

# LIQUOR LICENSE APPLICATION

## PART II – PERSONAL HISTORY STATEMENT Alcohol Licensing Background Investigation

**Directions:** This form must be completed in by the sole owner, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

**Name:**

\_\_\_\_\_  
(Last) (First) (Full Middle)

\_\_\_\_\_  
Other names used. (Include alias, maiden names, previous married names)

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Place of Birth:** (City) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

**Driver License #:** \_\_\_\_\_ **State of Issue:** \_\_\_\_\_

**Position you hold:** \_\_\_\_\_

Marital Status ☐ Single ☐ Married ☐ Widowed ☐ Divorced ☐ Separated

If married, full name of spouse and address if different from Current Address listed below:

**Current Address:**

**Home:**

\_\_\_\_\_  
(Street) (City) (State) (Zip)

**Telephone #:** **Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_

**Past Residences:**

List of past residences from age 18 (include city, county, state, and dates, month and year.)

Address	City	County	State	From (yr.)	To (yr.)

(Use additional sheets if necessary)

**LIQUOR LICENSE APPLICATION**  
**PART II, Continued**

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**Please provide the following information:**

**A. Physical Description:**

Height: Hair Color: Circle One:    Male        Female	Weight: Eye Color: Citizen:        U.S. (Circle)        Other: (Fill in)
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**B. Criminal History (Circle Yes or No):**

- |                                                                                                                                                        |     |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever been arrested or detained?                                                                                                            | Yes | No |
| 2. Have you ever been convicted of a crime including<br>but not limited to traffic matters in which a jail sentence<br>was or could have been imposed? | Yes | No |
| 3. Have you ever been the subject of an indictment?                                                                                                    | Yes | No |
| 4. Have you ever been subpoenaed for testimony or appearance?                                                                                          | Yes | No |
| 5. Have you ever been pardoned for any criminal offense?                                                                                               | Yes | No |

If "yes" to any of the above questions, please provide the following information:

- |                      |                                  |
|----------------------|----------------------------------|
| — Date of conviction | — City and State where convicted |
| — Nature of offense  | — Order of the court             |

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(Use additional sheets if necessary)

6. Are you currently charged and awaiting resolution of any violation of the Law?  
(Circle)                      Yes                      No

If "yes", provide the following information:

- Date of offense
- Nature of offense
- City and State where offense occurred

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(Use additional sheet if necessary)

## **LIQUOR LICENSE APPLICATION**

### **PART II, Continued**

7. Have you been fingerprinted for any purpose within the last year?  
(Circle)      Yes                      No

If "yes", provide the following information:

- Date                                      — Agency receiving the fingerprint cards  
— Reason for fingerprinting

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(Use additional sheet if necessary)

#### **C. Previous Liquor Licenses:**

1. Have you ever held a liquor license or been denied a liquor license by any government agency? (Circle)      Yes                      No

If "yes", provide the following information:

- Date licensed                                      — Agency issuing license  
— Type of license held                                      — State where license was issued

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(Use additional sheet if necessary)

#### **D. Previous Employment:** Please provide the following information concerning your employment history. Include current employer. This information is **required** for all employers since age 18.

Employer Name	Employer Address	City	County	State	(Zip)	From (yr.)	To (yr.)

(Use additional sheets if necessary)

**LIQUOR LICENSE APPLICATION**  
**PART II, Continued**

**E. Other Licensing (Circle Yes or No):**

- |                                                                                                                                                                       |     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1. Have you ever failed to file Federal or State income tax records?                                                                                                  | Yes | No |
| 2. Have you ever had a sales or use tax permit revoked?                                                                                                               | Yes | No |
| 3. Have you ever had any other license or permit revoked, denied or canceled including but not limited to liquor license, driver license, professional license, etc.? | Yes | No |
| 4. Have you ever failed to submit a report to a governmental agency?                                                                                                  | Yes | No |

Please completely explain any "Yes" answers on the following page.

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(Use additional sheets if necessary)

**F. Financial interest in other liquor related activities:**

Please indicate by answering the following questions concerning whether or not you have financial interests in any other gambling activity or business.

Types of interest held: (Circle correct answer)

- |     |    |    |                                                                                                                                                                                                      |
|-----|----|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Yes | No | 1. | Invested or loaned money, have an option to purchase, or have a contract for service to any other liquor facility or activity.                                                                       |
| Yes | No | 2. | Have ownership interest in equipment being leased or otherwise provided to any liquor establishment.                                                                                                 |
| Yes | No | 3. | Have an investment or ownership in any business involved in any of the activities listed in F.1 or F. 2.                                                                                             |
| Yes | No | 4. | Do you receive any revenue or payments or money from any person who is involved in the activities listed in question F.1. or F.2 or as a result of the operation of a licensed liquor establishment? |

Please completely explain all "Yes" answers.

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(Use additional sheets if necessary)

***LIQUOR LICENSE APPLICATION***  
***PART II, Continued***

- G.** Attach three (3) “Affidavit of Good Character” forms from persons vouching for your good character. (Forms are part of the license package.)
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- H.** Attach three (3) “Business Reference” forms, including one bank reference. (Forms are part of the license package.)
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- I.** Attach a Financial Statement of net worth for all persons who are required to complete a Part II Personal History Statement. (Forms are part of the license package.)
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I certify that all statements made by me in this document are true, complete and correct to the best of my knowledge and belief and are made by me in good faith.

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Signature of Applicant

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Date signed

**ORONO POLICE DEPARTMENT**

**Post Office Box 86  
Crystal Bay, MN 55323  
(952) 249-4700**

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**AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize and grant my consent to permit the Orono Police Department, any law enforcement agency, and any other individual or agency deemed necessary, to release any information to any identified law enforcement officer of the Orono Police Department.

