

APPLICATION FOR 3.2 PERCENT MALT LIQUOR LICENSE  
PART I – GENERAL INFORMATION

**Directions:** This form must be filled out with typewriter or hand printed in ink. If the application is by a natural person, by such person; if by a corporation, by an officer thereof; if by a limited liability company, by a member thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

1. Name of applicant (name of individual, partnership, corporation, LLC, association, or other organization):

\_\_\_\_\_

2. Business Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Type of Business: \_\_\_\_\_  
(i.e., restaurant, hotel, retail)

3. Type of applicant:

\_\_\_\_\_ Natural Person (Individual)      \_\_\_\_\_ Partnership  
\_\_\_\_\_ Corporation                              \_\_\_\_\_ Association, LLC, or other organization

4. Type of license applicant seeks:

_____ On-Sale 3.2 Percent Malt Liquor	\$500
_____ Off-Sale 3.2 Percent Malt Liquor	\$100
_____ On-Sale Brew Pub 3.2 Percent Malt Liquor	\$500
_____ Off-Sale Brew Pub 3.2 Percent Malt Liquor	\$200

**INDIVIDUAL**

If applicant is a natural person (individual), state full legal name, place and date of birth, residence and business address, and telephone numbers:

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

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

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

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

The full legal name, place and date of birth, residence address, and telephone number of the Operating Manager in charge of the individual owner's premises at such time as the owner is absent (if more than one operating manager, attach additional sheet with information):

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

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

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

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

**A PART II - PERSONAL INFORMATION form must be completed  
and attached for each of these individuals.**

**PARTNERSHIP**

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

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(Last, First, Middle)

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

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

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(Last, First, Middle)

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

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

Full Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(Last, First, Middle)

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

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

The managing partner will be:

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

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

The full legal name, date of birth, residence address, and telephone 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 Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last, First, Middle)

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

**A PART II - PERSONAL INFORMATION form must be completed  
and attached for each of these individuals.**

**CORPORATION/LIMITED LIABILITY COMPANY/ASSOCIATION/OTHER ORGANIZATION**

**If the application is for a corporation, LLC, association or other, attach a copy of articles of incorporation or organization or association agreement; a copy of bylaws or operating agreement; foreign corporations shall attach a copy of certificate of authority as described in Chapter 303, Minnesota Statutes.**

Provide the name of the corporation, LLC, association, or other organization, Brooklyn Center address and phone number, and home office address and phone number.

Name \_\_\_\_\_ State of Incorporation or Association: \_\_\_\_\_  
Brooklyn Center Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip)  
Home Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip)

The full legal names, dates of birth, residence addresses, and telephone numbers of all officers or directors of said corporation, LLC, association, or other organization:

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

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, ZIP)

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

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, ZIP)

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

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, ZIP)

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

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, ZIP)

**CORPORATION/LIMITED LIABILITY COMPANY/ASSOCIATION/OTHER ORGANIZATION – CONTINUED**

The full legal names, dates of birth, residence addresses, and telephone numbers of all persons who singly or together with their spouse and his or her parents, brothers, sisters, or children, own or control an interest in said corporation, LLC, association, or other organization in excess of five percent (attach additional sheets if necessary):

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

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

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

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

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

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

The full legal name, date of birth, residence address, and telephone number of the Operating Manager, and any other individual with management responsibilities for the premises to be licensed (if more than one operating manager, attach additional sheet with information):

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

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

**A PART II - PERSONAL INFORMATION form must be completed and attached for each of the individuals listed on this page.**

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

5. Does any manufacturer or wholesaler of 3.2 percent malt liquor have any ownership, in whole or in part, in the business of the applicant? Yes \_\_\_\_\_ No \_\_\_\_\_  
If Yes, explain: \_\_\_\_\_

6. Describe the premises to be licensed – where customers will be allowed to drink, list all decks, patios, outside areas (applicant must also submit a site plan showing dimensions, location of buildings, patios, decks, pavilions, street access, and parking facilities)

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

\_\_\_\_\_ **Not Applicable** – applicant is applying for Off-Sale 3.2 Percent Malt Liquor License

7. Is premises located within 300 feet of, or within the same building, or on the same legally subdivided lot, piece, or parcel of land as any of the following uses: a school, day care center, church, hospital, halfway house, currency exchange operation, theater, residence, pawnshop, secondhand goods dealer, tattoo establishment, body piercing establishment, massage parlor, sauna, or another on-sale liquor establishment? Yes \_\_\_\_\_ No \_\_\_\_\_

8. Are there any real estate taxes, personal property taxes, assessments, or other financial claims of the City, County, or State due, delinquent, or unpaid on the premises to be licensed, including if the premises is part of a larger tax parcel on which ad valorem real estate taxes or assessments collected with such taxes are due, delinquent, or unpaid, and if not paid, the years and amounts which are unpaid?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes, give details: \_\_\_\_\_  
\_\_\_\_\_

**Any falsification of answers to the preceding questions will result in denial of the application**

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Brooklyn Center. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Brooklyn Center is required to provide the Minnesota Department of Revenue your MN Tax ID Number and Social Security number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Brooklyn Center City Staff, Department of Public Safety, Hennepin County Auditor, Bureau of Criminal Apprehension, and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.

The undersigned hereby applies for a liquor license and acknowledges receipt of a copy of City Ordinance Chapter 11, Liquor Ordinance, and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

**APPLICANT NAME** (please print) \_\_\_\_\_

being first duly sworn upon his/her oath, deposes and says that he/she is the person who has executed the foregoing information and that the statements made herein are true of his/her own knowledge and belief. I also understand that if any of the foregoing information is proven to be false, it is grounds for denial of the license for which I have applied.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT** \_\_\_\_\_  
**DATE**

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

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

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

County \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(Notary Public stamp or seal)