

City of Minden

P.O. Box 239, 325 N. Colorado  
Minden, Nebraska 68959

phone 308.832.1820  
fax 308.832.1949  
www.MindenNebraska.org



**BUSINESS LICENSE APPLICATION  
(NO FEE)**

Date \_\_\_\_\_ No. \_\_\_\_\_

**Applicant**

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Tax ID: \_\_\_\_\_

**Property Owner** (may leave blank if same as applicant)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Property to be used as Business:**

Street Address \_\_\_\_\_

Legal Description (to be inserted by City Zoning Inspector)

Zoning District \_\_\_\_\_

**Business Name:** \_\_\_\_\_

*Please make sure a copy of the Dept of Revenue Sales Tax Permit is attached with application.*

**Description and Type of Business:**

\_\_\_\_\_  
\_\_\_\_\_

Applicant's Signature

Date

**Application is to be returned to the City of Minden offices at 325 N Colorado or mailed to: PO Box 239, Minden, NE 68959**

\_\_\_\_\_  
City Zoning Inspector

\_\_\_\_\_  
City Administrator

\_\_\_\_\_  
City Clerk

**License Approved** \_\_\_\_\_

Date