

CITY OF CROSSLAKE
WINE/NON-INTOXICATING ON/OFF SALE LICENSE SUPPLEMENTAL SHEET

Limited Liability Company Corporation Partnership Sole Proprietor

SUPPLEMENTAL AFFIDAVIT TO BE COMPLETED BY HOLDERS OF LIQUOR, BEER AND WINE LICENSES					
Corporate, Partnership, LLC or Sole Proprietor Name:			DBA (if different than Corporate Name)		
Business Address:			Date:		
Shareholder, Member or Partner FULL NAME (FIRST, MIDDLE, LAST)	Date of Birth	ADDRESS	TELEPHONE #	TITLE	% OF OWNERSHIP

General Manager of the Licensed Premises Name: (First, Middle, Last)	Date of Birth:
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I will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor and beer, the rules and regulations promulgated by the Liquor Control Commissioner and all Ordinances of the City of Crosslake. I hereby certify that I have read and understand every question in this application, and that the answer to every question is true of my own knowledge, information and belief. I further understand that giving false information in this application, regardless of when it is discovered, and/or the failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses issued hereunder and may be grounds for prosecution for perjury. SEE TENNESSEN WARNING ATTACHED

SIGNATURE

PRINT NAME AND TITLE

MUST SIGN BEFORE NOTARY

NOTARY SEAL

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary: _____

Notary Public of _____ County, _____ (State)

My Commission Expires: _____