

Minnesota Government Data Practices Act
Tennessen Warning ~ License Period 2016

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created or maintained is classified under the Minnesota Government Data Practices Act as Private data **until license approval** when the data becomes **Public**: (Minnesota Statute 13.41, Subdivision 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created or maintained is classified as **Private**: (Minnesota Statute 13.41, Subdivision 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subdivision 4.

The following data collected, created or maintained is classified as **Confidential**: (Minnesota Statute 13.41, Subdivision 3).

1. Active investigative data relating to the investigation of complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City officials who have a bona fide need for it. The City of Little Falls may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Applicant, Print Name

Applicant, Signature

Date

City of Little Falls

**INFORMED CONSENT
CRIMINAL BACKGROUND CHECK**

Date: _____

The following individual has made application with the City of Little Falls for a new/renewal license or is a contractor.

PLEASE PRINT CLEARLY

Last Name: _____

First Name: _____

Middle Name: _____

Maiden, Alias or Former: _____

Date of Birth: _____ **Sex (M or F):** _____

Drivers License: _____

I hereby authorize the Little Falls Police Department/Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Little Falls for the purpose of licensing with the City.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date



Alcohol & Gambling Enforcement Division
445 Minnesota Street, Suite 222
St. Paul, MN 55101-5133
(651) 201-7507

Background Investigation Inquiry

1.) Name of Business: _____

2.) Business Address: _____

Street

_____ - _____

City

State

Zip

3.) Telephone Number: (____) - ____ - _____ 4.) Federal I.D. # _____

5.) IS BUSINESS A:

_____ Corporation (mark appropriate box)

Check type of Corporation: _____ Date of Incorporation: _____

____ Subchapter S Corporation

____ Publicly Traded Corporation

____ Closely held Corporation

State of Incorporation: _____

_____ Partnership (attach partnership agreement)

_____ Sole proprietorship

6.) HAS THIS COMPANY EVER BEEN LICENSED BY ANY GOVERNMENT AGENCY FOR THE PURPOSE OF THE MANUFACTURE, IMPORT OR SALES OF ALCOHOLIC BEVERAGES? (CIRCLE) Yes No

If yes provide the following information for all licenses issued: date licensed; type of license held; agency issuing license; and state or jurisdiction where license was issued.

(use additional paper if necessary)

7.) HAS THE COMPANY EVER HAD ANY ACTION TAKEN AGAINST AN ALCOHOLIC BEVERAGE LICENSE BY ANY AGENCY? (CIRCLE) Yes No If answered yes, explain and provide current status.

Fined _____
 Suspended _____
 Revoked _____
 Other Action _____
(use additional paper if necessary)

8.) HAS THE COMPANY FILED OR BEEN INVOLVED IN BANKRUPTCY (OTHER THAN AS A CREDITOR) OR BEEN CHARGED WITH A CRIMINAL VIOLATION RELATED TO THE MANUFACTURE, IMPORT OR SALE OF ALCOHOLIC BEVERAVGES?

If yes - explain and provide current status.

yes **no -- Bankruptcy** _____
 yes **no -- Criminal** _____
(use additional paper if necessary)

9.) OTHER LICENSING

Have you ever had a sales and use tax permit revoked or canceled? YES NO
Have you ever had any other license or permit revoked, denied or canceled? YES NO
Have you ever failed to pay any liquor tax to any regulatory agency? YES NO

If "yes" to any of the above, provide complete details below.

(attach additional sheets if necessary)

10.) RECORD KEEPING

A.) Where are the financial books and records for this business kept?

Who maintains these records?

Who prepares the tax returns, government forms and reports?

B.) Does the applicant maintain an office within Minnesota?

(Circle) Yes No

If yes, answer the following questions:

-- Mailing address of office: _____

-- Street address of office: _____

-- Name of manager: _____

-- Telephone Number of office: (____) - ____ -- _____

-- Email address _____

11.) LIST ALL FINANCIAL INSTITUTIONS IN WHICH THE BUSINESS MAINTAINS OPERATING AND INVESTMENT ACCOUNTS.

| Institution | Address | Phone | Account Number |
|-------------|---------|-------|----------------|
| | | | |
| | | | |
| | | | |

(use additional sheets in necessary)

12.) LIST THE SOURCE(S) AND AMOUNTS OF ALL OUTSTANDING BUSINESS LOANS. PROVIDE THE FOLLOWING:

| CREDITOR NAME | CREDITOR ADDRESS | LOAN AMOUNT | LOAN NUMBER |
|---------------|------------------|-------------|-------------|
| | | | |
| | | | |
| | | | |
| | | | |

(use additional sheets if necessary)

13.) PLEASE CHECK THE APPROPRIATE BOX AND PROVIDE THE INFORMATION REQUESTED BELOW CONCERNING: (use additional sheets if necessary)

- Sole proprietorship***
- Limited and general partners***
- All shareholders in Sub-Chapter S and Closely Held Corporations***
- All shareholders owning 5% or more of the stock either directly or indirectly***
- All corporate officers and directors***
- Any person(s) holding an option to purchase the business***

| Legal Name | Address | Title | Date of Birth | Social Security # | % Owned |
|-------------------|----------------|--------------|----------------------|--------------------------|----------------|
| | | | | | |
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(use additional sheets if necessary)

***EACH OF THESE INDIVIDUALS WITH MORE THAN 5% INTEREST IN COMPANY MUST SUBMIT A PERSONAL HISTORY STATEMENT WITH THIS FORM.**

14.) IDENTIFY ANY PERSON LISTED ABOVE THAT HAS ANY FINANCIAL INTEREST IN ANY OTHER ALCOHOLIC BEVERAGE LICENSE OR BUSINESS ACTIVITY.

| Name | Business | Address |
|-------------|-----------------|----------------|
| | | |
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| | | |
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| | | |
| | | |

(use additional sheets if necessary)

15.) PROVIDE THE NAMES OF ALL EMPLOYEES HOLDING MANAGEMENT POSITIONS:*

| Legal Name | Address | Title | Date of Birth | Social Security # |
|-------------------|----------------|--------------|----------------------|--------------------------|
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(use additional sheets if necessary)

***EACH OF THESE INDIVIDUALS WITH MORE THAN 5% INTEREST IN COMPANY MUST SUBMIT A PERSONAL HISTORY STATEMENT WITH THIS FORM.**

ATTACH THE FOLLOWING DOCUMENTS TO THIS FORM:

- 1.) Personal history and financial statements history for anyone listed in Section 15**
- 2.) FEDERAL AND STATE TAX RETURNS, FINANCIAL HISTORY OF BUSINESS; (TO INCLUDE BANK STATEMENTS TO SHOW FINANCIAL ORIGINS OF BUSINESS)**
- 3.) If involved with a partnership or corporation;**
 - a.) Articles of incorporation**
 - b.) List of officers and board of directors or partners**
 - c.) List of stockholders**
 - d.) Partnership agreement**

I certify that all statements made by the applicant in this document are true, complete and correct to the best of knowledge and belief and are made by me in good faith. I also understand that an investigation will be conducted to insure the applicant meets the criteria for a license as established by the Minnesota state law and department regulations. By signing this application I am also agreeing to pay for all costs incurred by the department in the conducting of an investigation of this application for a license.

Signature

Date

(If a corporation, signer must be a corporate officer)
