



APPLICATION FOR ON AND OFF-SALE INTOXICATING LIQUOR LICENSES

PART 1 – GENERAL INFORMATION

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license. Failure to provide the information will result in denial of the license.

Directions: This form must be filled out by typewriter, or by printing in ink. If the application is by a natural person, the application must be signed by such person; if by a corporation, by an officer thereof; if by a partnership, by one of the partners, if by an unincorporated association, by the manager or managing office thereof.

NOTE: Any individual named under numbers 4 through 6 must also independently fill out Part 2 - Personal Information, and attach it with this form (part 1).

1. NAME OF APPLICANT _____
(NAME OF INDIVIDUAL, PARTNERSHIP, CORPORATION OR ASSOCIATION)

BUSINESS NAME _____ **Phone** _____
INCLUDE AREA CODE

BUSINESS ADDRESS _____
(STREET, STATE, CITY, ZIP CODE)

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF APPLICANT, ATTACH TWO COPIES OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, SECRETARY OF STATES OFFICE.

2. TYPE OF APPLICANT:

- Natural Person, Individual (See #4) Partnership (See #5)
 Corporation (See #6) Association or Other (See #6)

3. TYPE OF LIQUOR LICENSE APPLIED FOR:

- On-Sale Intoxicating On-Sale Intoxicating & "Special Sunday Sales" Off-Sale Intoxicating

4. INDIVIDUAL

- **If applicant is a natural person (individual), state full name, residence and business address and telephone numbers.**

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

4. Individuals – continued.

- **Full name, residence address and phone number of the Manager(s) in charge of individual owner's premises at such time as owner is absent.** (Attach an additional sheet if necessary.)

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

- **The full name, residence address and telephone number of the Assistant Manager(s) in charge of the individual owner's premises at such time as the owner is absent.** (Attach an additional sheet if necessary.)

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

5. PARTNERSHIP

- **If applicant is a partnership, state full names, residence and business addresses, phone numbers and interest of each member of the partnership.**

Full Name: _____ Interest _____ %

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____ Interest _____ %

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

5. PARTNERSHIP – continued.

Full Name: _____ Interest _____ %

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____ Interest _____ %

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

➤ **The Managing Partner will be:**

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Business Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

➤ **The full name, residence address and telephone number of the Managers, and any other individual with management responsibilities of the partnership's premises to be licensed:**

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____

Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

6. CORPORATION OR ASSOCIATION:

➤ **If applicant is a corporation or association, give corporate/association name, Chaska address & phone number, home office address & phone:**

Name: _____

State of Incorporation or Association: _____

Chaska Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Home Office Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

6. CORPORATION OR ASSOCIATION, Continued.

➤ **The full names, residence addresses and phone numbers of all corporate officers:**

President: _____
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Vice President: _____
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Secretary: _____
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Treasurer: _____
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

➤ **The full names, residence addresses and telephone numbers of all persons who singly or together with their spouses and/or parents, sisters, or children, own or control an interest in said corporation or association in excess of five percent (5%). (Attach additional sheet if necessary)**

Full Name: _____ Interest _____ %
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____ Interest _____ %
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____ Interest _____ %
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

➤ **The full names, residence addresses and telephone numbers of the manager(s), assistant manager(s), and any other individual with management responsibilities for the premises to be licensed.**

Full Name: _____ Interest _____ %
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

Full Name: _____ Interest _____ %
Residence Address _____ Phone _____
(STREET, CITY, STATE & ZIP CODE) INCLUDE AREA CODE

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY ALL APPLICANTS:

7. State the exact legal description of the premises to be licensed. (Applicant must also submit a plot plan showing dimension, location of buildings, street access, parking facilities, and the locations of and distances to the closest point of a church structure or the closest point on a lot occupied by a public school. _____

8. How are the premises zoned under the Chaska zoning ordinance: _____

9. State full names, residences and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant.

Full Name: _____

Residence Address _____ Phone _____
(Street, City, State & Zip Code) Include Area Code

Business Address _____ Phone _____
(Street, City, State & Zip Code) Include Area Code

