



City of Maplewood | **Office of the City Clerk**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

RETAIL LIQUOR LICENSE SUPPLEMENT

THIS SUPPLEMENT MUST BE COMPLETED BY:

- INDIVIDUAL OWNERS
- OWNERS OF CORPORATIONS WITH AN INTEREST OF 5% OR MORE
- ALL PARTNERS OF PARTNERSHIPS
- ESTABLISHMENT MANAGER

Whoever shall knowingly and willfully falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions the “Applicant” means that person, whether he/she is an officer, partner, or store manager, who will manage the business full time.

EVERY QUESTION MUST BE ANSWERED

BUSINESS INFORMATION (Maplewood Location, to be licensed):

Name: _____ Doing Business As: _____
 Address: _____ City: Maplewood State: MN Zip Code: _____
 Phone Number: _____

OWNER/PARTNER/MANAGER INFORMATION:

Applicant Name: _____ Job Title _____
 Date of Birth: _____ Email Address _____
 Home Address: _____ City: _____ State: _____ Zip Code: _____
 Driver’s License Number: _____ State: _____ Social Security Number: _____
 Home Phone Number: _____ Day Phone Number: _____

List residential addresses and phone numbers for the past five years:

Are you a Citizen of the United States? Yes No

If no, are you a legal resident alien of the United States? Yes No

If naturalized, state date and place of naturalization: _____

Spouse’s full name and address _____



List places of employment for the past five years:

Business Name	Contact Person	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has the applicant ever had a Liquor License rejected by any municipality or State authority: Yes No

If yes, give date and details _____

Has the applicant, within five years of the license application, has been convicted of a willful violation of a federal or state law or a local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage or of a felony crime? Yes No

If yes, give date and details _____

Has the applicant ever been convicted of any Liquor Law violations or any crime in this state, or any other state, or under Federal Laws during the past five years: Yes No

If yes, give dates and details: _____

Is the applicant a member of the governing body of the municipality in which this license is to be issued? Yes No

If yes, in what capacity? _____

If Off-Sale, does the applicant have any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota: Yes No

If yes, give name and address of establishments: _____

Furnish the contact name, address, and phone number of **at least three** business references, including one back reference::

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Does applicant currently possess a Retailer's (Buyer's) Card issued by the Liquor Control Commissioner, which will expire December 31st of this year? Yes No If yes, give number: _____



Does applicant intend to sell liquor to anyone other than the consumer? Yes No

If yes, explain: _____

What previous experience do you have relating to the operation listed on the Intoxicating Liquor License Application?

Name of Business	Dates Employed	Contact Person	Phone Number
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I have submitted a Personal Financial Statement with this application Yes No

Notice and 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 not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of *Maplewood City Code, Chapter 6 (Alcoholic Beverages)* and will familiarize myself with the provisions contained within it.

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. I authorize the City of Maplewood to conduct a background check and make whatever inquiries necessary to verify the information provided.

(Signature of Applicant)

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

Office Use Only	
Reviewed by Police Department _____	Date _____
Investigation Fee Paid \$ _____ Receipt No. _____	Date _____



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BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

**** submit a copy of Driver's License with this form**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 2997C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date