



Edina Fire Prevention Bureau
 6250 Tracy Avenue
 Edina, MN 55436
 (952) 826-0339
 Fax (952) 826-0393

City of Edina



2017 APPLICATION FOR FIRE EXTINGUISHER SERVICE LICENSE

Per City of Edina Ordinance Number 615

NOTE: Please print or type, sign and return this application along with a check made payable to "City of Edina" to the Edina Fire Department.

NAME OF COMPANY _____

BUSINESS ADDRESS _____ PHONE _____

CITY _____ STATE _____ ZIPCODE _____ FAX _____

OWNER NAME _____

OFFICE CONTACT NAME _____

OFFICE E-MAIL ADDRESS _____



License Fee Enclosed \$113.30

Certificate of General Liability Insurance Enclosed (\$1,000,000)

For questions about license application please contact: Fire Prevention Bureau at 952-826-0339

- All information given above is complete and accurate.
- All servicing of fire extinguishers shall comply with Edina City Code, 2007 Minnesota State Fire Code and 2002 NFPA 10.
- I understand that this is an application only, not a license. A license will be issued to the company after receipt of this application.

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Edina. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Edina is required to provide the Minnesota Department of Revenue your MN Tax ID Number or Social Security Number. 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 Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Edina City Staff, the State of Minnesota Driver License Section, Hennepin County Auditor, Bureau of Criminal Apprehension, Hennepin County Warrant Office, and Ramsey County Warrant Office. Your signature on this application indicates you understand these rights. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number. Please sign below to indicate that you have read this notice:

Signature _____

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address _____ Telephone Number _____

Signature of Company Official

Date _____

Reviewed by Fire Marshal _____ Date _____
 1470.4325 Revision 1/16, 1/17

Received by _____ Date _____