



LIQUOR LICENSE APPLICATION MATERIAL CHECKLIST

The following materials must be submitted to the City Clerk for consideration of your Liquor License application:

- Completed application from the MN Department of Public Safety, Alcohol Enforcement Division – access the forms you need at www.dps.state.mn.us/alcgamb/alcgamb.html (651-201-7500)
- Completed Part I - General Information Form
- Certified Copy of Certificate of Trade Name
- Copy of Partnership Agreement (if applicable)
- Corporate Information (if applicable):
 - Certificate of Incorporation
 - Articles of Incorporation or Association Agreement
 - By-Laws
 - Certificate of Authority (if foreign corporation)
- Certification of Liquor Liability Insurance covering entire license period (Minnesota State Law requires this to be from date of license to December 31)
- Certification of Worker's Compensation Compliance
- Copy of premise lease, mortgage or contract for deed
- Premises:
 - Preliminary plans attached (if new construction); or
 - Plans on file with Inspection Division.
 - Floor plan showing dimensions and serving areas attached (if existing building)
- Signed and dated General Authorization and Release for financial institutions
- Notary Public Signature

Each owner, officer, partner and manager must submit the following:

- Signed and dated Data Practices Rights Advisory
- Completed Part II - Personal Information Form
- Supplemental Investigation Information
- Photocopy of Driver's License or Other State Issued Identification Card
- Completed Affidavits of Good Character (3)
- Completed Business References (3)

Person responsible for operations at the establishment (individual owner, managing officer or store manager) must also submit:

- Completed Personal Financial Statement
- Copy of Individual State Income Tax Forms for previous two years
- Copy of Individual Federal Income Tax Forms for previous two years
- Notary public Signature

If you have questions regarding the licensing process, please contact the Deputy City Clerk at 763-767-6432.

Return all completed forms for review to the City Clerks office at Coon Rapids City Hall, 11155 Robinson Drive, Coon Rapids MN 55433-3761.



Office of the City Clerk
11155 Robinson Drive
Coon Rapids MN 55433-3761
763-767-6432

APPLICATION/INVESTIGATION FORM
FOR LIQUOR LICENSE

Dear Applicant:

Thank you for your interest in obtaining a liquor license in Coon Rapids. All application materials must be completed before your application will be processed. Upon receipt of your completed application, the Police Department will conduct an investigation. You may be contacted by an investigator to answer questions or expand on any information provided in the questionnaires.

After the investigation is completed and a report prepared, the license request will be presented to the City Council at a regular meeting for consideration. City Council meetings are held the first and third Tuesday of each month at 7:00 p.m. in the Council Chambers at City Hall. You will be notified of the date your application will be considered and are welcome to attend the meeting. Depending on the length of the investigation and the timing of the Council meeting, the process will take several weeks to complete.

Attached are the forms you will need to complete. A checklist of all required materials is included to assist you in preparing your application. A copy of the City Code regarding liquor licenses and general licensing provisions is also provided.

All fees are due when the application is submitted. In addition to the license fee, a non-refundable investigation fee is required. The fee for an in-state investigation is \$465. Should the investigation extend outside the state and require additional time, the actual cost of the investigation will be billed (MS§340A.412). In the event your license is denied, any costs expended to conduct the investigation will be retained and the annual license fee will be refunded.

In addition to licensing, establishments must comply with local zoning regulations. Please contact the Community Development Department at 763-767-6430 to discuss these requirements.

If you have questions about the forms, regulations or the process, please feel free to contact me at 763-767-6432.

Kris Linqvist, CMC
Deputy City Clerk



License Number _____

Receipt Number _____

Date _____

Paid _____

Copy of State Issued ID

APPLICATION FOR LIQUOR LICENSE - NEW

To the Honorable Mayor and City Council:

I, _____, as _____
(applicant) (individual owner, officer or partner)

on and in behalf of _____
(myself, names of partners, names of corporation or association)

hereby submit in duplicate this application for:

