



CITY OF CEDAR RAPIDS, IOWA
APPLICATION & INFORMATION SHEET
FOR NEW & RENEWAL ALCOHOL LICENSES & PERMITS
(Answer all questions)

CLASS NEW RENEWAL _____ OUTDOOR SERV AREA _____
BEER _____ BEER/LIQUOR _____ LICENSE EXPIRES _____ EFFECTIVE DATE _____

BUSINESS

- 1. Full Name of Business _____ Business Phone _____
- 2. D/B/A _____
- 3. Business Address _____

APPLICANT

4. If this is a Corporation or Partnership Business, please answer the following:

(NOTE: Questions 4 through 16, below, must be answered for each of the following individuals.)

Names of Partners or Head of Corporation and Title

Names of Partners or Head of Corporation and Title

- A. _____ B. _____
- C. _____ D. _____

- 5. Full Name _____ Cell Phone _____
- 6. Home Address _____ Home Phone _____
- 7. E Mail Address _____ Aliases _____
- 8. Place of Birth _____ Date of Birth _____
- 9. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____
- 10. Naturalized? _____ Place _____ Date _____

11. Spouse's Full Name and Address _____

12. Have you or your spouse ever been charged or convicted of any crime, misdemeanor or felony, in any state _____

If yes, please list the following: Charge(s): _____ Date: _____

City _____ State _____ Disposition _____

(i.e. – Guilty, Not Guilty, Deferred Judgment, Dismissed)**IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, BE COMPLETE**

13. Do you owe any fines, fees, taxes, or judgments to the City of CR, Linn County, State of Iowa, or the U.S. Government? _____

14. Are there any liens from those entities in effect against you, your spouse, partner, or the business? _____

15. Names of Previous Employment and Business Enterprises:

Name Address Date

- A. _____
- B. _____
- C. _____

16. Places of residence (cities) for last 20 years before present address:

City Address Date

- A. _____
- B. _____

17. Have you or any of your employees, associates or partners ever been charged with any violation/infraction in reference to operating or running a business where alcoholic beverages are sold in any State? If yes, please list the name and address of that establishment:

List the Violation/Infraction: _____

Date: _____ Disposition: _____

18. Do you have any employees who have been convicted of any felony, liquor violation, gambling or morals charges? _____ If yes, names _____

19. Please list any employees, full or part-time, who have had a misdemeanor or felony conviction in any state. List name, DOB, charge, city and state of jurisdiction where conviction occurred. (Note: you are required to notify the City Clerk's Office of any future employee's information who may fall into this category. Failure to do so may result in a suspension or revocation of the liquor license.) **IF ADDITIONAL SPACE IS NEEDED, ATTACH A SEPARATE SHEET, BE COMPLETE** _____

20. Owner of Property or Holder of Title _____

21. Address of Property Owner of Title Holder _____

22. Deed is recorded in Volume _____ Page _____

23. Expiration date of lease, if any _____

24. Is there a clause in the deed to the property prohibiting the sale of beer or liquor? _____

25. Is the property within 300 feet of a Church or School? _____

26. Are you seeking an exemption from the Council in regards to distance from a church or school? If so explain why? _____

27. If applying for an Outdoor Service area, have you applied for a Conditional Use Permit? _____

28. Is the property zoned appropriately for the sale of alcohol? _____

29. Have you or any business partners, employees or associates ever applied for a liquor license in the State of Iowa before? _____ If yes, please list the name and address of that establishment.

Trade Name Address Date

- A. _____
B. _____

30. Have you ever been fingerprinted? _____ If yes, state Date and Reason:

- A. _____ B. _____
C. _____ D. _____

31. Have you or your spouse ever had a Beer or Liquor License denied, suspended or revoked? _____

32. Is there a mortgage, lien or loan on fixtures in this building? _____

33. Names of any other individuals, corporation officers, directors, stockholders, agents or employees that have any financial interests in this business:

Name Address Percent Ownership Name Address Percent Ownership

- A. _____ B. _____
C. _____ D. _____

MANAGER

34. Full Name _____ Cell Phone _____

35. Home Address _____ Home Phone. _____

36. E Mail Address _____ Aliases _____

37. Height _____ Weight _____ Color of Eyes _____ Color of Hair _____

38. Naturalized? _____ Place _____ Date _____

39. Spouse's Full Name and Address _____

40. Have you ever been convicted of a felony? _____ your spouse? _____
Where? _____ Charge? _____

41. Have you ever served time in a penitentiary? _____

42. Have you ever been convicted of any liquor violation (including OWI violation), gambling or morals charges? _____
If yes, what and where? _____

APPLICANT

- 43. For all new applicants, and when changes to the floor plan have occurred, furnish a sketch with measurements showing entrances, exits, bar, openings to other rooms, fire exits, and stairs up and down, rest room facilities, kitchen areas, and storage rooms.
- 44. Do you fully understand that any falsifications made hereinbefore will constitute grounds for revocation of your alcohol license or permit? _____
- 45. I authorize the City Clerk's Office and Cedar Rapids Police Department to examine any and all criminal history records and driving records held by the State of Iowa and FBI as necessary. _____

STATE OF IOWA)
) SS
 COUNTY OF LINN)

I, (or we) _____
 (If a corporation, this affidavit should be made by an officer thereof), being first duly sworn, upon oath depose and say that I (or we) am (or are) the proponent(s) of the foregoing information, and that the statements made and answers given above are true.

 Signature of Applicant(s)

Subscribed and sworn to before me by

 Signature of Applicant(s)

 This _____ day of _____, 20_____

 Notary Public

 CR Police Dept.