



City of Maplewood | **Office of the City Clerk**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

RETAIL LIQUOR LICENSE SUPPLEMENT

THIS SUPPLEMENT MUST BE COMPLETED BY:

- INDIVIDUAL OWNERS
- OWNERS OF CORPORATIONS WITH AN INTEREST OF 5% OR MORE
- ALL PARTNERS OF PARTNERSHIPS
- ESTABLISHMENT MANAGER

Whoever shall knowingly and willfully falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions the "Applicant" means that person, whether he/she is an owner/officer/partner, or store manager, who will manage the business full time.

EVERY QUESTION MUST BE ANSWERED

Business Information (licensed Maplewood location):

Name _____ Doing Business As _____
Address _____ City Maplewood State: MN Zip Code: _____

Applicant Information (Owner/Partner/Corporate Officer/Establishment Manager)

Name _____ Job Title _____
Home Address _____ City _____ State _____ Zip Code _____
Phone Number (_____) _____ Email Address _____

List residential addresses for the past five years:

Are you a Citizen of the United States? Yes No

If no, are you a legal resident alien of the United States? Yes No

If naturalized, state date and place of naturalization: _____

List places of employment for the past five years:

<u>Business Name</u>	<u>Contact Person</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever had a Liquor License rejected by any municipality or State authority: Yes No

If yes, give date and details _____



Have you, within the past five years been convicted of a willful violation of a federal or state law or a local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage or of a felony crime? Yes No

If yes, give date and details _____

Are you a member of (or a spouse/relative of a member of) the Maplewood governing body ? Yes No

Do you have previous experience relating to the sale of alcohol? Yes No

If yes, please give details: _____

If Off-Sale, do you have any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota: Yes No

If yes, give name and address of establishments: _____

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I understand guidance relating to the sale of alcohol can be found in the Maplewood City Code Chapter 6 (Alcoholic Beverages). I will familiarize myself with the provisions of this Chapter, and with applicable Minnesota Statutes and federal regulations.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to conduct a background check and make whatever inquiries necessary to verify the information provided.

Signature _____ Date _____

Please submit a completed
Business License Background Check Consent Form
with this application

Office Use Only
Investigation Fee Paid \$ _____ Date _____ Receipt No. _____ Date Completed _____



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BUSINESS LICENSE BACKGROUND CHECK CONSENT FORM

Please PRINT the following Applicant information:

Last Name: _____

First Name: _____ Middle Name (full): _____

Maiden/Former/Alias: _____

Date of Birth: _____ Place of Birth: _____

Sex: Male: _____ Female: _____ Social Security Number: _____

Driver's License Number: _____ State: _____

**** submit a copy of Driver's License with this form**

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Maplewood for the purpose of determining my eligibility for obtaining a business license by the City of Maplewood, pursuant to Minnesota State Statute 2997C.72.

I understand that I am under no obligation to consent to such investigation, but that if I refuse to do so, my application cannot be processed.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature

Date