

## New Off-Sale Beer License

- \_\_\_\_\_ Application for Off-Sale Beer license, signed and **NOTARIZED**
- \_\_\_\_\_ State Form 9011 – “Certification of an On Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License”
- \_\_\_\_\_ Investigation application completely filled out
- \_\_\_\_\_ TTB Alcohol Dealer Registration Application
- \_\_\_\_\_ Copy of incorporation papers, if applicable
- \_\_\_\_\_ Insurance - MN Statutes 340A.Subd. 1 provides that no retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regards to liability imposed by Section 340A,801. Proof of financial responsibility may be given by filing:

\*

- (a) A certificate that there is in effect an insurance policy or pool providing the following minimum coverages:
  - (1) \$50,000 because of bodily injury to any one person in any one occurrence and, subject to the limit for one person, in the amount of \$100,000 because of bodily injury to two or more persons in any one occurrence, and in the amount of \$10,000 because of injury to or destruction of property of others in any one occurrence.
  - (2) \$50,000 for loss of means of support of any one person in any occurrence and, subject to the limit for one person, \$100,000 for loss of means of support of two or more persons in any one occurrence; or
- (b) A bond of surety company with minimum coverages as provided in Clause (A) above, or
- (c) A certificate of the State Treasurer that the licensee has deposited with the State Treasurer \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000. However, City of Brainerd Ordinance No. 803 provides that all license holders must demonstrate financial responsibility and not just those with sales exceeding \$10,000 per year. Therefore, a liability insurance certificate must accompany your application, showing the City of Brainerd as the certificate holder. All liquor liability insurance coverage shall completely cover the license period. The date of coverage must run from July 1 to June 30. The liability policy must include a provision that the insurer may not cancel coverage without ten (10) days written notice to the City and Commissioner of Public Safety

- \_\_\_\_\_ Proof of Workers Compensation Insurance Coverage form
- \_\_\_\_\_ Authorization and Release form - **NOTARIZED**
- \_\_\_\_\_ Tax Clearance Information form
- \_\_\_\_\_ \$25 license fee (101-32115)
- \_\_\_\_\_ \$100 investigation fee (225-36299)

**CITY OF BRAINERD APPLICATION  
RETAIL LICENSE TO SELL 3.2 PERCENT MALT BEVERAGE (BEER) "OFF SALE"**

*Please print*

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

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

Doing Business As \_\_\_\_\_

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

Business Phone Number \_\_\_\_\_

Home Address \_\_\_\_\_

Type of Business (Bar, Bar & Grill, Restaurant) \_\_\_\_\_

Hereby applies for a license for the term

To sell at retail only, 3.2 percent malt beverages as the same are defined by law, that said applicant is a citizen of the United States; of good moral character and repute; and has attained the age of 21 years; that said applicant is the proprietor of the establishment for which the license will be issued if this application is granted. That said applicant makes this application pursuant and subject to all the laws of the State of Minnesota and the ordinance and regulations of said City applicable thereto, which are hereby made a part hereof, and hereby agree to observe and obey the same. The applicant further states that by the commencement of business and by July 1 of each succeeding year said applicant will have paid the Federal Occupational Tax to the Bureau of Alcohol and Gambling Enforcement for a retail dealer.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County

\_\_\_\_\_  
Police Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Fire Chief Signature \_\_\_\_\_ Date \_\_\_\_\_

City License Number \_\_\_\_\_ Approval Date \_\_\_\_\_



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133  
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types:  
 1) City issued on sale intoxicating and Sunday liquor licenses  
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License \_\_\_\_\_ License Period From: \_\_\_\_\_ To: \_\_\_\_\_

Circle One: New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or Individual)

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_  
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # \_\_\_\_\_  
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

| Partner/Officer Name (First Middle Last)  | DOB   | Social Security # | Home Address |
|---|-------|-------------------|--------------|
| _____                                     | _____ | _____             | _____        |
| (Partner/Officer Name (First Middle Last) | DOB   | Social Security # | Home Address |
| _____                                     | _____ | _____             | _____        |
| Partner/Officer Name (First Middle Last)  | DOB   | Social Security # | Home Address |

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(title)

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**

## Certification of Compliance of the Minnesota Worker's Compensation Law

Minnesota Statute, Section 176.182 requires every local licensing agency to withhold the issuance or renewal of license or permit to operate or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance Coverage requirement.

State Law requires this information and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a penalty assessed against the applicant by the Department of Labor and Industry.

Worker's Compensation Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: From \_\_\_\_\_ through \_\_\_\_\_

**\*\*\* Attach your Workers' Compensation Insurance Certificate\*\*\***

**-OR-**

I am NOT REQUIRED to have Workers' Compensation Liability Coverage because:  
(check one and sign)

\_\_\_\_\_ I have no employees

\_\_\_\_\_ I am self-insured  
(include permit to self-insure)

\_\_\_\_\_ I have no employees who are covered by the Workers' Compensation Law  
(these include Spouse, Parents, Children and certain farm employees)

I hereby certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

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

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

Siganture: \_\_\_\_\_ Date: \_\_\_\_\_

Form: Certification of Compliance MN Workers Comp Law (Rice County) 4/25/2008

Minnesota Tax ID Number \_\_\_\_\_

(If a Minnesota Tax Identification number is not required, please explain on the reverse side)

Federal Tax ID Number \_\_\_\_\_

## Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training

I hereby certify that I am in compliance with Rice County Ordinance No. 110 regarding Server Training.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

# City of Brainerd

## Investigation for Liquor, Beer, Wine, or Sunday License

This form was prepared by the MN Bureau of Criminal Apprehension, Department of Public Safety for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of this application.

