

Personal Supplemental Affidavit – New Manager

1. Background Information					
Legal Corporate Name of Establishment	Trade Name of Business (DBA)				
Street Address of Licensed Premises	Zip Code	Business Phone		Individual's Cell Phone	
Your Name (First, Middle, Last)	Place of Birth (City, State)			Date of Birth	
Residential Street Address	City		State	Zip Code	
Social Security Number (SSN)	First, middle, or last names you have ever used or been known by				
Email Address	Title				
List your residences for the past ten (10) years. Attach additional sheets if necessary.					
Street Address	City	State	Zip	From	To
List name of employers, occupations, and addresses for the past ten (10) years. Attach additional sheets if necessary.					
Employer and Occupation	Street Address and City	State	Zip	From	To
2. Spouse's Information					
Spouse's Name	Place of Birth (City, State)		Date of Birth		
First, middle, or last names your spouse has ever used or been known by:					
Spouse's Residential Street Address	City		State	Zip Code	

3. License History

Have you ever been employed by a restaurant, bar, or other business or a similar nature? Yes No If yes,
Name Address City State Zip From To

Have you or your spouse held a City of Minneapolis Business License? Yes No If yes,
Type of License From To

Have you or your spouse ever had a liquor, wine, or beer license:
Revoked or suspended? Yes No New or renewal license denied? Yes No (By any government entity?) 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/Penalty City State Date

Do you or your spouse have any delinquent personal or business taxes? Yes No If yes,
Date filed: Address: County: State:

Representative of the City of Minneapolis will make inquiry of person or firms named in this application. Are those individuals or firms authorized to release information to such representative? Yes No

4. Data Privacy Advisory

The Minnesota Data Practices Act requires that you be advised of the following information. As part of this application, you are asked to provide private and/or confidential information about yourself that will be used to check driving history, criminal history, arrest records, warrant information, and other relevant records. You may refuse to provide this information. However, should you refuse, our investigation cannot be completed and will result in your application not being processed. The information you provide is public and will be used by the Minneapolis Police Department, License Inspection Unit and/or 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 sign it.

Individual _____
Last Name, First Name, Middle Name

Also Known As _____ Date of Birth: _____

I have read and understand the above Data Practices Advisory.

By typing your name, you are electronically signing this application.

Signature _____ Date _____

5. Verification

The data you furnish on this application will be used by the City of Minneapolis to assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Minneapolis may be unable to _____ this application. Disclosure of your Minnesota Tax ID Number, Social Security Number, or Individual Tax ID Number is required by Minnesota Statutes 270C.72, and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. After issuance of a license, all information contained in this application, except your Social Security Number, will be public information pursuant to Minnesota Statutes, Chapter 13.

A signature is required.

I have read and agree to the [Terms and Conditions](#) for electronic signatures, records and payment.

I, (print name) _____, 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 given 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 of Applicant _____ Title _____ Date _____