- _____ On Sale Liquor License \$9,350
 Class A (Full Table Service) Class B (Less Than Full Table Service)
- _____ On-Sale Sunday Liquor License 200
- _____ On-Sale 2 AM Closing..... 300
- _____ On-Sale 3.2 Percent Malt Liquor License..... 655
- _____ On-Sale Wine (seating 35 - 99) 1,000
(seating 100+) 2,000
- _____ Strong Beer in conjunction with Wine: Yes No
- _____ Club (fee based on membership #) _____
- _____ Tavern. 560
- _____ Public Drinking Place 560
- _____ Off Sale 3.2 Percent Malt Liquor License 140
- _____ Off Sale Liquor License..... 300
 Class A (Spirits, Wine and Beer)
 Class B (Wine and Intoxicating Malt Liquor)
- _____ **Investigation Fee (non-refundable)** 465

for _____ located at
(name of establishment)

_____ for the sale of liquor in
(street address and/or plat and parcel number)

accordance with the provisions of Minnesota Statutes, Chapter 340, and the City Code of the City of Coon Rapids, Chapter 5-200, commencing _____, 201__ and ending December 31, 201__.

In support of this application and in accordance with the requirements, attached is:

- _____ Part I: General Information Form
- _____ Part II: Personal Information Forms;
- _____ Certificate of Insurance Evidencing Liquor Liability Coverage
(must cover license period of January 1 to December 31)
- _____ License and investigation fee

Will there be lawful gambling at the establishment? _____ If yes, name of organization _____

Date

Signature of Applicant

for: _____

(myself; names of partners; names of corporation or association)



PART I - GENERAL INFORMATION
Supporting Documentation for Liquor License Application

This form must be filled out in duplicate with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer 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 or association)

2. Trade Name or DBA: _____

License Address: _____

Telephone: _____

Minnesota Tax ID No. _____ Federal Tax ID No. _____

3. Type of applicant:
- Natural Person
 - Partnership
 - Corporation
 - Association or other _____

4. Data Practices Rights Advisory

As an applicant for a Liquor License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by City Code and allows the City Council to thoroughly analyze your suitability and qualification to hold a Liquor License.

All the information you are being asked to provide is required by City Code of applicants for Liquor Licenses. If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.

The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

I HAVE READ AND UNDERSTAND THE ABOVE

Signature of Applicant

Date

INDIVIDUAL

5a. If applicant is an individual, state:

Full Name: _____ Date of Birth: _____
(first middle last)

Residence
Address: _____ Telephone: _____

5b. State the manager, proprietor or other agent in charge of the individual owner's premises to be licensed:

Full Name: _____ Date of Birth: _____
(first middle last)

Residence
Address: _____ Telephone: _____

(Part II - Personal Information Form must also be completed by manager, etc.)

NOTE: If at any time during the license year the manager is replaced, it is the responsibility of the applicant to notify the City within fourteen days. A Part II - Personal Information Form must be completed by the new manager.

PARTNERSHIP

6a. If applicant is a partnership, for each member of the partnership state:

1. Full name: _____ Date of birth: _____ Interest: _____
(First middle last)

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

2. Full name: _____ Date of birth: _____ Interest: _____
(First middle last)

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

3. Full name: _____ Date of birth: _____ Interest: _____
(First middle last)

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

4. Full name: _____ Date of birth: _____ Interest: _____
(First middle last)

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

(Part II - Personal Information Form must be completed by *each partner*)

6b. The managing partner will be: _____

6c. State the manager, proprietor or other agent in charge of the partnership's premises to be licensed:

Full Name: _____ Date of Birth: _____
(First middle last)

Residence address: _____ Telephone: _____

(Part II - Personal Information Form must be completed by *manager, etc.*)

CORPORATION OR ASSOCIATION

7a. If applicant is a corporation or association, state:

Name: _____ State of Incorporation: _____

Business Address: _____

City, State, Zip: _____ Telephone: _____

7b. For all officers of said corporation or association, state:

PRESIDENT: _____ Telephone: _____

Residence Address: _____

VICE PRESIDENT: _____ Telephone: _____

Residence Address: _____

SECRETARY: _____ Telephone: _____

Residence Address: _____

TREASURER: _____ Telephone: _____

Residence Address: _____

(Part II - Personal Information Form must be completed by each officer.)

