



City Of Vesta

CITY OF VESTA

150 Front St W | PO Box 6 • Vesta, Vesta 56292 • (507) 762-3140 • www.vestamn.us

BUSINESS LICENSE APPLICATION

Business Name _____

CITY USE ONLY

Business License Number

Department Review & Approval:

Clerk's Office _____ Date _____

City Council _____ Date _____

Business Location _____

City _____ State _____ Zip _____

Description of Business _____

Emergency of Contact _____

Business Phone _____ Emergency Phone _____

List Mailing Address (if different from business location)

OWNER INFORMATION – List below Owners, Partners or Corporate Officers

Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____ Social Security # _____

Email _____ Home Phone _____ Cell Phone _____

Name _____ Title _____

Home Address _____

City _____ State _____ Zip _____

Date of Birth _____ Driver's License # _____ Social Security # _____

Email _____ Home Phone _____ Cell Phone _____

Sales tax may apply to your business activities. You may seek written advice regarding the application of tax to your particular business by writing to the nearest Minnesota State Board of Equalization office.

State Sales Tax No. _____ Federal Tax ID No. _____

Ownership (Please check one): Sole Partnership Corporation LLC

Is your business location in the City of Vesta? YES NO

Fee Section: TOTAL DUE \$ _____

(1) Estimated Gross Sales \$ _____

CERTIFICATION AND WARNING: I certify that the above information is correct to the best of my knowledge. I understand that a business license is required to do business in Vesta

Signature _____ Date _____