Licensee Name \_\_\_\_\_ Date \_\_\_\_\_

Licensing Period \_\_\_\_\_ to \_\_\_\_\_

Type of Application \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Transfer

Full Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address of Business Location \_\_\_\_\_

Legal Description \_\_\_\_\_

List Owners of Building or Premise to be Licensed \_\_\_\_\_

Corporate or Partnership Title \_\_\_\_\_

Corporate or Partnership Address \_\_\_\_\_

List all Partners, Officers or Directors, if Corporation:

| Name  | Address | Date of Birth |
|-------|---------|---------------|
| _____ | _____   | _____         |
| _____ | _____   | _____         |
| _____ | _____   | _____         |

DEPARTMENT OF THE TREASURY  
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)  
**Alcohol Dealer Registration – For Use On and After July 1, 2008**  
*(Please read instructions carefully before completing this form)*

**SECTION 1 – IDENTIFYING INFORMATION**

*Complete all fields in section 1 to correctly identify your business*

|   |   |       |          |
|---|---|-------|----------|
| NAME (Last, First, Middle) or CORPORATE NAME (If Corporation) | EMPLOYER IDENTIFICATION NUMBER (See Instructions) |       |          |
| MAILING ADDRESS (Street address or P.O. Box)                  | CITY  | STATE | ZIP CODE |

SELECT BOX a, b, or c:

a.  NEW BUSINESS

b.  OUT OF BUSINESS

c.  EXISTING BUSINESS WITH CHANGE IN: *(complete items below)*

|   |   |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME  | <input type="checkbox"/> OWNERSHIP INFO                 |
| <input type="checkbox"/> ADDRESS / LOCATION | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS     | (OLD: - )   |
| <input type="checkbox"/> PHONE              | (NEW: - )   |

DATE OF CHANGE, OR OF ENTRY INTO BUSINESS, OR OF TERMINATION OF BUSINESS (mm/dd/yyyy)

**SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS**

*Enter information below for each business location, using the appropriate class code*

| DEALER CLASS   | SUBCLASS  | CLASS CODE |
|--|---|------------|
| RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.) | Liquors (Distilled Spirits, Wine or Beer)             | 11         |
|  | Beer Only   | 12         |
|  | Liquors (Distilled Spirits, Wine or Beer) – At Large* | 15         |
|  | Beer Only – At Large*                                 | 16         |
| WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)   | Liquors (Distilled Spirits, Wine, or Beer)            | 31         |
|  | Beer Only   | 32         |

\* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

| CLASS CODE | TRADE NAME | PREMISES ADDRESS STREET NUMBER AND NAME | CITY, STATE, ZIP CODE | TELEPHONE NUMBER |
|------------|------------|---|-----------------------|------------------|
|            |            |   |                       | ( )              |
|            |            |   |                       | ( )              |
|            |            |   |                       | ( )              |
|            |            |   |                       | ( )              |
|            |            |   |                       | ( )              |

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

|           |       |      |
|-----------|-------|------|
| SIGNATURE | TITLE | DATE |
|-----------|-------|------|

**SECTION 3 – OWNERSHIP INFORMATION**

INDIVIDUAL OWNER     PARTNERSHIP     CORPORATION     LLC     OTHER (Specify)

| FULL NAME | RESIDENCE ADDRESS | POSITION |
|-----------|-------------------|----------|
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |
| FULL NAME | RESIDENCE ADDRESS | POSITION |

**INSTRUCTIONS****GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

**NOTE:** The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

**SIGNING YOUR REGISTRATION**

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

**SECTION 1 – IDENTIFYING INFORMATION**

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

**SECTION 2 – PREMISES LOCATIONS**

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

**SECTION 3 – OWNERSHIP INFORMATION**

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

**CHANGES IN OPERATIONS**

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

**MAILING INSTRUCTIONS**

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau  
550 Main Street, Suite 8002  
Cincinnati, OH 45202-5215.

**CONTACT INFORMATION**

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to [ttbtaxstamp@ttb.gov](mailto:ttbtaxstamp@ttb.gov). Additional information is also available at our Web site, [www.ttb.gov](http://www.ttb.gov).

**PAPERWORK REDUCTION ACT NOTICE**

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, Washington, D.C. 20220.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.

# Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

|  |                                      |       |          |
|--|--------------------------------------|-------|----------|
| BUSINESS NAME (Individual name only if no company name used) | LICENSE OR PERMIT NO (if applicable) |       |          |
| DBA (doing business as name) (if applicable)                 |                                      |       |          |
| BUSINESS ADDRESS (PO Box must include street address)        | CITY                                 | STATE | ZIP CODE |

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

|  |                |                 |
|--|----------------|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) |                |                 |
| WORKERS' COMPENSATION INSURANCE POLICY NO.       | EFFECTIVE DATE | EXPIRATION DATE |

**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

|                                 |       |      |
|---------------------------------|-------|------|
| APPLICANT SIGNATURE (mandatory) | TITLE | DATE |
|---------------------------------|-------|------|

**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.





# CITY OF BRAINERD

## AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

### Please complete the following information:

Full Name (please print): \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Previous Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me to be the signer of  
Date Full Legal Name of Applicant

this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

(SEAL)

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

|            |             |                |
|------------|-------------|----------------|
| City _____ | State _____ | Zip Code _____ |
|------------|-------------|----------------|

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

BUSINESS INFORMATION (If applicable):

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

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

|            |             |                |
|------------|-------------|----------------|
| City _____ | State _____ | Zip Code _____ |
|------------|-------------|----------------|

Minnesota Tax Identification Number \_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_

If Minnesota Tax Identification number is not required, please explain on the reverse side.

|                 |  |
|-----------------|--|
| Signature _____ | Position(Officer, Partner, Individual, Etc.) _____ |
|-----------------|--|