

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379-1351
952-233-9300

IN SUPPORT OF AN APPLICATION FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES

PART II – PERSONAL INFORMATION

This form must be filled out by the sole owner, by each partner, 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%.

True Name _____
First Middle Last (Maiden)

Home Address _____
Street City State

Phone Number _____

Place of Birth _____ Date of Birth _____
(City, County, State)

Height _____ Weight _____ Color of Hair and Eyes _____

U.S. Citizen Yes _____ Naturalized Yes _____ If yes, give date and place
 No _____ No _____

Social Security No. _____ Email _____

Marital Status Married _____ Single _____ Divorced _____ Date of Marriage _____

If married, name, address, place and date of birth of spouse.

Name _____
First Middle Last (Maiden)

Home Address _____
Street City State

Place of Birth _____ Date of Birth _____
(City, County, State)

If you have ever used or been known by a name(s) other than the name given above, list such name(s) and information concerning dates and places used.

Are you a register voter? Yes _____ No _____

If yes, where are you registered? _____

Is your spouse a registered voter? Yes _____ No _____

If yes, where is spouse registered _____

Address (es) at which you have lived during previous ten years. (Begin with present and work back).

Address City and State Dates

Address (es) at which your spouse has lived during previous ten years. (Begin with present and work back).

Address City and State Dates

Kind, name and location of every business or occupation you have been engaged in during preceding ten years. (Begin with present and work back).

Business or Occupation Address City and State Dates

Kind, name and location of every business or occupation your spouse has been engaged in during preceding ten years. (Begin with present and work back).

Business or Occupation Address City and State Dates

Names and addresses of your employers and partners, if any, for the preceding ten years. (Begin with present or last one first and work back.)

Employers or Partners Street Address City and State Dates

Names and addresses of your spouse's employers and partners, if any, for the preceding ten years. (Begin with present or last one first and work back.)

| <u>Employers or Partners</u> | <u>Street Address</u> | <u>City and State</u> | <u>Dates</u> |
|------------------------------|-----------------------|-----------------------|--------------|
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Have you, your spouse, parent, brother, sister or child of either of you ever been convicted of a crime? Yes_____ No_____ If yes, give information as to time, place and offense for which convictions were had. Failure to answer accurately may result in denial of the license.

Have you, your spouse, parent, brother, sister, or child of either of you ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature? Yes_____ No_____ If yes, give information as to the time, place and length of time_____

Have you been in military service? Yes_____ No_____ If yes, was discharge(s) ever other than honorable? Yes_____ No_____ (Copies of discharge papers may be required.)

Names, residence addresses, business addresses, and telephone numbers of each person who is engaged in Minnesota in the business of selling, manufacturing, or distributing intoxicating liquor and who is nearer of kin to you or your spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of your or your spouse.

Full Name_____ Relationship_____

Residence Address_____ Phone No._____

Business Address_____ Phone No._____

Full Name_____ Relationship_____

Residence Address_____ Phone No._____

Business Address_____ Phone No._____

Full Name_____ Relationship_____

Residence Address_____ Phone No._____

Business Address_____ Phone No._____

Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business? Yes_____ No_____

Are you directly or indirectly interested in other establishments in the City of Shakopee to which a license of the same kind has been issued? Yes_____ No_____

What is the amount of investment that you will have in the business, building, premises, fixtures, furniture, stock in trade, etc? State the source of money. (You must be prepared to furnish proof of the source of such money.)

Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes _____ No _____ If yes, explain in detail _____

Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes _____ No _____ If yes, state circumstances _____

List three persons, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character.

Name _____

Residence Address _____ Phone No. _____

Business Address _____ Phone No. _____

Name _____

Residence Address _____ Phone No. _____

Business Address _____ Phone No. _____

Name _____

Residence Address _____ Phone No. _____

Business Address _____ Phone No. _____

List all banking institutions (banks, credit unions, savings & loans) where you have conducted business during the past five years.

Name of Institution _____

Address _____

Type of Account/Transaction _____

Name of Institution _____

Address _____

Type of Account/Transaction _____

Name of Institution _____

Address _____

Type of Account/Transaction _____

Name of Institution _____

Address _____

Type of Account/Transaction _____

A Financial Statement of net worth must accompany this application for all persons who are required to complete a Part II Personal Information Form.

(Exception – Manager, Assistant Manager, Food Manager, and Beverage Manager, provided these individuals are not partners, officers of the corporation or do not hold an interest in excess of five percent.)

I declare that the information I have provided in the application, to the best of my knowledge, is true and accurate.

I authorize the City of Shakopee and/or its agents and/or representatives to investigate the information contained in the application and contact the persons named therein.

DATA PRIVACY NOTICE:
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 have read the Data Privacy Notice above and understand that the data is necessary to process the application.

ANY FALSIFICATION OF ANSWERS TO THE PRECEEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

Signature of Applicant

Date

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

Signature of Notary Public

My Commission expires on: _____

**General Authorization and Release
Pursuant to Minn. Stat. 13.05, Subd. 4
Minnesota Data Practices Act**

I, _____, birth date _____, hereby authorize and grant my informed consent to permit you, Shakopee Police Department, to release to and make available to the City of Shakopee and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession.

I understand that the Shakopee Police Department will be conducting a background investigation on me, and that this information (data), in addition to the information in my application, will be considered in determining whether or not to grant approval of my application.

I understand that my records are protected under Federal and State privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I understand the data, which I authorize to be released consists of private data, as defined by Minn. Stat. 13.02, Subd. 12, and has been collected by you as a result of my contracts and associations with the Shakopee Police Department or other law enforcement agencies, including but not limited to criminal history data. The information for which release is authorized includes all data, which has been collected, created, received, or retained by you in connection with the background investigation you performed in connection with my application.

I understand that the purpose of permitting the City of Shakopee to have access to this information is to determine my suitability to engage in the following enterprise: license to sell alcoholic beverages

I further understand that this information may subsequently be utilized for other purposes relating to my possible authority to engage in the above-stated enterprise in the City, including verification of my records and analysis by consultants to the City who may review my suitability for the above stated enterprise.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the City or to you of that fact.

Signature

Date