



City of Maplewood
Community Development Department
1830 County Road B East | Maplewood, MN 55109
651-249-2312 | www.MaplewoodMN.gov

Licensing of Rental Dwelling Tax Identification

Under Minnesota Law (M.S. 270C.72) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply this information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Tax ID information (for Property Owner, not Property Management Company)	
<i>Sole Proprietors:</i>	<i>Partnerships, LLC's, Corporations, etc.</i>
First Name:	Legal Business Name:
Last Name:	Federal Tax ID:
Social Security Number:	State Tax ID:

MINNESOTA §270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

*Signature _____ Date _____

Print Name _____ Title _____