



# CITY OF THIEF RIVER FALLS

## On-Sale Intoxicating Liquor License Application

City Code Section 111.001 – 111.086

Date of Application: \_\_\_\_\_

Licensing Period: \_\_\_\_\_

\_\_\_\_\_  
LICENSEE NAME (Corp, Partnership, Individual)

\_\_\_\_\_  
DATE OF APPLICATION

\_\_\_\_\_  
LICENSEE ADDRESS (Street, City, State, Zip)

\_\_\_\_\_  
LENGTH OF TIME AT THIS ADDRESS

\_\_\_\_\_  
BUSINESS NAME/TRADE NAME

\_\_\_\_\_  
BUSINESS PHONE

\_\_\_\_\_  
HOME PHONE

\_\_\_\_\_  
BUSINESS ADDRESS

\_\_\_\_\_  
PARCEL # OF BUSINESS PROPERTY

\_\_\_\_\_  
BUSINESS PROPERTY LEGAL DESCRIPTION

\_\_\_\_\_  
FEDERAL ID#

\_\_\_\_\_  
STATE ID #

BUSINESS IS A:  Hotel  Restaurant  Bowling Center  Club/Veteran Organization

IF BUSINESS IS A RESTAURANT, state the restaurant seating capacity \_\_\_\_\_

IF BUSINESS IS A CLUB: state number of members \_\_\_\_\_  
years at business location \_\_\_\_\_

IF BUSINESS IS A HOTEL: state number of rooms \_\_\_\_\_  
restaurant seating capacity \_\_\_\_\_

IF THE APPLICANT IS A PARTNERSHIP, LLP, CORPORATION, OR LLC, COMPLETE THE FOLLOWING FOR EACH PARTNER/OFFICER:

\_\_\_\_\_  
Full Name (First Middle Last) Title Social Security # Date of Birth Address – Street/City/State/Zip

\_\_\_\_\_  
Full Name (First Middle Last) Title Social Security # Date of Birth Address – Street/City/State/Zip

\_\_\_\_\_  
Full Name (First Middle Last) Title Social Security # Date of Birth Address – Street/City/State/Zip

\_\_\_\_\_  
Full Name (First Middle Last) Title Social Security # Date of Birth Address – Street/City/State/Zip

Are the applicants citizens of the United States?  Yes  No

Have any of the applicants ever been convicted of a felony, gross misdemeanor or misdemeanor, including violation of a municipal ordinance but excluding minor traffic violations?  Yes  No  
If yes, the date and place of conviction and nature of the offense \_\_\_\_\_  
\_\_\_\_\_

During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?  
 Yes  No

Have any of the applicants in the prior 5 years been convicted of a willful violation of a federal or state law or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of alcoholic beverages?  Yes  No

Have any of the applicants had an alcoholic beverage license revoked within the prior 5 years?  
 Yes  No

Do any of the applicants hold a license from the Commissioner of MN as a manufacturer, brewer, or wholesaler of alcoholic beverages?  Yes  No

Are the taxes, assessments, or other financial claims against the property where the business is to be located paid to date with no delinquent balances due?  Yes  No

The applicants must provide proof of financial responsibility by providing a Certificate of Insurance in the amount specified by City Ordinance. Has this been provided?  Yes  No

APPLICANT'S OCCUPATIONS FOR PRIOR 3 YEARS: (If applicable, please complete for each officer or partner also. Use the back of this form if additional space is needed).

_____ Employer	_____ Occupation	_____ Address	_____ Phone
_____ Employer	_____ Occupation	_____ Address	_____ Phone
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