7c. For all persons who singly or together with their spouse and their parents, brothers, sisters, or children, own or control an interest in said corporation or association in excess of 5% state:

1. Full Name: _____ Interest: _____

Residence Address: _____ Telephone: _____

2. Full Name: _____ Interest: _____

Residence Address: _____ Telephone: _____

3. Full Name: _____ Interest: _____

Residence Address: _____ Telephone: _____

4. Full Name: _____ Interest: _____

Residence Address: _____ Telephone: _____

(Part II - Personal Information Form must be completed by each person whose controlling interest in said corporation or association is in excess of 5%.)

7d. State the manager, proprietor or other agent in charge of the corporation's or association's premises to be licensed:

Full Name: _____ DOB: _____
 first middle last

Residence address: _____ Telephone: _____

(Part II - Personal Information Form must be completed by *manager*.)

QUESTIONS 8 THROUGH 23 MUST BE ANSWERED ON BEHALF OF ALL APPLICANTS, WHETHER INDIVIDUAL, PARTNERSHIP OR CORPORATION.

8. State the exact legal description of the premises to be licensed. (Applicant must also submit a plot plan of the area showing dimensions, location of buildings, street access, parking facilities and the location of the distances to the nearest church building and public school grounds.)

9. How are the premises classified under the Coon Rapids Zoning Code?

Community Development Department approval by: _____

10. a. If the owner or owners of the building wherein the licensed business will be located is other than the applicant, state:

Full name: _____

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

Full name: _____

Residence address: _____ Telephone: _____

Business address: _____ Telephone: _____

b. State in summary the conditions of lease arrangement, such as, term of lease, monthly rental, renewal privileges, etc. (**A true copy of the lease shall be attached.**)

11. If building is owned by individual applicant, partnership, corporation or association, state:

a. Date purchased: _____ b. Purchase price: _____

c. Name and address of person purchased from: _____

d. Amount of down payment: _____

e. Name and address of mortgage holder: _____

- f. Terms of mortgage: _____
- g. Rate of interest on mortgage: _____
- h. Contract for deed amount: _____
- i. Contract for deed interest rate: _____
- j. Name and address of contract for deed holder:

- k. Terms of contract for deed _____
- l. Mortgage/contract for deed monthly payment: \$_____/m. Are payments current? Yes; No

(Attach a true copy of the mortgage or contract for deed)

- 12. State the amount of the investment the applicant has in the business premises, fixtures, furniture, stock in trade, etc. **(Attach supporting proof of the source of such money.)**

- 13. For the preceding calendar year, list sources of income, as shown in state and federal income tax returns, received by applicant; if partnership, by each partner; if corporation, by each officer and director.

- 14. For the preceding calendar year, list sources of income received by spouse of applicant from the sale of intoxicating liquors; if partnership, spouse of each partner; if corporation, by spouse of each officer or director.

(A "GENERAL AUTHORIZATION AND RELEASE FORM" MUST BE COMPLETED FOR EACH OF THE FINANCIAL INSTITUTIONS LISTED BELOW AND ATTACHED TO THIS APPLICATION.)

- 15. For the licensed business, list all banks, financial institutions and persons with whom applicant and spouse; if partnership, each partner and spouse; if corporation, each officer and director and spouse, have made mortgages, loans or have certificates of deposit, checking accounts during the preceding license year.

- 16. Provide the name, address and telephone number of the person or firm that does the bookkeeping, auditing or accounting for the licensed business.

17. For all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement, state: (This shall include, but not limited be to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

a. Full name: _____ Telephone: _____

Address: _____ Date of Birth: _____

Nature of interest, etc. _____

b. Full name: _____ Telephone: _____

Address: _____ Date of Birth: _____

Nature of interest, etc. _____

IF THIS APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATIONS, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON FILE WITH THE BUILDING INSPECTION DIVISION, NO PLANS NEED BE FILED WITH THE APPLICATION.

- Preliminary plans attached
- Plans on file with Inspection Division

18. State the floor number, general area, and all rooms where liquor is to be sold and consumed. **(Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms.)**

19. What permits or licenses required by the Federal government have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Permit	Applicant's Name	Type

20. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Permit	Applicant's Name	Type

21. What permits or licenses required by the County of Anoka have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Permit	Applicant's Name	Type

22. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Coon Rapids delinquent or unpaid for the premises to be licensed?