10. Where the building is owned by other than the applicant, state in summary the conditions of lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. ***(Attach Two (2) signed copies of lease with application.)*** _____

11. If the building is owned by the individual applicant, partnership, corporation or association, state:

◆ Date purchased: _____

◆ Name and Address of person purchased from: _____

◆ Purchase price: _____ Amount of down payment: _____

◆ Who currently holds the mortgage (Name and Address): _____

◆ Amount of contract for deed: _____

◆ Who currently holds contract for deed (Name and Address): _____

◆ Term of mortgage and/or contract for deed: _____

◆ Rate of interest of mortgage and/or contract for deed _____

◆ Monthly payment at which mortgage and/or contract is being liquidated: _____

◆ Are the payments on the mortgage and/or contract for deed up to date? _____

- 12.** State the total cost of assets acquired to start this business, including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. (If acquired from predecessor, attach purchase agreement.)

- Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business:

(ATTACH SUPPORTING PROOF OF THE SOURCE OF SUCH MONEYS)

- 13.** Give the full names, addresses, telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, or stock in trade. State the nature of the interest amount thereof, and the terms for payment of other reimbursement. (This shall include but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, extended security for any indebtedness of the applicant.)

Full Name: _____

Residence Address _____ (STREET, CITY, STATE & ZIP CODE) Phone _____ INCLUDE AREA CODE

Nature of Interest _____

Full Name: _____

Residence Address _____ (STREET, CITY, STATE & ZIP CODE) Phone _____ INCLUDE AREA CODE

Nature of Interest _____

Full Name: _____

Residence Address _____ (STREET, CITY, STATE & ZIP CODE) Phone _____ INCLUDE AREA CODE

Nature of Interest _____

Full Name: _____

Residence Address _____ (STREET, CITY, STATE & ZIP CODE) Phone _____ INCLUDE AREA CODE

Nature of Interest _____

14. Minnesota Corporation Foreign Corporation (check one if applicable)

➤ If a foreign corporation (not Minnesota corporation) list the following:

Statutory agent _____ Phone _____

Address _____

Note: Foreign Corporations must attach a Certificate from the Secretary of State as to the currency of their "Certificate of authority" as described in Chapter 303, Minnesota Statutes.

IF THIS APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. A SET ON FILE WITH THE BUILDING OFFICIAL SHALL SATISFY THIS REQUIREMENT.

15. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach an 8 x 11 copy of a floor plan showing dimensions and indicating the number of persons intended to be served in said rooms.)

16. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

17. Are any real estate taxes, personal property taxes, special assessment, utility charges or other financial claims of the City of Chaska delinquent or unpaid for the premises to be licensed?

Yes No If yes, give details below:

18. If the premises is a restaurant, is there a dining area open to the general public and provisions for seating a minimum of 30 persons at one time? Yes No

Number of Seats: Restaurant _____ Bar _____

CONTINUED ON NEXT PAGE . . .

THOROUGHLY READ THE INFORMATION BELOW AND SIGN IT.

PLEASE NOTE THAT YOUR SIGNATURE MUST BE NOTARIZED.

I, _____, being duly sworn, depose and say that the preceding statements are true and correct and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a liquor license; that I am voluntarily submitting this application with full knowledge that Minnesota Law provides that "any person making false oath shall be guilty of perjury", and further, that I will familiarize myself with the contents of the Chaska City Ordinances and the Laws of the State of Minnesota, and agree, if licensed, to abide hereby.

I understand that the City of Chaska may cause an investigation to be made of my background, both personal and financial. I may subsequently be asked to answer questions in open public meetings of the Chaska City Council.

I hereby authorize any and all persons having information concerning me, either of public record or otherwise, to furnish it to a duly authorized agent of the City of Chaska.

(SIGNATURE AND TITLE)

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

Notary Public of _____ County
My Commission Expires _____

NOTE: Any individual named under numbers 4 through 6 must also independently complete the following form: Part 2 - Personal Information, and attach it with this packet.

Revised February 9, 2004