



CITY OF RICHFIELD

**Application for
Liquor Dispenser**

Fee: \$37.00

Name of Liquor Establishment: _____

Address: _____

Applicant: _____
Last First Full Middle Name

Residence Address: _____
Number & Street City State Zip

Residence Phone: _____ DL #/State: _____

Date of Birth: _____ Sex: _____ Height: _____

Weight: _____ Eye Color: _____ Hair Color: _____

List all other names that you have used or gone by in the past (state the full name):

How long have you lived at your current address? _____

If fewer than five years, provide a list of all residences (including the name of the county) for the past five years. Attach an additional page if necessary.

ALL APPLICANTS: Submission of a knowingly false application is grounds for denial and criminal prosecution.

Have you ever plead guilty to, or been convicted of any crime other than a minor traffic violation?

Yes No

You may submit an attachment of any explanations relevant to any of the convictions, if you desire.

Have you ever held a liquor dispenser license from the City of Richfield? Yes No

Within ten years of the date of this application, have you been convicted of a felony or any willful violation of a federal or state law or local ordinance, governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage? Yes No

If yes, provide the dates; state whether such license was ever suspended or revoked; and the reasons for the suspension or revocation.

Signature of Applicant: _____

Date: _____

APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: _____ DATE: _____

City of Richfield
License Applicant Information

Under Minnesota Law (M.S. 270.72), 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 of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue 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 fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name

Business address	City	State	Zip
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Signature	Title	Date
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