Yes; No. If Yes, give details:

23. State the seating capacity for serving of meals of any restaurant or dining room of any hotel:

APPLICANT AND ASSOCIATES IN THIS APPLICATION WILL STRICTLY COMPLY WITH ALL LAWS OF THE STATE OF MINNESOTA GOVERNING TAXATION AND SALE OF LIQUOR; RULES AND REGULATIONS ESTABLISHED BY THE LIQUOR CONTROL COMMISSIONER; AND ALL ORDINANCES OF THE CITY OF COON RAPIDS.

I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING QUESTIONS AND THAT THE ANSWERS TO SAID QUESTIONS ARE TRUE OF MY OWN KNOWLEDGE. THE CITY OF COON RAPIDS HAS DETERMINED THAT A COMPREHENSIVE BACKGROUND INVESTIGATION IS NECESSARY. I UNDERSTAND THAT AN INVESTIGATION FEE WILL BE CHARGED BY THE CITY. I FURTHER AUTHORIZE THE RELEASE TO THE CITY OF COON RAPIDS OF ANY INFORMATION ABOUT MY BUSINESS AND FINANCIAL AFFAIRS WHICH MAY BE REQUESTED FROM ANY FIRM RELATIVE TO MY FINANCIAL BACKGROUND.

I HAVE BEEN GIVEN A COPY OF THE CITY CODE SECTION 5-200 RELATING TO ALCOHOLIC BEVERAGES.

I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION PROVIDED BY ME IN MY APPLICATION MAY BE CONSIDERED FALSIFICATION OF THE APPLICATION AND MAY BE USED AS GROUNDS FOR THE DENIAL OF THE LICENSE.

SIGNATURE OF APPLICANT

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who had executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed an sworn to before me a Notary Public
on this ____ day of _____, 201__.

(Notary Signature)

Signature of Applicant

My commission expires _____.

**GENERAL AUTHORIZATION AND RELEASE
PURSUANT TO MINNESOTA STATUTES ' 13.04
MINNESOTA GOVERNMENT DATA PRACTICES ACT**

TO: _____

(Financial Institution)

(Address)

(City)

(State)

(Zip)

(Contact Person)

(Telephone)

(Fax)

REFERENCE ACCOUNT NUMBER (S): _____

I hereby authorize and grant informed consent to release to the Coon Rapids Police Department data classified as private which concerns me and may be in your possession. The data authorized to be released consists of private financial data and has been collected as a result of my contacts and associations with your and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings and accounts with your agency. I understand the purpose of permitting the Coon Rapids Police Department access to this information is to determine suitability for holding a Liquor License. It is understood that this information will become a part of the license application and such may be analyzed by consultants and reviewed by officials of the City of Coon Rapids.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City of Coon Rapids or to you of that fact.

(Printed Name of Applicant)

(Address of Applicant)

(Signature of Applicant)

(Date)

THIS FORM MAY BE DUPLICATED AND MUST BE COMPLETED FOR EACH BANK OR FINANCIAL INSTITUTION LISTED IN THE APPLICATION ATTACHED.

**MINNESOTA WORKERS' COMPENSATION LIABILITY
CERTIFICATE OF COMPLIANCE**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____ Phone # _____

(NOT the insurance agent)

Policy Number: _____ Dates of Coverage: _____ to _____

(OR)

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

* * * * *

Name: _____

(last, first, middle)

Doing Business As:

(business name if different than your name)

Business Address:

City, State, Zip: _____ Phone: ()____-

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Signature: _____ Date: _____

DESCRIPTION OF LICENSED PREMISES
City of Coon Rapids On-Sale Liquor License Application

Minnesota Rules require on-sale liquor license holders to provide specific descriptions of the licensed premises:

7515-0430 On Sale Applications:

Subp. 2 Description of premises. The retail licenses for sale of alcoholic beverages which the municipality may issue must contain a specific description of the premises to which the license applies. The description must state the numbered street address or the description of the lot, block, addition, or township. In addition, the license application must include a complete description of the compact and contiguous area in which the licensee will conduct business, including a description of physically connected attachments to the main structure such as patios, decks, or pavilions. If the description in this subpart covers a building with more than one story or rooms which are used for business purposes other than those permitted to be in combination with the license as outlined in part [7515.0420](#), then the description must specify the floor and the space to which the license will apply.

