



# COUNTY OF CHISAGO

BRIGITTE KONRAD, COUNTY AUDITOR-TREASURER

*Chisago County Government Center*

313 North Main Street, Room 271

Center City, MN 55012-9663

PHONE: 651-213-8500 \$ FAX: 651-213-8500

## APPLICATION FOR PERMIT or LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION (Tennessee Warning)

**THIS FORM MUST BE COMPLETED BY EACH INDIVIDUAL LISTED ON APPLICATION**

In connection with your request for a license/registration Chisago County has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04; 13.46). Accordingly, the County is required to inform you of the following:

1. The private or confidential information requested includes, but not limited to, the following: *Your social security number or Minnesota business identification number and Driver's License Number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.**

**Full Name of Applicant (PRINTED):** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Permit or License Type** \_\_\_\_\_

(Auctioneer, Liquor, Fireworks, Hauler, etc.)