



City of Coon Rapids  
Office of the City Clerk  
11155 Robinson Drive  
Coon Rapids, MN 55433-3761  
Phone: 763-767-6432  
Fax: 763-767-6531  
<http://www.coonrapidsmn.gov>

## Part I Form #1

Dear Applicant:

Thank you for your interest in obtaining a liquor license in Coon Rapids. All application materials must be completed before your application will be processed. Upon receipt of your completed application, the Police Department will conduct an investigation. You may be contacted by an investigator to answer questions or expand on any information provided in the questionnaires.

After the investigation is completed and a report prepared, the license request will be presented to the City Council at a regular meeting for consideration. City Council meetings are held the first and third Tuesday of each month at 7:00 p.m. in the Council Chambers at City Hall. You will be notified of the date your application will be considered and are welcome to attend the meeting. Depending on the length of the investigation and the timing of the Council meeting, the process will take several weeks to complete.

Attached are the forms you will need to complete. A checklist of all required materials is included to assist you in preparing your application. A copy of the City Code regarding liquor licenses can be viewed on the City of Coon Rapids website: [www.coonrapidsmn.gov](http://www.coonrapidsmn.gov).

All fees are due when the application is submitted. In addition to the license fee, a non-refundable investigation fee is required. **The fee for an in-state investigation is \$500.** Should the investigation extend outside the state and require additional time, the actual cost of the investigation will be billed (MS§340A.412). In the event your license is denied, any costs expended to conduct the investigation will be retained and the annual license fee will be refunded.

In addition to licensing, establishments must comply with local zoning regulations. Please contact the Community Development Department at 763-767-6430 to discuss these requirements.

If you have questions about the forms, regulations or the process, please feel free to contact me at 763-767-6432.

Stephanie Lincoln  
Deputy City Clerk

### **Your License Application**

- Incomplete and/or illegible applications will be returned.
- All applications must be signed by an owner, partner, or principal.
- No license will be issued for a period longer than one year. Standard license periods are from January 1 to December 31.
- Licenses are not transferable.
- Make a duplicate copy of this packet for your personal records before submitting.
- Minnesota Sales Tax ID (651-296-6181)
- Federal Tax ID/Employer Identification Number (651) 312-8082
- Multiple licenses must be filed individually and may not be combined.



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# Part I Form #1

## APPLICATION MATERIAL CHECKLIST

*In compliance with Coon Rapids City Code 5-200 and Minnesota State Statutes, Chapter 340 you are required to submit the following information and materials for an Off Sale Liquor License to the Office of the City Clerk*

- Completed application from the MN Department of Public Safety, Alcohol Enforcement Division – access the forms you need at [www.dps.state.mn.us/alcgamb/alcgamb.html](http://www.dps.state.mn.us/alcgamb/alcgamb.html) (651-201-7500)
- Liquor Application / General Information Form **(Part I, Form #1)**
- Premises Information Form **(Part I, Form #2)**
- Certification of Worker’s Compensation Compliance Form **(Part I, Form #3)**
- General Authorization and Release for Financial Institutions Form **(Part I, Form # 4)**
- Certified Copy of Certificate of Trade Name
- Copy of Partnership Agreement (if applicable)
- Corporate Information (if applicable):
  - Certificate of Incorporation
  - Articles of Incorporation or Association Agreement
  - By-Laws
  - Certificate of Authority (if foreign corporation)
- Certification of Liquor Liability Insurance covering entire license period  
(Minnesota State Law requires this to be from date of license to December 31)
- Copy of premise lease, mortgage or contract for deed
- Premises:
  - Preliminary plans attached (if new construction); or
  - Plans on file with Inspection Division.
  - Floor plan showing dimensions and serving areas attached (if existing building)
- Notary Public Signature

**Each owner, officer, partner and manager must submit the following:**

- Personal Information Supporting Documentation for Liquor License Application Form **(Part II, Form A)**
- Authorization of Release of Data Form **(Part II, Form B)**
- Affidavits of Good Character – 3 are required **(Part II, Form C)**
- Business References – 3 are required **(Part II, Form D)**
- Supplemental Investigation Information **(Part II, Form E)**
- Information Advisory and Authorization for Release of Information to Support License Application Form **(Part II, Form F)**
- License Applicant Information Form **(Part II, Form G)**
- General Authorization and Release for Financial Institutions Form **(Part I, Form # 4)**
- Photocopy of current valid Driver’s License or Other State Issued Identification Card
- Notary Public Signature