Establishment Name: _____

Establishment Address: _____

Complete description of area as defined above: _____

Please provide below or attach a sketch of the entire area, including patios, decks or pavilions that are part of the licensed premise for the sale of alcoholic beverages.



**Part II – Personal Information
Supporting Documentation for
Liquor License Application at:**

Business Name

**INFORMATION ADVISORY AND AUTHORIZATION FOR RELEASE OF
INFORMATION TO SUPPORT LICENSE APPLICATION**

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background which may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide data for the investigation of license applicants required by City Code. Providing the information will assist the police department in preparing an investigative report for the City Council's review. The investigative report is provided to the City Council and is considered when granting or denying the license. All information provided in that report becomes part of the public record and is available to any requesting individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to Council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the City Council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Coon Rapids unless the conviction is directly related to the matter for which the license is sought, according to Minnesota Statute §364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be

classified as "Private" or "Confidential", Subdivision 4 makes application data for license "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act

* * * * *

"I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the release to the City of Coon Rapids of any information about my business and financial affairs which may be requested from any firm relative to my financial background. I also authorize the City of Coon Rapids to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license."

Printed Name of Applicant Title

Signature of Applicant Date

Attached: copy of valid Driver's License or State Issued ID
 new manager investigation fee (if applicable)

Part II-1
SUPPORTING DOCUMENTATION FOR LIQUOR LICENSE APPLICATION

Directions: This form must be filled out in duplicate with 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 5%.

1. True Name: _____
Last First Middle

2. Residence Address _____
Street City, State Zip

Business Address: _____
Street City State Zip

3. Telephone: Home: _____ Business: _____

4. Place of Birth: _____ Date of Birth: _____
(City, County, State)

Social Security No.: _____ Driver's License # _____
State of Issue: _____

5. U. S. Citizen: Yes; No
 Naturalized: Yes; No. If yes, give date and place: _____

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

Name	Date, Place and Circumstances
------	-------------------------------

7. Marital Status: Married Single Divorced Widowed Separated

8. If married, true name, place and date of birth, and residence address of spouse.

True Name: _____

Place and Date of Birth: _____

Residence Address: _____

9. Address at which you have lived during preceding ten years. (List current/most recent address first)

City and State	Number and Street	Dates

Part II-2

10. Address at which your spouse has lived during preceding ten years. (List current/most recent address first)

Number and Street	City and State	Dates

11. Occupation(s) during the past ten years, including dates, type, general duties and location. (Attach additional pages if necessary.) (List current/most recent first)

Date	Occupation	Duties	Location Name	Location Address

12. Occupation(s) of your spouse during the past ten years, including dates, type, general duties and location. (Attach additional pages if necessary.) (List current/most recent first)

Date	Occupation	Duties	Location Name	Location Address

13. Names and addresses of your employers and partners, if any, for the preceding ten years.
(List current/most recent address first)

Name	Address	Dates

14. Names and addresses of your spouse's employers and partners, if any, for the preceding ten years.
(List current/most recent address first)

Name	Address	Dates

Part II-3

15. Have you or your spouse 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, location and offense for convictions.

16. Have you or your spouse ever been engaged as an employee or in operating a saloon, hotel, restaurant, cafe, tavern or other business of similar nature? Yes; No. If yes, give information as to the date, location and length of time.

17. Have you been in military service? Yes; No. If yes, was discharge honorable? Yes; No. If no, state details:

(Upon request, you may be required to provide documentation)

18. For each person and who is nearer of kin to you or your spouse other 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, who is engaged in Minnesota in the business of selling, manufacturing, or distributing liquor, provide:

Not applicable; or:

a. Full Name: _____

Relationship: _____

Residence Address: _____

Telephone: _____

Business Address: _____

Telephone: _____

b. Full Name: _____

Relationship: _____

Residence Address: _____

Telephone: _____

Business Address: _____ Telephone

c. Full Name: _____

Relationship: _____

Residence Address: _____

Telephone: _____

Business Address: _____

Telephone: _____

19. Are you a manufacturer or wholesaler of liquor or interested in directly or indirectly in the ownership or operation of any such business? Yes; No.

