



Shoreview Finance  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

License #: \_\_\_\_\_

Approval date: \_\_\_\_\_

## Filling Station License Application

### Applicant information

Name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email: \_\_\_\_\_

### Business information

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Minnesota ID #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Number of gasoline storage tanks: \_\_\_\_\_

Number of gasoline pumps (\$50 for first two pumps, \$15 for each additional pump): \_\_\_\_\_

### Corporation/firm information

Additional information is required if the license will be issued to a corporation or firm.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: \_\_\_\_\_

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and such rules and regulations as the City Council of the City of Shoreview may from time to time prescribe.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### For office use

\_\_\_\_\_ Received application fee

\_\_\_\_\_ Received proof of insurance

\_\_\_\_\_ Received certificate of compliance for Minnesota workers' compensation law