

**CITY OF AFTON  
COMMERCIAL LAWN FERTILIZER  
APPLICATOR LICENSE APPLICATION**

**FEE**

**\$200**

**BOND**

**\$1,000**

# CITY OF AFTON

## COMMERCIAL LAWN FERTILIZER APPLICATOR LICENSE APPLICATION

**\$200 FEE PLUS \$1,000 BOND**

Owner	Address	City	State	Zip	Phone
Applicant (if different than owner)	Address	City	State	Zip	Phone
Project Address		AFTON MN 55001			
Zoning Classification	Existing Use of Property				
Description of Lawn Fertilizer Formula*					
* Upon request a sample of the lawn fertilizer must be submitted to the City. A sample submittal can be replaced by a chemical analysis certified by an independent testing laboratory. The City must be notified at least thirty (30) days before fertilizer composition changes are implemented					
Time Schedule for Application of Lawn Fertilizer:					
Weather Conditions Acceptable for Lawn Fertilizer Application:					
The undersigned hereby makes application for lawn fertilizer application as herein specified and certifies that all statements herein are true and that all work herein mentioned will be done in accordance with City Ordinances. This license may be revoked at any time for due cause.					
<b>By signing this application, the applicant agrees to pay all expenses incurred by the City of Afton.</b>					
Signature of Owner/Applicant				Date	
Email Address: _____					
Make checks payable to <b>City of Afton:</b>					
<b><u>FEES:</u></b>	<b><u>ESCROW:</u></b>				
\$200	Bond: \$1,000		TOTAL:	\$_____	
			DATE PAID:	_____	
			CHECK #:	_____	
			RECVD. BY:	_____	

**Form SP:C1-LICENSE APPLICANT:**

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the Minnesota Business Tax Identification Number and the Social Security number of the 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 Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License being applied for or renewed: \_\_\_\_\_

Licensing authority: **Afton** License renewal date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

If a Minnesota Tax Identification number is not required, please explain. \_\_\_\_\_

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Signature

Position

Date