**Person(s) responsible for operations at the establishment (individual owner, managing officer and store manager) must also submit:**

- Completed Personal Financial Statement
- Copy of Individual State Income Tax Forms for previous two years
- Copy of Individual Federal Income Tax Forms for previous two years

### 2021 Fee Schedule

License Type:	
<b>Off Sale Liquor License: (choose one)</b>	
<input type="checkbox"/> Class A (Intoxicating Liquor as primary establishment).....	\$380 (2021)
<input type="checkbox"/> Class B (Liquor establishment secondary to a primary retail/grocery establishment - certain restrictions apply)....	\$380 (2021)
<input type="checkbox"/> 3.2 Percent Malt Liquor.....	\$165 (2021)
<hr/>	
<input type="checkbox"/> <b>Background Investigation.....</b>	<b>\$500 (2021)</b>



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**Part I**  
**Form #1**

**License Application for Off Sale Liquor**

**General Information**

Applicant Information:			
First Name:		Middle Name:	
Last Name:			
Date of Birth:		Email Address:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Day Telephone:		Evening Telephone:	
Applicant is the:			
<input type="checkbox"/> Individual Owner <input type="checkbox"/> Officer <input type="checkbox"/> Partner			
Of:			
Individual Business, Partnership, Corporation, or Association Name:			
Business Name (dba):			
Business Phone:			
Address of Business:	Street:		
	City:		
	State:	Zip:	
Federal Tax ID #:		MN Tax ID#:	
Local Business Information (if different from above):			
Establishment Name:			
Location Telephone #:			
Street Address	Street:	Coon Rapids, MN	
	Zip:		
Location Manager:			
First Name:		Middle Name:	
Last Name:			
Email Address:		Telephone #:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
<i>Anytime there is a change in the location manager, you are required to inform the City of Coon Rapids of the change. It will be necessary for a New Manager Application and a background investigation to be completed in order for your License to remain valid.</i>			
<input type="checkbox"/> I understate that we are required to notify the City of Coon Rapids Clerks Office within 14 days of a change in location manager.			



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**Part I**  
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**Please send the 2021 License Certificate(s) to the following address:**

**Please send the 2022 Renewal Application(s) to the following address:**

**Please send all formal correspondence and notices from the City of Coon Rapids to the following address:**



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# Part I Form #1

Business Information:	
Type of organization:	<input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership
Business Name:	
Doing Business As:	
Date of incorporation:	
State of Incorporation:	
Name of Managing Partner:	
Managing Partner Phone #:	
Managing Partner Address:	

I agree, as part of this application, to list the corporate owners holding more than five percent (5%) of the outstanding stock of the corporation. I will notify the City Clerk of any change in legal ownership in this business. The owners/officers of the corporation are as follows:

Sole Proprietorship Owner / Partner / Corporate Owner / Officer #1			
First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Sole Proprietorship Owner / Partner / Corporate Owner / Officer #2			
First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Sole Proprietorship Owner / Partner / Corporate Owner / Officer #3			
First Name:		Middle Name:	
Last Name:			
Title:		% of Ownership/Interest:	
Date of Birth:			
Email Address:		Telephone Number:	
Address of Residence:	Street:		
	City:		
	State:	Zip:	
<input type="checkbox"/> Attached is a list of names, addresses, and telephone numbers of all other persons, firms, or corporations having an interest in the licensed business.			



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**Part I**  
**Form #1**

I certify that I will notify the City Clerk of any change in legal ownership or beneficial interest in such business.

Attached is the certificate of insurance for liquor liability.

**PLEASE NOTE: Certificate must be issued for license year January 1 through December 31)**

I understand gambling or gambling devices will not be permitted on the licensed premises unless a gambling license has been secured.

Yes  No Will there be lawful gambling at the establishment? If Yes, name of Charitable Organization with gambling license: \_\_\_\_\_

I certify that there are no outstanding real estate taxes, personal property taxes, special assessments or other financial claims of the City, County, or State due, delinquent, or unpaid.

