



On and Off-Sale 3.2 Percent Malt Liquor License Application

7700 Market Boulevard
 PO Box 147
 Chanhassen, MN 55317
 Phone: 952-227-1100
 Fax: 952-227-1110

Date: _____

Applicant Name <small>(Name of individual, partnership, corporation, or association)</small>	
Applicant Address	

Business Name	
Business Address	
Type of Business	
Type of Liquor License	<input type="checkbox"/> On-Sale 3.2% Malt Liquor <input type="checkbox"/> Off-Sale 3.2% Malt Liquor

Operating Manager <small>(include first, middle and last name)</small>	
Home Address	
Phone	
Date of Birth	
Date of Employment	

Minnesota Taxpayer ID #		Federal Tax ID # <small>(To apply call IRS 800-829-4933)</small>	
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Are any of the following taxes or charges for the premises to be licensed unpaid or delinquent?			
State Sales Taxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	State Withholding Taxes: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Real Estate Taxes: <input type="checkbox"/> Yes <input type="checkbox"/> No	Special Assessments: <input type="checkbox"/> Yes <input type="checkbox"/> No		
City Utility Bills: <input type="checkbox"/> Yes <input type="checkbox"/> No			

List any of the persons, corporations, or partnerships who have a financial interest in this liquor license and who also have any financial interest in a liquor license operation anywhere else. List these persons along with the names of the establishments, their location, and the amount of this interest. Use an additional sheet if necessary.

Name	Establishment	Address	% of Interest