

Business Name _____

Type of License: _____

CONSENT OF TOWN BOARD

The Town Board of the Town of _____, County of Crow Wing, Minnesota, held this _____ day of _____, 20_____, a quorum of the Board being present, consents to the issuance of a license for the sale of Liquor at _____ within this township.

A true copy:

Dated _____, 20_____

Town Clerk

STATE OF MINNESOTA, County of Crow Wing

The undersigned, County Attorney and County Sheriff of said County, recommend the within application, it appearing to the best of our knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2 Percent Malt Liquor or intoxicating liquor, and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Dated _____, 20_____

County Attorney

Dated _____, 20_____

County Sheriff

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This Stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call 651-290-3496.

For Office Use Only

Fee \$ _____ Rec.# _____
Date _____ Init. _____

County Board Approved _____

Delinquent Taxes ()Yes ()No
Minnesota ID # ()Yes ()No
Workers' Compensation ()Yes ()No
Background Check ()Yes ()No
Liability Certificate ()Yes ()No
Town Board ()Required ()Not Required

License Number _____