

Minnesota State Fire Marshal Division

445 Minnesota St. – Suite 145
St. Paul, Minnesota 55101-5145

Tax Information Form

Under Minnesota Statute 270.72, the agency issuing you this license is required to provide 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply this information 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.

Please return this completed form with your application to the above address.

Journeyman/Managing Employee Certification		
Last Name:	First Name:	MI:
Address:		
City:	State:	ZIP Code:
Social Security No.:		
Signature:		Date:

Contractor License		
Business Name:		
Address:		
City:	State:	ZIP Code:
Minnesota Tax Identification No.:	If a Minnesota tax identification number is not required, please explain below.	
Federal Tax Identification No.:		
Signature:	Title:	Date: