



**CITY OF RICHFIELD**

**Application for  
Alcohol Licenses**

**Part II – Personal Information**

*To be filled out by the sole owner, each general and managing partner, each officer or director, each general manager or any other individual or agent in charge of the licensed premises and by each person who by combined ownership or control has an interest in excess of 5%.*

**Section 1 –Applicant**

*Complete for Applicant only. Refer to Section 2 for Spouse of Applicant.*

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

Establishment Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_ Title: \_\_\_\_\_  
(First) (Middle) (Last)

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

Legal, maiden, or any other name other than the above name provided:  
\_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Driver’s License Number and State Issued: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Are you legally authorized to work in the U.S.?  Yes  No Registered Voter?  Yes  No

Marital Status:  Married  Single  Divorced  Widowed

Address(es) at which you have lived for the preceding 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, & type of every business and occupation you have engaged in during the preceding 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name and address of every employer and partner, if any, for the preceding 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 2 -- Applicant's Spouse**

Name: \_\_\_\_\_  
(First) (Middle) (Last)

Legal, Maiden, or any name other than the above provided: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Registered Voter:  Yes  No If yes, place where registered: \_\_\_\_\_

Address(es) at which your spouse has lived for the preceding 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name, address, & type of every business and occupation your spouse has engaged in during the preceding 10 years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Section 3 – History**

Have you, your spouse, parent, brother, sister or the child of either you or your spouse, ever been engaged as an employee or operated a saloon, hotel, restaurant, café, tavern, bar or other business which served intoxicating liquor, wine or beer?  Yes  No If yes, provide dates and places:

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

Are you or your spouse a manufacturer, brewer or wholesaler of intoxicating liquor, wine, or 3.2 percent malt liquor or interested directly or indirectly in the ownership or operation of any such business?

Yes  No If yes, provide dates and places:

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Do you and/or your spouse have a direct or indirect interest in any other establishment in the City of Richfield to which an intoxicating liquor, wine, or non-intoxicating malt liquor license has been issued?

Yes  No If yes, provide names and addresses, and interest:

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Have you or your spouse ever been convicted of willful violation of federal, state, or local law governing the manufacture, sale, distribution or possession for sale or distribution of intoxicating liquor, wine, or non-intoxicating malt liquor?  Yes  No If yes, provide the date, place, and nature of convictions:

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List each person engaged in Minnesota in the sales, manufacture or distribution of intoxicating liquor who is:  
a) closer in kin to you or your spouse than a second cousin, whether of whole or half blood, as computed by civil law; or b) who is a brother-in-law or sister-in-law:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First) (Middle) (Last)

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

Business Name and Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First) (Middle) (Last)

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

Business Name and Address: \_\_\_\_\_

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Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First) (Middle) (Last)

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

Business Name and Address: \_\_\_\_\_

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Have you, your spouse, brother, sister, or the child of either you or your spouse, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?  Yes  No

If yes, provide who, the date, place, and nature of convictions:

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Have you or your spouse had any interest in any previous intoxicating liquor, wine or 3.2 percent malt liquor license which was denied, suspended or revoked?  Yes  No

If yes, state the date and surrounding circumstances:

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Have you individually, or with others, made an application for intoxicating liquor, wine, or 3.2 percent malt liquor license which was denied?  Yes  No

If yes, state the date and surrounding circumstances:

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List the dollar and percentage amount, and source of investments you will have in the business, buildings, premises, fixtures, furniture, and stock in trade:

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### APPLICANT'S STATEMENT

I hereby authorize the City of Richfield to have access to all sources of information which may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if any have been asked to provide that information.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name and Title

**APPLICATION FOR LICENSE INVOLVING  
PRIVATE OR CONFIDENTIAL INFORMATION  
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## City of Richfield License Applicant Information

Under Minnesota Law (M.S. 270C.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- 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 licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for or renewed: \_\_\_\_\_

Licensing Authority (Name of city, county, or state agency issuing license): \_\_\_\_\_

Licensing (or renewal) date: \_\_\_\_\_

**Personal Information:**

Applicant's last name	First name and initial	SS number or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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**Business Information (if applicable):**

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

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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***If a Minnesota tax identification number is not required, please explain on the reverse side of this form.***

Signature	Title	Date
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