

6. The person who executes this application shall give spouse's full name and address.

7. What occupations have applicant and associates in this application followed in the past five years?

8. If a partnership, state name and address of each member of partnership.

If a corporation:

Date of incorporation: _____

State in which incorporated: _____

Amount of authorized capitalization: _____

Amount of paid capital: _____

If a subsidiary of another corporation, so state: _____

Name and address of all officers, directors, and stockholders, and the number of shares held by each:

If incorporated under the laws of another state, is corporation authorized to do business in this state: _____ Number of certificate of authority: _____

9. On what floor is the establishment located, or to be located?

10. Describe the premises to be licensed.

11. Is the establishment located near an academy, college, university, church, elementary, middle school or high school? _____

State approximate distance of the establishment from such school or church:

12. Give name and address of owner of building establishment is to be located in.

Has owner of building any connection, directly or indirectly, with applicant?

13. Are the taxes on the above mentioned property delinquent? _____
In accordance with City Code Title 3, no license shall be granted for operation or renewal on any premises on which taxes, assessment or other financial claims of the City are delinquent and unpaid.

14. State whether applicant or any of his associates in this application have ever had an application for a liquor license rejected by any municipality or state authority. _____
If so, give date and details: _____

15. Has the applicant or any of his associates in this application during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances?

If so, give date and details:

16. State whether applicant or any of his associates in this application during the past five years were ever convicted of any law violations or any crime in this state or any other state or under Federal Laws.
If so, give date and details: _____

17. State whether any person, other than applicants, has the right, title or interest in the furniture, fixtures or equipment in the premises for which license is applied; and, if so, give name and details:

18. Is the applicant or any of his associates in this application a member of the City Council in the municipality where this license is to be issued?

If applicant for license is the spouse of a member of the governing body or where other family relationship exists, such member shall not vote on this application.

19. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota?

Give name and address of such establishment: _____

20. Furnish the name and address of at least three business references, including one bank reference:

21. What is the seating capacity of this establishment?

22. During what hours will food be available?

23. State the name of the person who will operate the restaurant.

24. State the name of the person who will operate the bar.

25. State the number of people the restaurant will employ.

26. Will food service be the principal business of this establishment?

27. State trade name to be used.

28. If this restaurant is in conjunction with any other business (such as resort, etc.) describe such business.

29. How many years has this business been in operation under this ownership? _____
30. Does applicant intend to sell intoxicating liquor to other than the consumer? _____
31. How many months of the year will this establishment be open?

32. Applicant and his associates in this application will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor, rules and regulations, promulgated by the Liquor Control Commissioner, and all laws of the country, and I hereby certify that I have read the foregoing questions and that the answers to said questions are true to my knowledge.
33. Prior to consideration of the application an investigation shall be made by the county sheriff's department of all persons listed on the license application.

Signature

Date

License Fees	
Sunday Liquor License: <u>\$200.00</u>	License # _____
Intoxicating On-Sale: <u>\$5,250.00</u>	
Intoxicating Off-Sale: <u>\$200.00</u>	
Wine Only: <u>\$500.00</u>	
2:00 a.m. Closing: <u>\$50.00</u>	
Action by City Council: _____ Approved _____ Denied _____ Date: _____	

REPORT ON APPLICANT OR APPLICANTS BY SHERIFF'S OFFICE

This is to certify that to the best of my knowledge, the applicant, or his associates named herein, have not been convicted within the past five years of any violation of the laws of the State of Minnesota, or Municipal Ordinances relating to the sale of non-intoxicating liquors except as hereinafter stated.

Date: _____

Anoka County Sheriff's

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply the information only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

License Being Applied for or Renewed: _____

Licensing Authority: CITY OF ANDOVER

License Renewal Date: _____

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

(only required if no TAX ID number)

Business Information:

Business Name: _____

Business Address: _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____ Company: _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name