City of Roseville, Minnesota

Application for On Sale and Sunday Intoxicating Liquor License

1. Name of Applicant (Name of individual, partnership, corporation or association):

   _____

2. Name and address under which applicant will be doing business:

   Full Legal Name _____

   DBA Name _____

   Business Address_____

   Business Telephone (____) _____

3. Type of Applicant:

   _____Individual _____Partnership _____Corporation

4. Type of license applicant seeks: _____On Sale _____Sunday

5. State the legal description of the premises to be licensed:

   _____

   _____

   _____

6. How is the property classified under the Roseville Zoning Ordinance?

   _____

7. Where the building is owned by other than applicant give legal name, business address and phone number of owner(s):

   1. Legal Name _____

   Business Address _____

   Business Telephone _____

   2. Legal Name _____

   Business Address _____

   Business Telephone _____

8. State the amount of investment the applicant has in the business premise, fixtures, furniture, stocks in trade, etc. and attach supporting proof of the source of such money.

   _____

   _____

9. Provide full name, address, telephone number and the nature of interest of all persons, other than applicant, who have any financial interest in the business, buildings, fixtures, furniture, or stock in trade. (This shall include, but not limited to, any lessees, mortgages, lenders, lien holders or any persons who have loaned, pledged or extended security for any indebtedness of the applicant).

   _____

   _____

10. Attach lease agreement. (if applicable)

11. Submit a plat plan of the area showing dimensions, location of building, street access, parking facilities and the locations of and distances to the nearest state institutions including, but not limited to, educational buildings, fair grounds, and correctional buildings. The plan must also show number of persons intended to be served in the dining rooms, and indicate and identify all other rooms and areas where intoxicating liquor is to be sold and consumed.

12. List all additional permits that have been applied for either on the Federal or State level for this premise:

_____

If applicant is an individual skip to Personal Information Page

If applicant is a partnership:

1. Attach a true copy of the partnership agreement and a copy of the certificate of trade name under provisions of Chapter 333, Minnesota Statues, certified by the Clerk of District Court.

2. List Legal name and percent of interest for each partner

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

3. Skip to Personal Information Page.

If applicant is a corporation or association:

1. State the Legal name of the corporation or association, corporate office address and telephone number, branch address and telephone number.

Name_____

State of Incorporation or Association_____

Corporate Address _____

Corporate Phone Number _____

Branch Address _____

Branch phone number _____

2. Attach a true copy of the Articles of Incorporation or Association Agreement.

3. List the legal names, position and percent of interest of all officers of said corporation or association.

Full Legal Name _____

Position _____ Interest _____%

Full Legal Name_____

Position _____ Interest _____%

Full Legal Name_____

Position _____ Interest _____%

Full Legal Name_____

Position _____ Interest _____%

4. Fill out Personal Information Page

Personal Information Page

Fill out a page for owner, partner, manager, proprietor or other agent in charge of the individual owner's premises to be licensed and each individual that owns or controls an interest in excess of 5 percent. (Print as many sets as needed)

1. Legal Name_____

2. Home Address_____

3. Home Telephone (____) _____

4. Business Address _____

5. Business Telephone (____) _____

6. Place of Birth _____ Date of Birth_____

7. Current DL number and Issuing State _____

   All past States where Driver Licenses where held _____

8. United States Citizen? Yes_____ No _____

9. Have you ever been convicted of a felony, crime or violation of any ordinance other than traffic? Yes _____ No _____ If yes, explain in detail.

   _____

10. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes_____ No _____ If yes, explain in detail.

    _____

    _____

11. Have you ever individually or with others made application for an intoxicating liquor license, and had such application denied? Yes____ No _____ If yes, explain in detail.

_____

_____

11. Have you ever used or been known by any name other than the legal name given in number 1 above? Yes _____No_____ If yes, list each name along with dates and places where used.

_____

12. List the addresses and dates at which you have lived during the last 10 years:

_____

_____

_____

13. List the name and type of business or occupation you have been engaged in during the past 10 years.

_____

_____

_____

14. Are you a manufacturer or wholesaler of intoxicating liquor, or have a financial interest indirectly in the ownership or operation of any such business?
Yes_____ No _____ If yes, explain in detail.

_____

_____