

LAKE MINNETONKA CONSERVATION DISTRICT

In Support of an Application for an

**On-Sale Intoxicating Liquor License, Wine License, and/or  
Non-Intoxicating Malt Liquor License**

PART II - Personal Information

Directions: Please fill out this form in black ink. The form may be filled out online and printed. The application must be filled out by the sole owner; by each partner; by each officer or director; by each manager, proprietor or other agent in charge of the charter boat; by each person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

Date \_\_\_\_\_

1. \_\_\_\_\_  
True name (last, first, middle)

2. \_\_\_\_\_ Phone \_\_\_\_\_  
Residence address (number, street, city, state, zip)

\_\_\_\_\_  
Mailing address if different from above

3. \_\_\_\_\_ Phone \_\_\_\_\_  
Business address (number, street, city, state, zip)

4. \_\_\_\_\_ 5. \_\_\_\_\_  
Place of birth (city, county, state) Date of Birth (month, day, year)

6. U.S. Citizen? Yes ( ) Naturalized? Yes ( ) if yes, give date and place: \_\_\_\_\_  
No ( ) No ( ) \_\_\_\_\_

7. If you have ever used or been known by another name or names other than the true name given in #1 above, list such name(s) and information concerning dates and places used:

Names

Dates, Places and Circumstances

<u>Names</u>	<u>Dates, Places and Circumstances</u>

8. Marital Status: Single ( ) Married ( ) Widowed ( ) Separated ( )

9. If married, true name, place and date of birth, and residence address of spouse:

True name \_\_\_\_\_

Place and Date of birth \_\_\_\_\_

Residence address \_\_\_\_\_

10. Are you a registered voter? Yes ( ) No ( )

If yes, where are you registered? \_\_\_\_\_

Is your spouse a registered voter? Yes ( ) No ( )

If yes where is your spouse registered? \_\_\_\_\_

11. Address(es) at which you have lived during the preceding ten years. Begin with present or last address and work back:

No. and Street	City and State	Dates

12. Addresses at which your spouse has lived during the preceding ten years. Begin with present or last address and work back:

No. and Street	City and State	Dates

13. Kind, name and location of every business or occupation you have been engaged in during the preceding ten years. Begin with the present or last one and work back:

Business or Occupation	Location: Street, Address, City, State	Nature of Business or Occupation

14. Kind, name and location of every business or occupation your spouse has been engaged in during the preceding ten years. Begin with present or last one and work back:

Business or Occupation	Location: Street, Address, City, State	Nature of Business or Occupation

15. Names and addresses of your employers and partners, if any, for the preceding ten years. Begin with present or last one and work back.

Names: Employers or partners	Addresses: City & State	Dates

16. Names and addresses of your spouse's employers and partners, if any, for the preceding ten years. Begin with present or last one and work back.

Names: Employers or partners	Addresses: City & State	Dates

17. Have you, your spouse, or a parent, brother, sister, or child of either of you ever been convicted of, or plead guilty to, any felony, crime or violation of any ordinance, other than traffic? Yes ( ) No ( )

If yes, give information as to the time, place and offense for which convictions were had:

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18. Have you, your spouse, or a parent, brother, sister, or a child of either of you, ever been engaged as an employee, or in operating, a saloon, hotel, restaurant, café, tavern, charter boat, or other business of a similar nature? Yes ( ) No ( )

If yes, give information as to the time, place, length of time, and charter boat name:

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19. Have been in the military service? Yes ( ) No ( )  
If yes, was the discharge(s) ever other than honorable? Yes ( ) No ( )  
(Upon request, you may be required to exhibit all discharges).

20. Name, residence address, business address, and telephone number of each person who is engaged in Minnesota in the business of selling, manufacturing or distributing intoxicating liquor and who is nearer of kin to you or your spouse 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 your spouse.

A. Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
Business Address \_\_\_\_\_ Phone \_\_\_\_\_

21. Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business? Yes ( ) No ( )

22. What is the amount of investment you will have in the charter boat, 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).

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23. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes ( ) No ( )  
If yes, explain in detail.

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24. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes ( ) No ( )

25. Name, residence address, business address and telephone numbers of three persons, residents of State of Minnesota, of good moral character, not related to the applicant or financially interested in the charter boat business, who may be referred to as to the applicant's character:

A. Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_ Phone \_\_\_\_\_

B. Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_ Phone \_\_\_\_\_

C. Full name \_\_\_\_\_ Relationship \_\_\_\_\_  
 Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Business Address \_\_\_\_\_ Phone \_\_\_\_\_

STATE OF \_\_\_\_\_ )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

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

Signed \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_

Notary Public, \_\_\_\_\_ County \_\_\_\_\_

My commission expires \_\_\_\_\_ 20\_\_\_\_