



**IN SUPPORT OF AN APPLICATION FOR
INTOXICATING OR 3.2% MALT LIQUOR LICENSES**

PART 2 – PERSONAL INFORMATION

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a liquor license. Failure to provide the information will result in denial of the liquor license.

Directions: This form must be filled out "by typewriter" or by printing in ink by the sole owner, by **each** partner, by **each** officer or director, by **each** manager, proprietor or other agent in charge of the premises, by **each** person who by combined ownership or control has an interest in a corporation or association in excess of five percent (5%).

1. True Name _____ Maiden Name _____
(LAST) (FIRST) (MIDDLE) (LAST NAME)

2. Resident Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

3. City in which you live: _____ County _____

4. Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

5. Place of Birth _____ Date of Birth _____
(CITY, COUNTY, STATE)

6. U.S. Citizen: Yes No
If naturalized, give date and place _____

7. Social Security Number _____ Driver License No. _____

Have you ever had a driver's license in any other state? Yes No
If yes, give the state and the year: _____

8. Marital Status: Single Married Widowed Separated Divorced

If married provide spouse's true name, place and date of birth and residence address:

True Name _____ Maiden Name _____
VV (LAST) (FIRST) (MIDDLE) (LAST NAME)

Resident Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Place of Birth _____ Date of Birth _____
(CITY, COUNTY, STATE)

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10. Are you a registered voter: Yes No

If yes, where are you registered? _____

Is your spouse a registered voter: Yes No

If yes, where is your spouse registered? _____

11. If you have ever used or been known by a name or names other than the true name given in #1 above, list such name(s) and information concerning dates and places where used:

Name: _____

Dates, Places & Circumstances: _____

Name: _____

Dates, Places & Circumstances: _____

Name: _____

Dates, Places & Circumstances: _____

12. Addresses at which you have lived during the preceding ten years. (Begin with present or last address and work back.)

(Number & Street) (City & State) (Dates)

(Number & Street) (City & State) (Dates)

(Number & Street) (City & State) (Dates)

(Number & Street) (City & State) (Dates)

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13. Addresses at which your spouse has lived during the preceding ten years. (Begin with present or last address and work back.)

_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)

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

_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)

15. Kind, name and location of every business or occupation your spouse has been engaged in during the preceding ten years. (Begin with present or last one and work back.)

_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)

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

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

17. Names and addresses of your spouse's employers or partners, if any, for the preceding ten years. (Begin with present or last one and work back.)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

18. Have you, your spouse, a parent, brother, sister, or a child ever been convicted of any felony, any crime, DWI or violation of any ordinance other than traffic? Yes No

If yes, give information as to the time, place and offense for which there was a conviction:

19. Have you, your spouse, a parent, brother, sister, or a child ever been engaged as an employee or in operating a saloon, hotel, restaurant, cafe, tavern or other business of a similar nature? Yes No If yes, provide place, time and length of time:

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20. Have you been in military service: Yes No

If yes, was discharge(s) ever other than honorable? Yes No
(Upon request, you may be required to exhibit all discharges)

21. Names, residence addresses, business addresses, 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.

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

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

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

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24. 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 such money.)

25. Are you now or have you had any interest in any previous liquor license? If so, were they ever suspended or not renewed? Yes No If yes, explain in detail:

26. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes No If yes, explain in detail:

27. List the names, residence addresses, business addresses and telephone numbers of three residents of the 7-county Twin Cities metro area, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as a character reference. Submit a written reference letter from each person listed below:

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Full Name: _____ **Relationship:** _____

Residence Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

Business Address _____ Phone _____
(STREET, CITY, STATE, ZIP CODE)

RELEASE FORM:

FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

A Financial Statement of net worth, income tax returns for the past three years, and a short autobiography must accompany this application for all persons who are required to complete a Part 2 Personal Information form. (Exception - Managers and Assistant Managers, provided these individuals are not partners, officers of corporation or do not hold any interest in excess of five percent (5%).

I HEREBY AUTHORIZE THE CITY OF CHASKA TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORMATION.

(SIGNATURE AND TITLE)

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

Notary Public of _____ County

My Commission Expires _____

Revised February 2004