



CITY OF THIEF RIVER FALLS

On-Sale Intoxicating Liquor License Application Addendum ****TEMPORARY****

- ☐ Attach a detailed drawing of the outside premises
- ☐ Applicant must submit a Certificate of Insurance specifically adding the approved outside premises to the applicant's liquor liability coverage.

LICENSEE NAME (Corp, Partnership, Individual)

LICENSEE ADDRESS (Street, City, State, Zip)

BUSINESS NAME/TRADE NAME

BUSINESS PHONE

HOME PHONE

BUSINESS ADDRESS

DATE OF EVENT: _____

HOURS: _____

I, hereby, under oath, state that the information contained in this application is true and correct to the best of my knowledge. I will notify the City of Thief River Falls immediately should any of the information in this application change. I further acknowledge that the falsification of any information contained in this application or willful omission will be cause for denial of the license or for revocation of a license which has been issued.

SIGNATURE OF APPLICANT

TITLE

DATE

STATE OF MINNESOTA)
) SS
COUNTY OF PENNINGTON)

On this _____ day of _____, _____, before me, a Notary Public within aforesaid County, the applicant personally appeared before me and is known to be the person who completed this application and acknowledge that said application was signed of applicant's own free will and accord.

Notary Public

_____ SIGNATURE OF APPLICANT	_____ TITLE	_____ DATE
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STATE OF MINNESOTA)
) SS
COUNTY OF PENNINGTON)

On this _____ day of _____, _____, before me, a Notary Public within aforesaid County, the applicant personally appeared before me and is known to be the person who completed this application and acknowledge that said application was signed of applicant's own free will and accord.

Notary Public