



# 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).

|                   |                     |                  |                |
|-------------------|---------------------|------------------|----------------|
| _____<br>Employer | _____<br>Occupation | _____<br>Address | _____<br>Phone |
| _____<br>Employer | _____<br>Occupation | _____<br>Address | _____<br>Phone |
| _____<br>Employer | _____<br>Occupation | _____<br>Address | _____<br>Phone |

Applicants will present this request to the City Administrator's Office who will forward the application to a Committee for review. An investigation by the Thief River Falls Police Division will be conducted and the findings presented to the Committee. The Committee will present their recommendation to the City Council for action. The City will forward the required applications/paperwork to the Minnesota Department of Public Safety.

Cost of the license is currently \$2,800 annually. An investigation fee of \$50.00 will be charged when the application is submitted. If the City determines that further investigation is necessary the City may charge an additional investigation fee in an amount established by State Statute.

Applicants shall comply with all restrictions, limitations, and regulations for the sale of intoxicating liquor under the City Code and State Statutes.

☐

Please check this box if you are also applying for the Sunday Liquor License. An additional fee of \$200 for an annual Sunday Liquor License will be due.

I, hereby, under oath, state that the information contained in this application is true and correct to the best of my knowledge; that I have received a copy of the City of Thief River Falls City Code as it relates to intoxicating liquor; and that I will notify the City of Thief River Falls within 30 days should any of the information in this application change. I further acknowledge that the falsification of any information contained in this application or willful omission will be cause for denial of the license or for revocation of a license which has been issued.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

STATE OF MINNESOTA    )  
                                      ) SS  
COUNTY OF PENNINGTON)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public within aforesaid County, the applicant personally appeared before me and is known to be the person who completed this application and acknowledge that said application was signed of applicant's own free will and accord.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE

STATE OF MINNESOTA    )  
                                      ) SS  
COUNTY OF PENNINGTON)

On this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, before me, a Notary Public within aforesaid County, the applicant personally appeared before me and is known to be the person who completed this application and acknowledge that said application was signed of applicant's own free will and accord.

\_\_\_\_\_  
Notary Public

# CITY OF THIEF RIVER FALLS

## CONSENT FOR THE RELEASE OF INFORMATION

In Accordance with MSA 13.05, Subd. 4(d)

I, \_\_\_\_\_, authorize the Thief River Falls Police Division to release criminal history data, as defined by Minnesota Statute 13.87, Subd. 1 and driver's license and traffic record data to the City Administrator for the City of Thief River Falls and/or its agents and/or representatives. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the Thief River Falls Police Division to the City Administrator of the City of Thief River Falls and/or its agents and/or representatives.

This consent for the release of data is for the purpose of obtaining a license with the City of Thief River Falls. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

\_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Date

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Please complete the following:

Full Name:      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_  
                         FIRST                           FULL MIDDLE NAME                           LAST

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

Driver's License Number and State: \_\_\_\_\_

Please list any other names you are or have been known by: \_\_\_\_\_

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my license application.

I hereby authorize the City of Thief River Falls to use this information to determine my suitability for obtaining a license.

\_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Date

**City of Thief River Falls**

**TENNESSEN WARNING**

You are hereby advised, pursuant to Minnesota Statutes, Section 13.04, Subd. 2, that in order to complete the application necessary for licensing within this municipality, you may be required to supply certain private and/or confidential personal data to the City of Thief River Falls via the completed application form. This private and/or confidential personal data, in addition to all other information provided, will be used by employees of the City of Thief River Falls and the Thief River Falls City Council to determine whether or not the "license" may be granted as requested.

You have the right to refuse to supply any or all data requested, however, your application will not be processed unless all of the requested data is supplied. All data contained in the license application, along with any additional relevant data obtained by agents of the City of Thief River Falls pursuant to the processing of this licensing application, may be classified as public data, except for your social security number or other information stated to be private or confidential by Minnesota State Statutes.

*I have read the above warning and fully understand the consequences of filling out the attached application for license.*

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Signature of Applicant

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Date