



CITY OF
CHANHASSEN

Alcoholic Beverage
License Application

Part 2 – Personal History

To be filled out by the sole owner, each general and managing partner, each officer or director, each general manager, proprietor, food/beverage manager, or any other individual or agent in charge of the licensed premises and by each person who by combined ownership or control has an interest in excess of 5%.

Section 1: Applicant

Complete for applicant only. Refer to Section 2 for spouse of applicant.

1. Name: _____ Phone: (____) _____
First Full Middle Last Maiden

Address: _____
Street City County State Zip

2. Establishment where employed: _____ Phone: (____) _____

Address: _____
Street City County State Zip

3. Driver's License No: _____ Social Security No: _____

Have you ever had a driver's license in another state? If yes, give state and year: _____

4. Place of Birth: _____ Date of Birth: _____

Are you a U.S. Citizen: Yes No *If naturalized, give date and place:* _____

5. Marital Status: Married Single Divorced Widowed

6. Have you ever used or been known by a name or names other than the name given above? Yes No
If yes, list such name(s) and information concerning dates and places used.

7. Are you a registered voter? Yes No *If yes, where are you registered?* _____

8. Have you been in military service? Yes No

If yes, was discharge(s) honorable? Yes No *Copies of discharge papers may be required.*

9. Address(es) at which you have lived during the preceding ten years.

Street	City	County	State	Zip
Street	City	County	State	Zip
Street	City	County	State	Zip
Street	City	County	State	Zip

10. Name, address and type of every business and occupation that I have had an ownership interest in the preceding ten years.

11. Name and address of every employer, if any, for the preceding ten years.

Section 2: Applicant's Spouse
If you are married, complete questions 12-17. Otherwise proceed to Question 18.

12. Name: _____
First Full Middle Last Maiden

Address: _____
Street City County State Zip

Phone: (_____) _____

13. Place of Birth: _____ Date of Birth: _____

Are you a U.S. Citizen: Yes No If naturalized, give date and place: _____

14. Is your spouse a registered voter? Yes No If yes, where are you registered? _____

15. Address(es) at which your spouse has lived during the preceding ten years, if different than Question 9.

Street	City	County	State	Zip
Street	City	County	State	Zip
Street	City	County	State	Zip

16. Name, address & type of every business and occupation your spouse has engaged in during the preceding 10 years.

17. Name and address of your spouse's employers and partners, if any, for the preceding ten years.

Section 3: History

All applicants complete this section.

18. Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been engaged as an employee or operated a saloon, hotel, restaurant, café, tavern, bar or other business which served non-intoxicating malt liquor, wine or intoxicating liquor?

Yes No If yes, give dates and places: _____

19. Are you or your spouse a manufacturer, brewer or wholesaler of intoxicating liquor, wine or non-intoxicating malt liquor or interested directly or indirectly in the ownership or operation of any such business?

Yes No

20. Do you and/or your spouse have direct or indirect interest in any other establishment in the City of Chanhassen to which an intoxicating liquor, wine or non-intoxicating malt liquor license has been issued?

Yes No If yes, list names, addresses and interest

21. Have you or your spouse ever been convicted of a violation of federal, state or local law governing the manufacture, sale distribution or possession for sale or distribution of intoxicating liquor, wine or non-intoxicating malt liquor?

Yes No If yes, give date, place and nature of conviction(s)

22. List each person engaged in Minnesota in the sales, manufacture or distribution of intoxicating liquor who is:
a) closer in kin to you or your spouse than a second cousin, whether of whole or half blood, as computed by civil law, or
b) a brother-in-law or sister-in-law of you or your spouse.

Full Name: _____
Last First Full Middle Maiden Name

Residence Address: _____
Street City State Zip

Business Address: _____
Street City State Zip

Phone: (_____) _____ Business Phone: (_____) _____

Full Name: _____
Last First Full Middle Maiden Name

Residence Address: _____
Street City State Zip

Business Address: _____
Street City State Zip

Phone: (_____) _____ Business Phone: (_____) _____

23. Have you, your spouse, parent, brother, sister, or the child of either you or your spouse, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?
If yes, give date, place and nature of conviction. Yes No

24. Have you or your spouse had any interest in any previous intoxicating liquor, wine or non-intoxicating malt liquor license that was revoked, suspended or not renewed?
If yes, explain in detail provide dates of such revocation. Yes No

25. Have you individually, or with others, made an application for an intoxicating liquor, wine, or non-intoxicating malt liquor license which was denied?
If yes, state circumstances. Yes No

26. What is the amount and source of investments you will have in the business, buildings, premises, fixtures, furniture, stock in trade?

Notice and Notarized Signature

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 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 Chanhassen to investigate and make whatever inquiries that are necessary to verify the information provided.

Applicant Signature

STATE OF MINNESOTA)
) ss
COUNTY OF _____)

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Signature