



Addendum A. PERSONAL SUPPLEMENTAL AFFIDAVIT _____ of _____	
TO BE COMPLETED BY MANAGER(S) AND ALL PARTNERS, OWNERS, OFFICERS, AND CORPORATE MEMBERS	
Submit separate copies of this section for each individual completing it. Attach additional sheets for any questions requiring more details than space permits.	
1. Role of person completing this section: <input type="checkbox"/> Owner/partner/corporate member with a 5% interest or greater in the business <input type="checkbox"/> Corporate officer <input type="checkbox"/> On-site manager or operator with management responsibilities	
2. Legal Name of Business on behalf of which you are Applying	3. Trade Name (DBA) of Business, if any
3. Name (First Middle Last) <i>full names - do not use initials</i>	4. If you are an owner of the business, indicate nature and percent of ownership interest: _____
5. Date of Birth (MM/DD/YYYY)	6. Place of Birth (City & State, or City & Country if outside U.S.)
7. Home Address	8. City, State, Zip Code
9. Direct Phone Number	10. Cell Number
11. Email	
12. Social Security Number	13. Driver's License or ID Number & Issuing state
14. Provide a color copy of one accepted proof of identification: <input type="checkbox"/> A valid driver's license including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid identification card including a photo & date of birth, issued by Minnesota, another state, a province of Canada, or a state of Mexico <input type="checkbox"/> A valid military identification card issued by the U.S. Department of Defense <input type="checkbox"/> A valid U.S. passport, or, <input type="checkbox"/> In the case of a foreign national, a valid passport	
15. Have you ever been known by any other name than the one listed on this application? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, List all other names or aliases ever used, as well as the dates and locations (city, state/country) of the use of each name _____ _____	
16. Do you have an interest in any other City of Rochester liquor licenses, as defined by RCO 5-19-3(f)(2) ? <input type="checkbox"/> Yes <input type="checkbox"/> No	
17. Have you ever been involved in any business of a similar nature where alcoholic beverages were dispensed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details about the extent of involvement and experience _____ _____	
18. Has any business in which you were involved, including owning any interest of more than five percent, had an intoxicating liquor or 3.2 percent malt liquor license revoked within the last five years? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, provide details about the extent of involvement and experience _____ _____	

19. Do you have any outstanding taxes, assessments, fines or other financial claims of the City of Rochester for yourself personally or in association with this business?

Yes No (*Note: No license can be issued when outstanding obligations to the City of Rochester exist)

If Yes, please provide details

20. Addresses used for Last Five years – attach additional sheets if needed

<u>Dates (from – to)</u>	<u>Address</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

21. List employers for the preceding 5 years

<u>Employer & Occupation</u>	<u>Address</u>	<u>Dates (from – to)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

22. Spousal information Check if not married

Spouse's Name	Date of Birth	Place of Birth
Address	Other Names Used	

NOTIFICATION AND VERIFICATION OF AFFIDAVIT

In accordance with the Minnesota Government Data Practices Act, the City of Rochester is required to inform you of your rights as they relate to information collected about you. The information collected and required from you as part of this license application will be used to determine whether or not to issue the liquor license being applied for. Disclosure of this information is voluntary. You are not legally required to provide this data, however, if you fail to do so, the City of Rochester may be unable to process this application.

Your Social Security Number and Birth Date are classified as private data, and are not available to the public. Access to this data is limited to staff with a business need in order to determine license eligibility, and to administer and manage the licensing program.

Disclosure of a Social Security Number (or Individual Tax ID Number only for individuals without a social security number) is required by Minnesota Statutes 270C.72, and may be requested by and released to the Minnesota Commissioner of Revenue.

All other information contained in this application is public information pursuant to the Government Data Practices Act, Minnesota Statutes Chapter 13.

You have the right to see and obtain copies of the data maintained on you, including private data. You also have the right to be told the contents and meaning of the data, and to contest the accuracy and completeness of the data. You can exercise these rights by contacting the City Clerk's Office.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS LICENSE APPLICATION

I, (print name) _____, have read and understand the above information regarding my rights as a subject of government data. I further understand that the giving of false information as part of this application, regardless of when it is discovered, and/or failure to give required pertinent information can constitute cause for denial, suspension, or revocation of this business license. I give my consent for the City of Rochester to conduct a background investigation as authorized by RCO 125B.

Signature of Applicant Completing Affidavit _____ Date _____

Printed name of witness _____ Signature _____