



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:

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:

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:

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: _____

Name: _____ Phone: _____
(First) (Middle) (Last)

Residence Address: _____

Business Name and Address: _____

Name: _____ Phone: _____
(First) (Middle) (Last)

Residence Address: _____

Business Name and Address: _____

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:

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:

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:

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

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)
-----------------------	------------------------	-----------------------------------

Applicant's address	City	State	Zip Code
---------------------	------	-------	----------

Business Information (if applicable):

Business name

Business address	City	State	Zip Code
------------------	------	-------	----------

Minnesota tax identification number	Federal tax identification number
-------------------------------------	-----------------------------------

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
-----------	-------	------