

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, as defined in Bloomington City Code, Section 13.01, in excess of 5 percent.

Section 1: Applicant

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

1. Establishment where employed _____ Phone (_____) _____

Address _____
Street City County State Zip

2. Name _____ Phone (_____) _____
Last First Full middle Maiden name

Address _____
Street City County State Zip

3. Height _____ Weight _____ Color of hair _____ Color of eyes _____

4. Place of birth _____ Date of birth _____

5. **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.

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

7. **Have you been in military service?** Yes No
If yes, was discharge(s) honorable? Yes No *Copies of discharge papers may be required.*

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

_____ Street City County State Zip

9. **Name, address and type of every business and occupation you have engaged in during the preceding ten years.**

10. **Name and address of every employer and partner, if any, for the preceding ten years.**

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11. Marital status Married Single Divorced Widowed

Section 2: Applicant's spouse

If you are married, complete questions 12 - 17. Otherwise, proceed to question 18.

12. Name _____ Phone (_____) _____
Last First Full middle Maiden name

Address _____
Street City County State Zip

13. Place of birth _____ Date of birth _____

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

15. Address(es) at which your spouse has lived during preceding ten years, if different than question 8.

Street City County State Zip

16. Name, address and type of every business and occupation your spouse has engaged in during the preceding ten 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, cafe, tavern, bar or other business which served nonintoxicating malt liquor, wine or intoxicating liquor? If yes, give dates and places. Yes No

19. Are you or your spouse a manufacturer, brewer or wholesaler of intoxicating liquor, wine or nonintoxicating malt liquor or interested directly or indirectly in the ownership or operation of any such business? Refer to City Code, Section 13.01. Yes No

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20. Do you and/or your spouse have a direct or indirect interest in any other establishment in the City of Bloomington to which an intoxicating liquor, wine or nonintoxicating malt liquor license has been issued? Refer to City Code, Section 13.01, for definition of "interest". Yes No
If yes, list names, addresses and interest.

21. Have you or your spouse ever been convicted of a willful violation of federal, state or local law governing the manufacture, sale, distribution or possession for sale or distribution of intoxicating liquor, wine or nonintoxicating malt liquor? If yes, give date, place and nature of convictions. Yes No

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	_____	_____	_____	_____	
	<i>Last</i>	<i>First</i>	<i>Full middle</i>	<i>Maiden name</i>	
Residence	_____	_____	_____	_____	Phone (_____) _____
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Business	_____	_____	_____	_____	Phone (_____) _____
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Full name	_____	_____	_____	_____	
	<i>Last</i>	<i>First</i>	<i>Full middle</i>	<i>Maiden name</i>	
Residence	_____	_____	_____	_____	Phone (_____) _____
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	
Business	_____	_____	_____	_____	Phone (_____) _____
	<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>	

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? Yes No
If yes, give date, place and nature of conviction.

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

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?

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

X _____
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this _____ day
of _____, 20 _____.
Commission expires on _____.

Notary signature