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-For Office Use Only-	
Application Submittal Date	_____
Fee Paid	_____
Workers' Compensation Certificate	_____
Permit Number	_____
Council Approval Date	_____

SERVICE STATION LICENSE APPLICATION

Business Name: _____

Business Address: _____

Telephone Number: _____ Federal ID # _____ MN ID # _____

Number of Pumping Islands: _____ Number of Product Lines: _____

OWNER'S INFORMATION:

Owner's Name: _____

Address: _____

Phone #: _____ Email Address: _____

I hereby apply for the Service Station License for the term of one year, beginning March 15th of the current year and ending March 15th of the following year, in the City of St. Anthony, Hennepin/Ramsey County, State of Minnesota.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulations as the Council of the City of St. Anthony Village may from time to time prescribe, including Minnesota §176.182. Please attach a copy of your Workers' Compensation Insurance Certificate.

Applicant's Signature _____
Date

Inspections:

Police Department: _____ *Date:* _____

Renewal Only: _____