

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

**Directions:** This form must be filled out in ink by the sole owner, by each partner, 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 (5%).

Name and Address of Corresponding Establishment (licensed or to be licensed in Brooklyn Center)

\_\_\_\_\_

Position With Establishment (i.e., owner, partner, general manager): \_\_\_\_\_

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

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

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

Driver's License # and State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a U. S. Citizen? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If a naturalized citizen, give date and place of naturalization: \_\_\_\_\_  
If not a U. S. Citizen, are you are resident alien? YES: \_\_\_\_\_ NO: \_\_\_\_\_

What race/ethnic group do you consider yourself? \_\_\_White, not of Hispanic origin \_\_\_Hispanic, Mexican  
\_\_\_African American, not of Hispanic origin \_\_\_American Indian or Alaskan Native \_\_\_Asian or Pacific Islander

If you have ever used or been known by a name or names other than the **full legal name** provided, list such name(s) and information concerning dates and places used:

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

Are you a registered voter? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If YES, in what City and State are you registered: \_\_\_\_\_

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

If MARRIED, provide the following information about **YOUR CURRENT SPOUSE**:

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

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

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

Driver's License # and State: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Is your current spouse a registered voter? YES: \_\_\_\_\_ NO: \_\_\_\_\_  
If YES, in what City and State is your current spouse registered: \_\_\_\_\_

1. Address(es) at which **YOUR CURRENT SPOUSE** has lived during preceding 10 years (begin with present or last address and work back):

Street Address

City/State/ZIP

Dates

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2. Name, location, and description of every business or occupation **YOUR CURRENT SPOUSE** has been engaged in, including employers and business partners, during the preceding 10 years (begin with the present position and work back):

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

3. Address(es) at which **YOU** have lived during preceding 10 years (begin with present or last address and work back):

<u>Street Address</u>	<u>City/State/ZIP</u>	<u>Dates</u>
_____		
_____		
_____		
_____		

4. Name, location, and description of every business or occupation **YOU** have been engaged in during the preceding 10 years (begin with the present position and work back):

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

Employer/Partner: \_\_\_\_\_

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

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

Position Held: \_\_\_\_\_

Dates (To/From): \_\_\_\_\_

5. Have you, your current 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 date, place, and type of offense for which convictions were had:

\_\_\_\_\_

\_\_\_\_\_

6. Have you, your current spouse, parent, brother, sister, or child of either of you, 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, give information as to the date, place, and length of time:

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7. Have you been in military service? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, was discharge honorable? YES \_\_\_\_\_ NO \_\_\_\_\_  
(Copies of discharge papers may be required.)

8. Name, residence address, business address, date of birth (DOB), and telephone number of each person who is engaged in Minnesota in the business of selling, manufacturing, or distributing intoxicating liquor or 3.2 percent malt liquor, and who is nearer of kin to you or your current 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 current spouse:

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

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

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

9. Are you a person who has a direct or indirect interest in a manufacturer, brewer, or wholesaler?  
YES \_\_\_\_\_ NO \_\_\_\_\_

10. Are you a person who has a direct or indirect interest in other establishments in the City of Brooklyn Center to which a liquor license has been issued?  
YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, list names, addresses, and interest:

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11. Are you the spouse of a person who would be ineligible for a license? (Refer to City Code, Section 11-116 for persons ineligible for liquor license): YES \_\_\_\_\_ NO \_\_\_\_\_

12. Do you have any investment in the business, building, premises, fixtures, furniture, stock in trade, etc.? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, list what type and amount of investment that you will have in the business (you must be prepared to furnish proof of the source of such money):

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13. Have you had an interest in an intoxicating liquor license or 3.2 percent malt liquor license that has been revoked within five years of the license application? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain in detail:

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

14. Are you a person who, within five years of the license application, has been convicted of a felony or a willful violation of a federal or state law or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain in detail:

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

15. Have you had an interest in an intoxicating liquor license application or 3.2 percent malt liquor license application that has been denied? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, state circumstances:

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

16. Have you or your current spouse ever filed for bankruptcy either as individuals, jointly, or in connection with any business in which you have had an interest? YES \_\_\_\_\_ NO \_\_\_\_\_ If YES, explain in detail:

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

17. Names, dates of birth (DOB), and residence and business 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, who may be referred to as to the applicant's character:

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State, Zip)

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

(Street, City, State, Zip)

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State, Zip)

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

(Street, City, State, Zip)

Full Legal Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State, Zip)

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

(Street, City, State, Zip)

**Any falsification of answers to the above 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.

**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)