



DIRECTIONS: PLEASE PRINT. This form must be filled out in either ink or typed.

Section 1: Personal Information

To be completed by applicant

1. Date _____ / _____ / _____
2. Name _____ Phone (____) _____
Last First Middle
3. Residence address _____
Street City State Zip
4. Business address _____
Street City State Zip
5. Business phone (____) _____ Email Address _____
6. Place of birth _____
7. DOB _____ / _____ / _____
8. U.S. citizen? Yes No Naturalized? Yes
If yes, give date and place _____
9. If you have ever used or been known by a name or names other than the true name given in #2 above, list such name(s) and information concerning dates and places where used.

Name(s)	Date, Place and Circumstances
_____	_____
_____	_____
_____	_____
10. Marital Status: Single Married Divorced Widowed
11. If married, spouse's name, address, and place and date of birth:
Spouse's name _____
Last First Middle
Residence address _____
Street City State Zip
12. Place of birth _____
13. DOB _____ / _____ / _____
14. Address(es) where you have lived during the preceding 10 years. (Begin with present or last address and work back.)

15. Address(es) where your spouse has lived during the preceding 10 years. (Begin with present or last address and work back.)

16. Name, location and type of every business or occupation you have been engaged in during the preceding 10 years. (begin with present or last business and work back.)

17. Name, location, and type of every business or occupation your spouse has been engaged in during the preceding 10 years. (begin with present or last business and work back.)

18. Names and addresses of your employers and partners, if any, for the preceding 10 years. (Begin with present or last one first and work back.)

19. Names and addresses of your spouse’s employers and partners, if any, for the preceding 10 years. (Begin with present or last one first and work back.)

20. Have you or your spouse ever been convicted of any felony, crime or violation of any ordinance, other than traffic?

Yes No

If yes, give information as to the time, place and offense for each conviction _____

21. Have you or your spouse’s parent, brother, sister or child ever been convicted of a felony or gross misdemeanor?

Yes No

If yes, give information as to the time, place and offense for each conviction _____

22. Have you, your spouse, or a parent, brother, sister or child of either of you, ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business relating to liquor sales?

Yes No

If yes, give information as to the time, place and length of time _____

23. Have you been in the military service? Yes No

If yes, was discharge(s) honorable? Yes No

(If discharge was not honorable, you will be required to exhibit all discharges).

24. Names, residence address, business address, and telephone numbers of each person who is engaged in Minnesota in the business of selling, manufacturing, or distributing intoxicating liquor and who is nearer of kin to you or your spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of you or your spouse.

A. Full name _____ Relationship _____

Last First Middle

Residence address _____

Street City State Zip

Business address _____

Street City State Zip

Home telephone (_____) Business telephone (_____)

B. Full name _____ Relationship _____

Last First Middle

Residence address _____

Street City State Zip

Business address _____

Street City State Zip

Home telephone (_____) Business telephone (_____)

C. Full name _____ Relationship _____

Last First Middle

Residence address _____

Street City State Zip

Business address _____

Street City State Zip

Home telephone (_____) Business telephone (_____)

25. Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business (Refer to City Code Section 6-47(e)(2)?

Yes No

26. Do you directly or indirectly have interest in other establishments in the City of Blaine to which a license of the same kind has been issued? (Refer to City Code Section 6-47(b).

Yes No

27. Are you the spouse of a person who would be ineligible for a license? (Refer to City Code Section 6-47(d)(e)(3) for persons ineligible for license.)

Yes No

28. What is the amount of investment that you will have in the business building, premises, fixtures, furniture, stock in trade, etc., and what was the source of such money? (You must be prepared to furnish proof of the source of money) _____

29. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed (Refer to City Code Section 6-47(e)(1))? Yes No

If yes, explain in detail _____

30. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes No

31. List all direct or indirect contributions made to or on behalf of a candidate for Mayor or Councilmember for all city elections _____

32. Have you or an organization you have been associated with ever been sued? Yes No

If yes, give details _____

33. Are you or the organization you are currently associated with the subject of any pending or current civil lawsuits involving dram shop or liquor liability claims? Yes No

If yes, give details _____

Section 2: Tennesen Notice & Notarized Signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public.

You are being asked to answer questions and provide information pursuant to the liquor licensing and application process that is required by Minnesota State Law and the City of Blaine ordinance. The information you provide is government data in accordance with Chapter 13 of State law known as the "Minnesota Government Data Practices Act". You are not required by law or ordinance to answer questions or provide the information requested. A refusal to answer questions or provide information being requested will prevent the City of Blaine from processing the liquor license application for which you are applying.

As a consequence of that action, no liquor license application will be forwarded to the Blaine City Council for their consideration. The information you provide may be classified as "public", "private" or "confidential" pursuant to the "Government Data Practices Act". Access to this information can be obtained by persons who are deemed eligible pursuant to the "act". This access can include the subject(s) of the license application, anyone they give their informed consent to consistent with Minnesota State law, or by court order.

The information I have provided on this application is truthful. I authorize the City of Blaine to investigate the information and contact persons/organizations named on this application.

X _____
Applicant's signature

STATE OF _____)

) ss.

COUNTY OF _____)

_____ says that she/he is the applicant who has executed this application and that the statements made herein are true of her/his own knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public
My Commission expires _____, 20_____

