |
|---|--|
| <p>CITY PLANNER REPORT/RECOMMENDATION:</p> <p>_____ _____ _____ _____</p> <p>BY: _____ DATE: _____</p> | <p>CHIEF OF POLICE REPORT/RECOMMENDATION:</p> <p>_____ _____ _____ _____</p> <p>BY: _____ DATE: _____</p> |
| <p>This license is for a period not to exceed 30 days. A second renewal license is for a period not to exceed 30 days and a final third renewal license may be granted for period not to exceed 30 days..</p> | <p>Return completed form to the Office of the City Clerk, City of Robbinsdale, 4100 Lakeview Ave N., Robbinsdale, MN 55422 (763) 531-1255</p> |

A licensee may not engage in the same type of business at a location within a distance of one-half mile within a period of six months after the termination date of the regulated sale.