## Personal Information Form New Alcohol License Applications yeach of the following with a copy of your drive

issued photo ID attached Applicant Manager(s) Directors Officers Owners, Partners and	I Shareholders who own 1 y traded, owners, partner	10% or more	of company share	es. If you	ur	nent		
	I. Back	ground Info	ormation					
Legal Corporate Name of Business		Trade Name of Business (DBA)						
Street Address of License	Zip Code	Business Phor	ne	Cell Phone				
Your Name (First, Middle, Last)		Place of Birth (City, State)			Date of Birth			
Residential Street Addre	City		State	Zip Code				
Social Security Number or Individual Tax ID Number (ITIN) Required:		First, middle, or last names you have ever used or been known by:						
Email Address		Title		% of ownership				
List your resi	dences for the past ten (			heets if	necessary.	_		
Street Address		City, State, Zip			From	То		
List name	of employers, occupation	· ·	-	t ten (10	O) years.			
Employer	Attach additi Occupation		ress, City, State, Z	in	From	То		
Lilipioyei	Occupation	Street Addi	ress, city, state, z	ıρ	110111	10		

II. Spouse's Information								
Spouse's Name		Place of Birth (City, State) Date			Date	e of Birth		
First, middle, or last names your spouse has ever used or been known by:								
Spouse's Home Address			City			State	Zip Code	9
III. License History								
Have you ever owned or been employed by a restaurant, bar, or other business of a similar nature?  Yes No If yes,								
Name	Address		City State Zip			From	То	
Have you or your spouse	hold a City	of Minneanolis	Rusiness License	2 🗌	Vas [	No	If ves	
Have you or your spouse held a City of Minneapolis Business License? Yes No If yes, Type of License						•	То	
Have you or your spouse ever had a liquor, wine, or beer license, revoked, suspended, or denied by any government entity? Yes No If yes, explain.								
Do you have a business or financial interest in a liquor manufacturing, brewery, wholesaler, or off sale retail license? Yes No If yes, please indicate name and address:								
Have you or your spouse ever been convicted of any ordinance violation, liquor law violation, petty								
misdemeanor, misdemeanor, gross misdemeanor, or felony? This includes both civil and criminal offenses, including Liquor Control penalties. This includes state, local, and federal offenses. Do not include parking violations.  Yes No If yes,								
Offense		Fine/Pena	lty	Cit	ty, Stat	te		Date
Do you or your spouse have any delinquent personal or business taxes? Yes No If yes,  Date filed:Address:								
County: State:								
A representative of the City of Minneapolis will make inquiry of individuals or firms named in this application. Are those individuals or firms authorized to release information to such representative?  Yes No								

## **IV. Data Privacy Advisory**

The Minnesota Data Practices Act requires us to tell you the following information. As an applicant for a Minneapolis business license, we ask for private and/or confidential information. We use this to check driving history, criminal history, arrest records, warrant information, and other relevant records. You are not legally required to provide this information. If you do not, we cannot complete our investigation or approve your application. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit, the Minneapolis Division of Licenses and Consumer Services, the Minneapolis City Council, and the general public. This Authorization for Release of Information will expire two years from the date you signed it.

## V. Verification

The City of Minneapolis uses the information on this application to determine qualifications for a license. You are not legally required to provide this information. If you refuse, we cannot approve your application. After we approve your license, all information is public (MN Statutes, Chapter 13).

I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer; the rules and regulations enforced by the Liquor Control Commissioner; and all ordinances of the City of Minneapolis. I hereby certify that I that the answer to every question is true of my knowledge,

the City of Minneapolis. I hereby certify that I that the answer to every question is true of my knowledge, information, and belief. I further understand that the giving of false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information is cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be ground for prosecution for perjury.

	A signature is require	ed.			
I have read and understand the abo	ove Data Practices Advisc	ory.			
I have read and agree to the <u>Terms</u>	and Conditions for elect	ronic signatures, records and payment.			
I, certify or declare under penalty of perjury under the laws of the State of Minnesota that the information on this application, checklist, and attached documents is true and correct. All information is subject to verification by the State of Minnesota. I understand that false information may result in the denial, suspension, or revocation of my business license.					
By typing your name, you are electronically signing this application.					
Signature	Title	<u>Date</u>			