For all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or 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, or extended security for any indebtedness of the applicant.)

Full Name:			
Address:			
Telephone #:		Date of Birth:	
Nature of Interest, etc:			
Full Name:			
Address:			
Telephone #:		Date of Birth:	
Nature of Interest, etc:			



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**Part I**  
**Form #1**

Attached is a "GENERAL AUTHORIZATION AND RELEASE FORM" completed by each of the financial institutions listed below and attached to this application.

List all banks, financial institutions and persons with whom the applying business have made mortgages, loans or have certificates of deposit, checking accounts during the preceding license year:

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What permits or licenses required by the Federal government 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?

Permit	Applicant's Name	Type

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?

Permit	Applicant's Name	Type



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**Part I**  
**Form #1**

What permits or licenses required by the County of Anoka 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?

Permit	Applicant's Name	Type

Provide the name, address and telephone number of the person or firm that does the bookkeeping, auditing or accounting for the licensed business:

I agree to the forfeiture of my liquor license if found to have violated the provisions of the City Code providing for the granting of this license.

I agree that any violation of the state law or ordinances of this municipality or any rules or regulations contained in the license in the operations of the business, may be grounds for the revocation or suspension of such license. I have no intention or agreement to transfer this license to another person. I have read the applicable ordinance and will strictly comply with all of the provisions. I hereby swear that the foregoing statements are true and correct to the best of my knowledge. I understand that incorrect or incomplete information provided by me in this application may be considered falsification of the application and may be used as grounds for the denial of the license.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to [www.coonrapidsmn.gov](http://www.coonrapidsmn.gov) and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".





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# Part I Form #1

## DATA PRACTICES RIGHTS ADVISORY:

- As an applicant for Liquor License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by City Code and allows the City Council to thoroughly analyze your suitability and qualification to hold a Liquor License.
- If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.
- The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as “Private” or “Confidential”, Subdivision 4 makes application data for licenses “Public”. Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Signature of Applicant**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who had executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to before me a Notary Public on this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
(Notary Signature)

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

My commission expires \_\_\_\_\_



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**Part I**  
**Form #2**

**PREMISES INFORMATION**  
 City of Coon Rapids Off-Sale Liquor License Application

Business Information:	
Establishment Name:	
Establishment Address:	
<p>1. State the exact legal description of the premises to be licensed. <i>(Applicant must also submit a plot plan of the area showing dimensions, location of buildings, street access, parking facilities and the location of the distances to the nearest church building and public school grounds.)</i></p>	
<p>2. How is the premises classified under the Coon Rapids Zoning Code? <i>(to obtain this information please contact the Zoning Department at 763-767-6430)</i></p>	
<p>3. The Community Development Department has given approval for this establishment. Approval given by: _____</p>	
<p>4. If this application is for premises either planned or under construction or undergoing substantial alterations, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or design are on file with the Building Inspection Division, no plans need be filed with the application.</p> <p><input type="checkbox"/> Preliminary plans attached  <input type="checkbox"/> Plans on file with the Building Inspections Department</p>	
<p>5. Please provide below or attach a sketch of the entire area, including patios, decks or pavilions that are part of the licensed premise for the sale of alcoholic beverages.</p>	



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**Part I**  
**Form #2**

6. If the owner or owners of the building wherein the licensed business will be located is other than the applicant, state the following:

Full Name:			
Residence Address:			
Business Address:			
Home Phone #:		Business Phone#:	

  

Full Name:			
Residence Address:			
Business Address:			
Home Phone #:		Business Phone#:	

7. If leased, state in summary the conditions of lease arrangement, such as, term of lease, monthly rental, renewal privileges, etc.

A true copy of the executed lease is attached.

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

Date Purchased:			
Purchase Price:			
Amount of Down Payment:			
Name & Address of Person Purchased from:			
Name & Address of Mortgage Holder:			
Terms of Mortgage:		Interest Rate of Mortgage:	
Mortgage Amount:		Monthly Payment:	
Are your payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Name & Address of Contract for Deed Holder:			
Terms of Contract for Deed:		Interest Rate of Contract for Deed:	
Contract for Deed Amount:		Monthly Payment:	
Are your payments current?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

A true copy of the executed mortgage or contract for deed is attached.

