

**To the County Board of the County of Crow Wing, State of Minnesota**

*make(s) application for an*

*sale license to sell*

*(Applicant name)*

*3.2 Percent Malt Liquor on the following premises in the County of Crow Wing, State of Minnesota, known and described as follows:*

1.) *Business Name*

2.) *Business Address*

3.) *Township*

4.) *Real Estate Code(s):*

5.) *Type of Business*

\_\_\_\_\_

*(ex: bar, resort, or others)*

6.) *Telephone Number*

*During the past license year has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). Yes No If yes, attach a copy of the summons.*

*Applicant herein agrees to abide by and be governed by all rules and regulations of the County Board and the laws of the state pertaining to the sale of 3.2 Percent Malt Liquor. signed the foregoing application, and know the contents thereof, and that the same is true of own knowledge.*

*Signature(s)*

\_\_\_\_\_

**STATE OF MINNESOTA, County of Crow Wing**

*The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by*

*(Applicant's name(s))*

*Subscribed and sworn to before me this*

**(SEAL OR STAMP)**

*day of \_\_\_\_\_ 20\_\_\_\_*

\_\_\_\_\_