

Business Purpose

Briefly describe your business and items you plan to purchase at Fairview Gardens:

Business Information

Name of Purchaser

Business Address

City

State

Zip Code

Purchaser's Tax ID Number

State of Issue

Purchaser's Telephone Number with area code

Purchaser's Fax Number with area code

Please include a completed copy of Minnesota Revenue Certificate of Exemption form ST3 with your application. *Until this form is received you will be charged Minnesota and Local Sales Tax.*

Fairview Gardens Office Use:

Contractor Type:

Home Decor

Landscaper

Other: _____