



City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**IN SUPPORT OF AN APPLICATION FOR LIQUOR LICENSE  
PART II – PERSONAL INFORMATION**

**Directions:** This form must be filled out the sole owner, by each partner or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of five percent.

True Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Full Middle)

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

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

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

Email Address(es): \_\_\_\_\_

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_ Social Security No. \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Color of Hair: \_\_\_\_\_ Color of Eyes: \_\_\_\_\_

U.S. Citizen: Yes: \_\_\_\_\_ Naturalized? Yes: \_\_\_\_\_ If yes, give date/place: \_\_\_\_\_  
No: \_\_\_\_\_ No: \_\_\_\_\_

Marital Status: Married: \_\_\_\_\_ Single: \_\_\_\_\_ Divorced: \_\_\_\_\_

If married, give true name, place and date of birth, and residence of spouse:

True Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_  
(Last) (First) (Full Middle)

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

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

Place of Birth: \_\_\_\_\_ DOB: \_\_\_\_\_

If you have ever used or been known by a name or names other than the true name given above list such name(s) and information concerning dates and places used:

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

1. Address(es) at which you have lived during the preceding ten years: (Begin with present or last address and work back)

Street Address:

City/State/ZIP

Dates

---

---

---

---

3. Kind, name and location of every business or occupation you have been engaged in during preceding ten years: (Begin with present or last occupation and work back.)

Business or Occupation

Street Address

City/State/ZIP

Dates

---

---

---

---

5. Names and addresses of your employers and partners, if any, for the preceding ten years: (Begin with present or last employer/partner and work back.)

Employers or Partners

Street Address

City/State/ZIP

Dates

---

---

---

---

7. Have you, your spouse, parent, brother, sister, or child of either of you, 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 which convictions were had:

---

---

8. Have you, your spouse, 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 of a similar nature? Yes\_\_\_ No\_\_\_. If yes, give information as to the time, place and length of time:

---

---

10. Names, residence address, business address, date of birth and telephone numbers of each person who is engaged in Minnesota in the business of selling, manufacturing or distributing intoxicating liquor or non-intoxicating malt liquor, and who is nearer of kin to you or your present spouse than second cousin, whether of 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:

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: \_\_\_\_\_

11. Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership of any operation of any such business: Yes\_\_\_ No\_\_\_

12. Are you directly or indirectly interested in other establishments in the City of Rosemount to which a license of the same kind has been issued? Yes\_\_\_ No\_\_\_ If yes, list names, addresses and interest:

---

---

13. Are you the spouse of a person who would be ineligible for a license? (Refer to City Code, Section 3-1-7, for persons ineligible for license) Yes\_\_\_ No\_\_\_

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

---

---

15. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes\_\_\_ No\_\_\_ If yes, explain in detail:

\_\_\_\_\_

16. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes\_\_\_ No\_\_\_ If yes, state circumstances:

\_\_\_\_\_

17. Have you or your spouse ever filed for bankruptcy either as individuals, jointly, or in connection with any business you have had an interest in? Yes\_\_\_ No\_\_\_ If yes, explain in detail:

\_\_\_\_\_

18. List the names, dates of birth, residence, business and email addresses of three residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the premises or business, which may be referred to as to the applicant's character:

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

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

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

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

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

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

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ 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 a Part II – Personal Information Form.**

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

**ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.**

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

\_\_\_\_\_  
Notary

(Stamp)

# PERSONAL FINANCIAL STATEMENT

(A personal financial statement is required for all persons completing a Part II- Personal Information Application)

Name	
Date Prepared	

## ASSETS

<i>Cash (checking) accounts</i>	
<i>Cash (savings) accounts</i>	
<i>Notes (contracts) owed to you</i>	
<i>Certificates of deposit</i>	
<i>Treasury Bills</i>	
<i>Saving Certificates</i>	
<i>Life insurance (cash value)</i>	
<i>Money market funds</i>	
<i>Precious metals</i>	
<i>Securities (stocks and bonds)</i>	
<i>Real estate (market value)</i>	
<i>Vehicles (market value)</i>	
<i>Individual retirement plans</i>	
<i>Other assets (specify)</i>	
<i>Total Assets:</i>	

## LIABILITIES

<i>Credit obligations on purchases</i>	
<i>Credit card obligations</i>	
<i>Home mortgage</i>	
<i>Other mortgages</i>	
<i>Auto loans</i>	
<i>Personal loans</i>	
<i>Personal guarantees</i>	
<i>Education loans</i>	
<i>Business loan obligations</i>	
<i>Taxes</i>	
<i>Other debts</i>	
<i>Total Liabilities:</i>	

## NET WORTH

*Total Assets:*





City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**RELEASE**

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request and authorize you to release any and all information concerning me to the Rosemount Chief of Police, Rosemount Police Department, or his representatives.

This request is related to an investigation by the Rosemount Police Department required for an application for a Liquor License in the City of Rosemount.

I understand my rights concerning the release of information pursuant to the Minnesota Data Practices Act and authorize the release of this information to agents of the Rosemount Police Department.

I understand that failure to provide this release will result in a denial of my application.

This authorization is valid for six (6) months from the date indicated below.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Full Name  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Address  
\_\_\_\_\_  
City/State/Zip

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

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



City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068

**CONSENT FOR THE RELEASE OF INFORMATION**

I, \_\_\_\_\_  
Print Full Name (first) (full middle) (last)

residing at \_\_\_\_\_  
(address) (city) (state) (zip)

Driver's License No./State of Issue \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

authorize the Rosemount Police Department to disclose to the Rosemount City Administrator, City Clerk and the Rosemount City Council all information collected as a result of the background investigation done for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to state data practices act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of above individual authorizing release

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

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

Contact City Clerk if questions: 651-322-2003, FAX 651-423-4424, TDD 651-423-6219





**City Clerk's Office  
2875 145<sup>th</sup> Street West  
Rosemount MN 55068**

**ROSEMOUNT CITY CODE**

I hereby certify that I have received a copy of the Rosemount Liquor Ordinance and will familiarize myself with the contents thereof.

---

Signature

---

Business