20. Are you directly or indirectly interested in other establishments in the City of Coon Rapids to which a license of the same kind has been issued? Yes; No. If yes, please list:

21. Are you the spouse of a person who would be ineligible for a license? Yes; No.

22. 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.)

Part II-4

23. Have you had any interest in any previous liquor license that was revoked, suspended or not renewed?
 Yes; No. If yes, explain in detail.

24. Have you ever individually, or with others, made application for a liquor license and had such application denied? Yes; No. If yes, state details.

- Attached are (3) completed Business Reference forms.
- Attached are (3) completed Affidavit of Good Character forms.

I HEREBY CERTIFY THAT I HAVE READ THE FOREGOING QUESTIONS AND THAT THE ANSWERS TO SAID QUESTIONS ARE TRUE OF MY OWN KNOWLEDGE.

THE CITY OF COON RAPIDS HAS DETERMINED THAT A COMPREHENSIVE BACKGROUND INVESTIGATION IS NECESSARY. I UNDERSTAND THAT AN INVESTIGATION FEE WILL BE CHARGED BY THE CITY. I FURTHER AUTHORIZE THE RELEASE TO THE CITY OF COON RAPIDS OF ANY INFORMATION ABOUT MY BUSINESS AND FINANCIAL AFFAIRS WHICH MAY BE REQUESTED FROM ANY FIRM RELATIVE TO MY FINANCIAL BACKGROUND.

I UNDERSTAND THAT INCORRECT OR INCOMPLETE INFORMATION PROVIDED BY ME IN MY APPLICATION MAY BE CONSIDERED FALSIFICATION OF THE APPLICATION AND MAY BE USED AS GROUNDS FOR THE DENIAL OF THE LICENSE.

Date

Signature of Applicant

STATE OF _____

COUNTY OF _____

_____, being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to before me a Notary Public

on this ____ day of _____, 201__.

Signature of Applicant

(Notary Signature)

My commission expires: _____

Part II-5



SUPPLEMENTAL INVESTIGATION INFORMATION

Print Full Name

Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex: Male; Female

Race: _____

CITY OF COON RAPIDS
AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF LIQUOR LICENSE APPLICATION
(1 of 3)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone

CITY OF COON RAPIDS
AFFIDAVIT OF GOOD CHARACTER
IN SUPPORT OF LIQUOR LICENSE APPLICATION
(2 of 3)

Re: _____

AFFIDAVIT

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

Signature of Affiant

Date

Printed Name of Affiant

Street Address

City, State, Zip

Business Telephone

Home Telephone

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CITY OF COON RAPIDS

**BUSINESS REFERENCE
IN SUPPORT OF LIQUOR LICENSE APPLICATION
(1 of 3)**

Applicant Information:

Applicant's Name: _____

Business Name: _____

Applicant's Authorization for Release of Information

I hereby authorize the release of any information to the City of Coon Rapids about my business affairs from the business reference listed below in support of my application for a liquor license.

Applicant's Signature

Date

BUSINESS REFERENCE INFORMATION

Name _____

Position with Business _____

Business Name _____

Business Address _____

Business Phone _____

State the basis of your knowledge of applicant's business affairs:

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory? Yes; No. Please explain:

Has your credit experience with the applicant been satisfactory? Yes; No. Please explain:

General remarks:

Signature of Business Reference

Date

CITY OF COON RAPIDS

**BUSINESS REFERENCE
IN SUPPORT OF LIQUOR LICENSE APPLICATION
(2 of 3)**

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Business Name: _____

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General remarks:

Signature of Business Reference

Date

CITY OF COON RAPIDS

**BUSINESS REFERENCE
IN SUPPORT OF LIQUOR LICENSE APPLICATION
(3 of 3)**

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