This information is subject to the Minnesota Data Privacy Act and for the express purpose of determining my eligibility for a liquor license under authority of Minnesota State Statutes. This authority to release information is irrevocable.

**NAME:**

\_\_\_\_\_  
(Last) (First) (Full Middle)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Sworn and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Notary: \_\_\_\_\_

RE: \_\_\_\_\_  
(Individual applicant's name, not business name)

## 7

RE: \_\_\_\_\_  
(Individual applicant's name, not business name)

## 8



RE: \_\_\_\_\_  
(Individual applicant's name, not business name)

**BUSINESS REFERENCE  
IN SUPPORT OF LICENSE APPLICATION**

**APPLICANT INFORMATION**

Applicant's Name: (Not name of business) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Authorization for Release of Information**

*I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license.*

\_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Date

**BUSINESS REFERENCE INFORMATION**

Name: \_\_\_\_\_

Position with Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

State the basis of your knowledge of the applicant's business affairs: \_\_\_\_\_

How long have you had business relations with the applicant? \_\_\_\_\_

Have business relationships with the applicant been satisfactory? (Explain) \_\_\_\_\_

Has your credit experience with the applicant been satisfactory? (Explain) \_\_\_\_\_

General remarks:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Business Reference

\_\_\_\_\_  
Date

**Please note: Three of these forms are required.**

**BUSINESS REFERENCE  
IN SUPPORT OF LICENSE APPLICATION**

**APPLICANT INFORMATION**

Applicant's Name: (Not name of business) \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Applicant's Authorization for Release of Information**

*I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license.*

\_\_\_\_\_  
Signature of License Applicant

\_\_\_\_\_  
Date

**BUSINESS REFERENCE INFORMATION**

Name: \_\_\_\_\_

Position with Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

State the basis of your knowledge of the applicant's business affairs: \_\_\_\_\_

How long have you had business relations with the applicant? \_\_\_\_\_

Have business relationships with the applicant been satisfactory? (Explain) \_\_\_\_\_

Has your credit experience with the applicant been satisfactory? (Explain) \_\_\_\_\_

General remarks: \_\_\_\_\_

\_\_\_\_\_  
Signature of Business Reference

\_\_\_\_\_  
Date

**Please note: Three of these forms are required.**

**BUSINESS REFERENCE  
IN SUPPORT OF LICENSE APPLICATION**

**APPLICANT INFORMATION**

Applicant's Name: (Not name of business) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Applicant's Authorization for Release of Information**

*I hereby authorize the release of any information to the City of Orono about my business affairs from the business reference listed below in support of my application for a license*

\_\_\_\_\_  
Signature of License Applicant Date

**BUSINESS REFERENCE INFORMATION**

Name: \_\_\_\_\_

Position with Business: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

State the basis of your knowledge of the applicant's business affairs: \_\_\_\_\_

How long have you had business relations with the applicant? \_\_\_\_\_

Have business relationships with the applicant been satisfactory? (Explain) \_\_\_\_\_

Has your credit experience with the applicant been satisfactory? (Explain) \_\_\_\_\_

General remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Business Reference Date

**Please note: Three of these forms are required.**

**PERSONAL FINANCIAL STATEMENT**  
**AS OF \_\_\_\_\_**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

ASSETS	LIABILITIES
Cash on hand in banks: _____	Installment loans(Indicate lender and balance)
Savings Accounts _____	a. _____
Retirement Savings _____	b. _____
Cash Value of Life Ins. _____	c. _____
Stocks and Bonds _____	d. _____
Real Estate _____	Loans on Life Ins. _____
Automobile - Present Value _____	Mortgages on Real Estate _____
Other Personal Property: _____	Indicate lender and balance: _____
a. _____	a. _____
b. _____	b. _____
c. _____	Unpaid Taxes _____
<b>Total Assets:</b> _____	Other Liabilities: (List below)
	a. _____
	b. _____
	<b>Total Liabilities:</b> _____
	<b>Net Worth:</b> _____
	<b>Total:</b> _____
	(Must equal total assets)
Income: _____	
Wages: _____	
Investment Income: _____	* Alimony or child support payments need not be disclosed in "other income" unless it is desired to have such payments counted toward total income.
*Other Income: _____	
<b>Total Income:</b> _____	

Signature

Social Security Number

Date

**(For Office Use Only)**  
**ALCOHOL BACKGROUND INVESTIGATION**

**APPLICANT:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**TYPE:** **NEW** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_

On-Sale Intoxicating (OSI), Off-Sale Intoxicating (OFSI), Wine (W), On-Sale 3.2 (OS3.2), Off-Sale 3.2 (OF3.2)  
On-Sale Sunday (OSS), Temporary (T), Club (CLB).

**LICENSEE:** \_\_\_\_\_ **OPERATING MANAGER:** \_\_\_\_\_ **OTHER:** \_\_\_\_\_

**CRIMINAL HISTORY CHECKS COMPLETED**

	<b>RUN BY:</b>	<b>REVIEWED BY:</b>
MINNESOTA CRIMINAL HISTORY:		
HENNEPIN COUNTY CRIMINAL:		
WARRANTS:		
CITY OF S.P., Mound, Orono, & MTKA. BEACH		
MJNO:		
OTHER STATE, COUNTY, CITY:		

**NOTHING WAS FOUND TO PRECLUDE ISSUANCE OF THIS PERMIT:** \_\_\_\_\_

**FURTHER CONSIDERATION SHOULD BE TAKEN:** \_\_\_\_\_

*Chief of Police:* \_\_\_\_\_ *Investigator:* \_\_\_\_\_

*Date:* \_\_\_\_\_ *Date:* \_\_\_\_\_