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license.

\_\_\_\_\_  
 Date Signature Title



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**Part I**  
**Form #3**

**MINNESOTA WORKERS' COMPENSATION LIABILITY  
 CERTIFICATE OF COMPLIANCE**

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: <b>*Note: This is NOT the insurance agent.</b>	
Telephone Number:	
Policy Number:	
Dates of Coverage: <b>*Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.</b>	

**(OR)**

I am not required to have workers' compensation liability coverage because:

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	

I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.

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



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**Part I**  
**Form #4**

**GENERAL AUTHORIZATION AND RELEASE  
PURSUANT TO MINNESOTA STATUTES ' 13.04  
MINNESOTA GOVERNMENT DATA PRACTICES ACT**

TO: \_\_\_\_\_ Phone # \_\_\_\_\_  
(Financial Institution)  
  
\_\_\_\_\_  
(Address) Fax # \_\_\_\_\_  
  
\_\_\_\_\_  
(City) (State) (Zip)

REFERENCE ACCOUNT NUMBER(S): \_\_\_\_\_

I hereby authorize and grant informed consent to release to the Coon Rapids Police Department data classified as private which concerns me and may be in your possession. The data authorized to be released consists of private financial data and has been collected as a result of my contacts and associations with your and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings and accounts with your agency. I understand the purpose of permitting the Coon Rapids Police Department access to this information is to determine suitability for holding a liquor license. It is understood that this information will become a part of the license application and such may be analyzed by consultants and reviewed by officials of the City of Coon Rapids.

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 of Coon Rapids or to you of that fact.

\_\_\_\_\_  
(Printed Name of Applicant)

\_\_\_\_\_  
(Address of Applicant)

\_\_\_\_\_  
(Signature of Applicant) (Date)

**THIS FORM MAY BE DUPLICATED AND MUST BE COMPLETED FOR EACH BANK OR FINANCIAL INSTITUTION.**



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## Part II Form A

### Part II – Personal Information Supporting Documentation for Liquor License Application

<b>Directions:</b> This form must be completed by typewriter or by printing in ink by the <b>sole owner</b> , by <b>each partner</b> , by <b>each officer or director</b> , by <b>each manager, proprietor</b> or other agent in charge of the premises, by <b>each person</b> who by combined ownership or control has an interest in a corporation or association in excess of 5%.			
True First Name:		Middle Name:	
True Last Name:			
Home Phone #:		Business Phone:	
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip Code:	
Business Address:	Street:		
	City:		
	State:	Zip Code:	
Driver's License #		State of Issue:	
Place of Birth: <small>(City, County, State)</small>		Date of Birth:	
U.S. Citizen:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Naturalized: <small>(if yes, give date &amp; place)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No _____
Marital Status:	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		

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

Name	Date, Place and Circumstances

Please list the address(es) you have lived during the preceding ten years. *(List the current/most recent address first)*

City and State	Number and Street	Dates



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**Part II**  
**Form A**

Please list the Occupations(s) you have held during the past ten years, including dates, type, general duties and location. *(List current/most recent first. Attach additional pages if necessary.)*

Date	Occupation	Duties	Location Name	Location Address

Please provide names and addresses of your employers and partners, if any, for the preceding ten years. *(list current/most recent address first)*

Name	Address	Date

If married, please provide the following information about your spouse:

True First Name:		Middle Name:	
True Last Name:			
Title:			
Place of Birth: <small>(City, County, State)</small>		Date of Birth:	
Address of Residence:	Street:		
	City:		
	State:	Zip Code:	

Please list the address(s) your spouse had lived during the preceding ten years. *(List the current/most recent address first)*

City and State	Number and Street	Dates



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**Part II**  
**Form A**

Please list the Occupations(s) your spouse has held during the past ten years, including dates, type, general duties and location. *(List current/most recent first. Attach additional pages if necessary.)*

Date	Occupation	Duties	Location Name	Location Address

Please provide names and addresses of your spouse’s employers and partners, if any, for the preceding ten years. *(list current/most recent address first)*

