

**CROW WING COUNTY  
APPLICATION FOR LIQUOR LICENSE**

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

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

Check all that apply:

ON-SELL  
LIQUOR  
OFF-SELL  
LIQUOR

ON-SELL  
3.2 BEER  
OFF-SELL  
3.2 BEER

ON-SELL  
WINE  
CONSUMPTION  
& DISPLAY

**TYPE OF APPLICATION:**

**NAME OF APPLICANT**

<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>
---	---	---	---

(Last)

(First)

(Full Middle)

(Maiden)

**RESIDENCE ADDRESS**

(Street)

(City, State, Zip)

(Telephone Number)

**BUSINESS ADDRESS**

(Street)

(City, State, Zip)

(Telephone Number)

(e-mail)

DATE OF BIRTH  (MM/DD/YYYY)

PLACE OF BIRTH \_\_\_\_\_  
(City, County, State, Country)

HEIGHT

WEIGHT

HAIR COLOR

EYE COLOR

**MARITAL STATUS:**

If married, supply the following information relative to spouse:

**NAME**

<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 250px; height: 20px; border: 1px solid black;" type="text"/>
---	---	---	---

(Last)

(First)

(Full Middle)

(Maiden)

RESIDENCE ADDRESS: \_\_\_\_\_  
(Street, City, State, Zip)

DATE OF BIRTH  (MM/DD/YYYY)

PLACE OF BIRTH \_\_\_\_\_  
(City, County, State, Country)

**CROW WING COUNTY  
APPLICATION FOR LIQUOR LICENSE**

If you have ever used or been known by a name or names other than that given above, list such name(s) and information concerning dates and places used.

1. Address(es) at which you have lived during the preceding ten years. (Begin with present residence and work back.)

<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>DATES</u>

2. Address(es) at which your spouse has lived during preceding ten years if different from above.

<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>DATES</u>

3. Type, name and location of every business or occupation you have been engaged in during preceding ten years. (Begin with present or last occupation and work back.)

<u>BUSINESS OR OCCUPATION</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>DATES</u>

4. Type, name and location of every business or occupation your spouse has been engaged in during preceding ten years. (Begin with present or last occupation and work back.)

<u>BUSINESS OR OCCUPATION</u>	<u>STREET ADDRESS</u>	<u>CITY/STATE</u>	<u>DATES</u>

**CROW WING COUNTY  
APPLICATION FOR LIQUOR LICENSE**

5. Have you or your spouse ever been convicted of any felony, crime, or violation of any ordinance, other than traffic? If yes, give information as to the time, place and offense for which convictions were had.
  
  
  
  
  
  
6. Have you or your spouse ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature? If yes, give information as to the time, place and length of time.
  
  
  
  
  
  
7. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? If yes, explain in detail.
  
  
  
  
  
  
8. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? If yes, state circumstances in detail.
  
  
  
  
  
  
9. If applicant is a partnership, state full names, residence and business addresses, telephone numbers, and interest of each member of the partnership.

Full Name	Interest %
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

Full Name	Interest %
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

Full Name	Interest %
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

**CROW WING COUNTY  
APPLICATION FOR LIQUOR LICENSE**

Full Name	Interest %
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

10. The managing partner will be:

Name	Telephone
Address	City/State/Zip

11. Where the building is owned by other than applicant, state in summary the conditions of lease arrangement, such as terms of lease, monthly rental, renewal privileges, etc.

12. If the building is owned by the individual applicant, partnership, corporation or association, provide the following information:

Date Purchased
Purchase Price
Amount of Down Payment
Name and address of person from whom purchased
Name and address of mortgage holder

13. What is the amount of investment that you will have in the business, building, premises, fixtures, furniture, stock in trade, etc.? (You must be prepared to furnish proof of the source of such money.) \$ \_\_\_\_\_

14. Names, residence and business addresses, and telephone numbers of three persons of good moral character, not related to the applicant nor financially interested in the premises or business, who may be referred to as to the applicant's character.

Full Name	
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

**CROW WING COUNTY  
APPLICATION FOR LIQUOR LICENSE**

Full Name	
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

Full Name	
Residence Address	Business Address
City/State/Zip	City/State/Zip
Telephone	Telephone

**ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS MAY RESULT IN DENIAL OF THE APPLICATION.**

I authorize the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation to disclose Criminal History Record Information to officials of the County of Crow Wing, State of Minnesota, for the purpose of determining my qualifications and fitness to possess a liquor license in the Township of \_\_\_\_\_, located in the County of Crow Wing, State of Minnesota.

THIS AUTHORIZATION IS NOT VALID FOR MORE THAN SIX MONTHS FROM THE DATE OF MY SIGNATURE AS SHOWN BELOW.

---

Signature of Applicant

---

Date

Subscribed and sworn to before me, a Notary Public,  
in this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

**(SEAL OR STAMP)**

---

Notary Signature