



City Clerk's Office
2875 145th Street West
Rosemount MN 55068

APPLICATION FOR ON-SALE LICENSE ON PUBLIC PREMISE

In answering the following questions, "Applicants" shall be governed as follows: For a partnership, one partner shall execute this application on behalf of all members of the partnership. For a corporation, one officer shall execute this application on behalf of all officers, directors and stockholders. For a club, one officer shall execute this application on behalf of all officers.

Name: _____, as _____
(name of person making application) (title of partner or officer)

for and on behalf of: _____
(name of partnership, corporation or club)

hereby submits this application for dispensing of intoxicating liquor at any convention, banquet, conference, meeting or social affair conducted on the premises of a sports, convention or cultural facility owned by the City of Rosemount, for the period commencing January 1, 20__ and ending December 31, 20 __.

Business Phone Number: _____ Address: _____

Does Applicant currently hold an On-Sale Intoxicating Liquor License: ___Yes ___ No
If yes, within which city: _____

Has a summons been issued since January 1, 1993, under the Liquor Civil Liability Law (Dram Shop) M.S. 340.802 ___Yes ___No If yes, please attach a copy of the summons.

Please attach the following information:

- Application fee of \$350.00 payable to the City of Rosemount;
- Insurance certificate stating that liquor liability will be in effect for the term of the license (the City of Rosemount must be included as an additionally insured party); and
- Completed Consent for Release of Information (with copy of applicant's driver's license).

The applicant, and his/her associates in the application, will strictly comply with all liquor regulations as set forth in the Rosemount City Code and the Rosemount Community Center Policies. I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Date

Signature of Applicant

STATE of MINNESOTA)
) §
COUNTY of DAKOTA)

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

Notary Public
Title: _____
My Commission Expires: _____

Stamp

Data Privacy Notice: The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but we will not be able to grant the license without it. If a license is granted, the data you supply will constitute a public record, and copies may be issued to anyone. The data requested is needed to distinguish you from other applicants; to identify you in our license files; to verify that you are the person who applied for the license; to contact you if additional information is required; to determine if any conviction you may have is a job-related consideration affecting your suitability for the license. Residence address and telephone number will be considered public data, and be made available to anyone unless you request this information to be private, and that you provide an alternative address and phone number as below:

I request that my residence address and phone number be considered private data. My alternative address and phone number are:

Address: _____ Phone No. _____
Signature: _____ Date: _____

For City Use Below:

License Type: _____
Date Fee Paid: _____
Amount: _____
Date Approved: _____
License No. _____

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