Name	Address	Date

Yes  No Have you or your spouse EVER been convicted of ANY crime or violation of any ordinance, other than traffic? If yes, give information as to the date, location and offense for convictions:

Yes  No Have you or your spouse EVER been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of similar nature? If yes, give information as to the date, location and length of time:

Yes  No Have you been in military service?  
 Yes  No If yes, was discharge honorable? If it wasn’t honorable, please state details:

*(Upon request, you may be required to provide documentation)*





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## Part II Form A

For each person and who is nearer of kin to you or your spouse other 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 you or your spouse, who is engaged in Minnesota in the business of selling, manufacturing, or distributing liquor, provide:

**Not applicable; or:**

Full Name:		Relationship:	
Residence Address:		Home Phone:	
Business Address:		Business Phone:	
Full Name:		Relationship:	
Residence Address:		Home Phone:	
Business Address:		Business Phone:	
Full Name:		Relationship:	
Residence Address:		Home Phone:	
Business Address:		Business Phone:	

Yes  No Are you a manufacturer or wholesaler of liquor or interested in 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 Coon Rapids to which a license of the same kind has been issued? If yes, please list:

Yes  No Are you the spouse of a person who would be ineligible for a license?

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

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



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**Part II**  
**Form A**

<input type="checkbox"/> Yes <input type="checkbox"/> No   Have you ever individually, or with others, made application for a liquor license and had such application denied? If yes, please explain:  
<input type="checkbox"/> Attached are (3) completed Business Reference Forms.
<input type="checkbox"/> Attached are (3) completed Affidavit of Good Character forms.
State the amount of the investment the applicant has in the business premises, fixtures, furniture, stock in trade, etc. <b>(attach supporting proof of the source of such money)</b>  <hr/> <hr/> <hr/> <hr/>
For the preceding calendar year, list sources of income, as shown in state and federal income tax returns, received by applicant; if partnership, by each partner; if corporation by each officer and director.  <hr/> <hr/> <hr/> <hr/>
For the preceding calendar year, list sources of income received by spouses of income received by spouse of applicant from the sale of intoxicating liquors; if partnership, spouse of each partner; if corporation, by spouse of each officer or director.  <hr/> <hr/> <hr/> <hr/>
<input type="checkbox"/> Attached is a "GENERAL AUTHORIZATION AND RELEASE FORM" completed by each of the financial institutions listed below and attached to this application.
List all banks, financial institutions and persons with whom applicant and spouse have made mortgages, loans or have certificates of deposit, checking accounts during the preceding license year.  <hr/> <hr/> <hr/> <hr/>



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**Part II**  
**Form A**

- Applicant and associates in this application will strictly comply with all laws of the state of Minnesota governing taxation and sale of liquor; rules and regulations established by the liquor control commissioner; and all ordinances of the City of Coon Rapids.
- I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. The City of Coon Rapids has determined that a comprehensive background investigation is necessary. I understand that an investigation fee will be charged by the City. I further authorize the release to the City of Coon Rapids of any information about my business and financial affairs which may be requested from any firm relative to my financial background.
- I have read the City Code Section 5-200 relating to alcoholic beverages. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license.

**DATA PRACTICES RIGHTS ADVISORY:**

- As an applicant for Liquor License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by City Code and allows the City Council to thoroughly analyze your suitability and qualification to hold a Liquor License.
- If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.
- The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as “Private” or “Confidential”, Subdivision 4 makes application data for licenses “Public”. Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

Date \_\_\_\_\_

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

STATE OF \_\_\_\_\_  
 COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being first duly sworn, upon his/her oath deposes and says that he/she is the person who had executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Subscribed and sworn to before me a Notary Public on this \_\_\_\_ day of \_\_\_\_\_, 202\_\_.

