

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

Type of License: \_\_\_\_\_

### **CONSENT OF TOWN BOARD**

The Town Board of the Town of \_\_\_\_\_, County of Crow Wing, Minnesota, held this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, a quorum of the Board being present, consents to the issuance of a license for the sale of Liquor at \_\_\_\_\_ within this township.

A true copy:

Dated \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Town Clerk

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

The undersigned, County Attorney and County Sheriff of said County, recommend the within application, it appearing to the best of our knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2 Percent Malt Liquor or intoxicating liquor, and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
County Attorney

Dated \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
County Sheriff

### **IMPORTANT NOTICE**

All retail liquor licensees must have a current Federal Special Occupational Stamp. This Stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call 651-290-3496.

#### For Office Use Only

Fee \$ \_\_\_\_\_ Rec.# \_\_\_\_\_  
Date \_\_\_\_\_ Init. \_\_\_\_\_

County Board Approved \_\_\_\_\_

Delinquent Taxes (  ) Yes (  ) No  
Minnesota ID # (  ) Yes (  ) No  
Workers' Compensation (  ) Yes (  ) No  
Background Check (  ) Yes (  ) No  
Liability Certificate (  ) Yes (  ) No  
Town Board (  ) Required (  ) Not Required

License Number \_\_\_\_\_