

Establishment Name _____

Establishment Information: **Note:** If you own/operate more than one establishment, each establishment must be individually licensed and you need to submit an application for each establishment.

- 5. Business Name: _____
- 6. Legal Corporate Name: _____
- 7. Street Address: _____
- 8. City and County: _____
- 9. Type of Facility: _____ Commercial; _____ Residential
- 10. Business Tax ID: _____
- 11. Business E-mail: _____
- 12. Business Website: _____

REQUEST FOR EXEMPTION OF ESTABLISHMENT LICENSURE BASED ON LOCATION: Pursuant to Minnesota Statutes, section 146B.2, subdivision 9, an establishment may be exempt from the state licensure requirement if it is located within a county or municipal jurisdiction with an enacted ordinance which meets or exceeds Chapter 146B requirements.

MDH will conduct a review of your jurisdiction's ordinance. Please provide a copy of the ordinance from your jurisdiction, either by web link (preferred) or hard copy. Circle either A or B below.

- A. _____ (website link for ordinance)
- B. Hard copy of ordinance enclosed.

Application Affirmation: I believe the above-named establishment qualifies for exemption from the Minnesota state licensure requirements. The information I have provided in this application is true and accurate to the best of my knowledge and belief. I have read and will comply with the requirements of Minnesota Statutes, Chapter 146B.

Owner or Operator's Signature

Date

Additional Information:

Please use the space below to complete answers only when there is insufficient space following the questions on the preceding pages. If you use additional pages, please sign and date each page.

<u>Question Number</u>	<u>Answer</u>

Signature (required only when using this space to complete answers)

Date