\_\_\_\_\_  
 (Notary Signature)  
 My commission expires \_\_\_\_\_

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



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**Part II**  
**Form B**

**Authorization of Release of Data**

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you <b>EVER</b> been convicted of <b>ANY</b> crime, either felony or misdemeanor?	
If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			



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**Part II**  
**Form B**

<input type="checkbox"/> Yes <input type="checkbox"/> No      Have you ever been convicted of any traffic offense? If yes, please state the following:	
Offense #1	
Date:	
Location:	
Nature of Offense:	
Offense #2	
Date:	
Location:	
Nature of Offense:	
Offense #3	
Date:	
Location:	
Nature of Offense:	
<input type="checkbox"/> Yes <input type="checkbox"/> No      Have you violated any provisions in the Coon Rapids City Code during the last two (2) years? If yes, please explain:	

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes;  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

**Date**

**Signature**



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**Part II**  
**Form C**

**CITY OF COON RAPIDS  
AFFIDAVIT OF GOOD CHARACTER  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(1 of 3)**

Re: \_\_\_\_\_

**AFFIDAVIT**

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Business Telephone



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**Part II**  
**Form C**

**CITY OF COON RAPIDS  
AFFIDAVIT OF GOOD CHARACTER  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(2 of 3)**

Re: \_\_\_\_\_

**AFFIDAVIT**

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Business Telephone



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**Part II**  
**Form C**

**CITY OF COON RAPIDS  
AFFIDAVIT OF GOOD CHARACTER  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(3 of 3)**

Re: \_\_\_\_\_

**AFFIDAVIT**

I am personally acquainted with, and am not a relative of, the above-referenced applicant for a Coon Rapids license.

I have known the applicant personally and have observed his/her conduct for the past five years, and vouch for his/her sobriety, honesty and general good character as a reputable citizen.

I certify the foregoing statement is true to the best of my knowledge and belief.

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Affiant

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
Business Telephone





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**Part II**  
**Form D**

**CITY OF COON RAPIDS  
BUSINESS REFERENCE  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(1 of 3)**

Applicant Information:

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**BUSINESS REFERENCE INFORMATION**

Name \_\_\_\_\_

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

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

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

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

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

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory?  Yes;  No. Please explain:

Has your credit experience with the applicant been satisfactory?  Yes;  No. Please explain:

General remarks:

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

\_\_\_\_\_  
Date



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**Part II**  
**Form D**

**CITY OF COON RAPIDS  
BUSINESS REFERENCE  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(2 of 3)**

Applicant Information:

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**BUSINESS REFERENCE INFORMATION**

Name \_\_\_\_\_

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

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

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

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

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

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory?  Yes;  No. Please explain:

Has your credit experience with the applicant been satisfactory?  Yes;  No. Please explain:

General remarks:

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

\_\_\_\_\_  
Date



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**Part II**  
**Form D**

**CITY OF COON RAPIDS  
BUSINESS REFERENCE  
IN SUPPORT OF LIQUOR LICENSE APPLICATION  
(3 of 3)**

Applicant Information:

Applicant's Name: \_\_\_\_\_

Title: \_\_\_\_\_ Organization: \_\_\_\_\_

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

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

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**BUSINESS REFERENCE INFORMATION**

Name \_\_\_\_\_

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

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

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

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

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

How long have you had a business relationship with the applicant?

Has the business relationship with the applicant been satisfactory?  Yes;  No. Please explain:

Has your credit experience with the applicant been satisfactory?  Yes;  No. Please explain:

General remarks:

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

\_\_\_\_\_  
Date



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## Part II **Form E**

### Supplemental Investigation Information

\_\_\_\_\_  
Print Full Name

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

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_



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## Part II **Form F**

### **INFORMATION ADVISORY AND AUTHORIZATION FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION**

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background which may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide data for the investigation of license applicants required by City Code. Providing the information will assist the police department in preparing an investigative report for the City Council's review. The investigative report is provided to the City Council and is considered when granting or denying the license. All information provided in that report becomes part of the public record and is available to any requesting individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to Council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the City Council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Coon Rapids unless the conviction is directly related to the matter for which the license is sought, according to Minnesota Statute §364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for license "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

\* \* \* \* \*

*"I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the release to the City of Coon Rapids of any information about my business and financial affairs which may be requested from any firm relative to my financial background. I also authorize the City of Coon Rapids to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license."*

---

Printed Name of Applicant

Title

---

Signature of Applicant

Date



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## Part II Form G

### License Applicant Information

Under Minnesota Law (M.S. 270C.03) the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

**Please print or type in the following information and return along with your application.**

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Business Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Store Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title