

**APPLICATION FOR LIQUOR LICENSE  
PART I – GENERAL INFORMATION**

**Directions:** This form must be filled out by the individual applicant; if by a corporation, by an officer thereof; if by a partnership, by one of the partners; and if by an unincorporated association, by the manager or managing officer thereof.

1. Name of applicant (name of individual, partnership, corporation or association):  
\_\_\_\_\_

2. Business (DBA) Name: \_\_\_\_\_  
Business Location Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

**IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH TWO COPIES OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, SECRETARY OF STATE'S OFFICE.**

3. Type of applicant:  
Natural Person (Individual) Partnership Corporation Association or other \_\_\_\_\_  
(Complete Section 5 if individual, 6 if partnership and 7 if corporation or association)

4. Type of license applicant seeks:  
On-Sale B On-Sale Sunday Wine & 3.2% On-Sale Off-Sale

**INDIVIDUAL**

5. If applicant is a natural person (individual), state full name, date of birth, social security number, residence, business and email address and telephone numbers:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_

The full name, date of birth, residence and email address, telephone and social security number of the **Operating Manager** in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_

*A Part II – Personal Information must be filled out and attached for each individual listed in 5.*

**IF THE APPLICATION IS FOR A PARTNERSHIP, ATTACH TWO COPIES OF THE PARTNERSHIP AGREEMENT AND TWO COPIES OF THE CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE SECRETARY OF STATE.**

**PARTNERSHIP**

6. If the applicant is a partnership, state full names, dates of birth, social security number, residence, business and email addresses, telephone numbers, and interest of each member of the partnership: (attach additional sheets if necessary)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

The managing partner will be:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_

The full name, date of birth, residence and email address and telephone and social security number of the **operating manager** and any other individual with management responsibilities of the partnership's premises to be licensed. (If more than one operating manager, attach additional sheet with information.)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_

*A Part II – Personal Information must be filled out and attached for each individual listed in 6.*

**IF THE APPLICATION IS FOR A CORPORATION, ATTACH TWO COPIES OF THE CERTIFICATE OF INCORPORATION; TWO COPIES OF ARTICLES OF INCORPORATION OR ASSICATION AGREEMENT; TWO COPIES OF BY-LAWS TO THE APPLICATION; FOREIGN CORPORATIONS SHALL ATTACH TWO COPIES OF CERTIFICATE OF AUTHORITY AS DESCRIBED IN MSA CHAPTER 303.**

**CORPORATION**

7. If the applicant is a corporation or association, give the name of corporation or association, Rosemount address and phone number, home office address and phone number, a contact name, telephone number and email address for licensing purposes and whether stock is traded on U.S. Stock Exchange.

Name: \_\_\_\_\_ State of Incorporation or Association: \_\_\_\_\_

Rosemount Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Home Office Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Contact Name: \_\_\_\_\_ PH: \_\_\_\_\_

Email Address: \_\_\_\_\_ Stock Traded: Yes \_\_\_\_\_ No \_\_\_\_\_

The full names, dates of birth, residence and email addresses and telephone and social security numbers of all officers of said corporation or association (attach list as necessary).

President: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Vice President: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Secretary: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

Treasurer: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

The full names, dates of birth, residence and email addresses, telephone and social security numbers of all person who singly or together with their spouse and his or her parents, brothers, sisters or children, own or control an interest in said corporation or association in excess of five percent:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SS# \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ Interest: \_\_\_\_\_

(If additional space is necessary, attach additional sheets)

The full names, dates of birth, residence and email addresses and telephone and social security numbers of the **operating manager**, and any other individual with management responsibilities for the corporation's or association's premises to be licensed: (If more than one operating manager, attach additional sheets with information)

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Email Address: \_\_\_\_\_ SS#: \_\_\_\_\_

*A Part II – Personal Information must be filled out and attached for each individual listed in 7.*

**THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY ALL APPLICANTS**

8. State the exact location of the premises to be licensed: (Applicant must also submit a plan showing dimensions, locations of buildings, street access, parking facilities, and the location of and distances to the closest point of a church structure or the closed point on a lot occupied by a public school.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

State the street address where the sale of intoxicating liquor or non-intoxicating malt liquor is to be conducted and identification of the rooms, including hotel rooms, if applicable, where it is to be sold or consumed:

\_\_\_\_\_

9. How are the premises zoned under the Rosemount Zoning Ordinance? \_\_\_\_\_

10. State full names, dates of birth, residence and business addresses, and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Business Address: \_\_\_\_\_ PH: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)

Business Address: \_\_\_\_\_ PH: \_\_\_\_\_

11. Where the building is owned by other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. (Two copies of the lease shall be attached).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Date purchased: \_\_\_\_\_

Name, address and phone number of person purchased from: \_\_\_\_\_  
\_\_\_\_\_

Purchase price: \_\_\_\_\_ Amount of Down Payment: \_\_\_\_\_

Who currently holds the mortgage? Name, address and phone number: \_\_\_\_\_  
\_\_\_\_\_

Term of mortgage: \_\_\_\_\_ Rate of interest: \_\_\_\_\_

Term of contract for deed: \_\_\_\_\_ Rate of interest: \_\_\_\_\_

State the monthly payment at which the mortgage and/or contract for deed is being liquidated: \_\_\_\_\_  
\_\_\_\_\_

Are the payments on the mortgage and/or contract for deed up to date: \_\_\_\_\_

13. State the total costs of assets acquired to start this business, including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets: (If acquired from predecessor, attach purchase agreement).

\_\_\_\_\_  
\_\_\_\_\_

What is the appraised value of the premises, including, but not limited to all fees, site development, construction costs, utilities, furnishings and fixtures, but exclusive of land costs: (Provide two copies of appraisal).

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Of the above costs of assets acquired, state the amount that is provided by the person(s) investing in this business: (Attach supporting proof of the source of such money). \_\_\_\_\_

14. Give full names, dates of birth, addresses, and telephone numbers of all persons, other than the applicant, who have any financial interest in business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms of payment or other reimbursement: (This shall include, but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors, and person who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_

Nature of interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_

Nature of interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_

Nature of interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON FILE WITH THE BUILDING AND INSPECTION DIVISION OF THE CITY, NO ADDITIONAL PLANS WILL NEED TO BE FILED WITH THIS APPLICATION.**

15. State the floor number, general area, and all rooms where intoxicating liquor and/or wine are to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating the number of person intended to be served in said rooms. If a restaurant, specify the seating capacity at any one time.)

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16. Provide a detailed narrative description of the proposed business for which the license is sought, including, but not limited to: Type of clientele, type of entertainment (if any), type of food menu (if any), fixtures:

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17. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license? (Attach two copies of all permits obtained.)

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18. Are any real estate taxes, personal property taxes, special assessments, or other financial claims delinquent or unpaid for the premises to be licensed? If yes, provide details.

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19. State full names, residence, business and email addresses, telephone numbers and dates of birth of three persons, residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle)  
Residence Address: \_\_\_\_\_ PH: \_\_\_\_\_  
(Street, City, State, Zip)  
Business Address: \_\_\_\_\_ PH: \_\_\_\_\_

A financial statement, as of the date of application, of net worth and a short autobiography must accompany this application for all persons who are required to complete Part II – Personal Information Form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Title

STATE OF MINNESOTA )  
COUNTY OF DAKOTA ) §  
CITY OF ROSEMOUNT )

\_\_\_\_\_ being first duly sworn, upon his/her oath deposes and says that he/she is the officer who has executed the foregoing information in support of an application and that the statements made therein are true of his/her own knowledge and belief.

\_\_\_\_\_  
Notary Public

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.