MASTER

APPLICATION FOR NEW RETAIL LIQUOR LICENSE, WINE OR BEER PERMIT

Iowa Department of Commerce
Alcoholic Beverages Division
1918 SE Hulsizer Road
Ankeny, Iowa 50021-3948

515-281-7430 • 1-800-831-1393

MASTER APPLICATION

Instructions: *Complete this Master Application and the Addendum specific to the type of license/permit for which you are applying.* ***Answer all questions*** *even though you feel the requested information is not important or does not apply to you. The Application and Addendum ask only for that information which is necessary to determine whether or not you and your proposed premises meet legal licensing requirements.*

Applications will not be processed unless all applicable questions are fully answered and all supporting documents correspond exactly with the legal name of the applicant.

♦ TYPE OR PRINT IN BLACK INK ♦

1. APPLICANT INFORMATION

Legal Name of Applicant (Sole Proprietorship, Partnership, Corporation, etc.)		
Name of Business (DBA)		
Street Address of Proposed Licensed Premises		
City	State	Zip Code
Business Phone #	Home Phone #	
Mailing Address (include name)		
City	State	Zip Code

2. MANAGER OR CONTACT PERSON (REQUIRED)

Name	Phone #

3. TAX INFORMATION

Federal Employer ID#	Federal Tax Stamp/Basic Wholesaler's Permit #	Iowa Sales Tax #

4. PREVIOUS LICENSEE/PERMITEE

Name	License/Permit #

5. STATUS OF BUSINESS

Indicate how your business will be operated:

- ☐ Sole Proprietorship: List spouse (even if spouse owns 0% interest). If not married, write "No Spouse."
- ☐ General Partnership: List all partners.
- ☐ Limited Partnership: List all general partners and limited partners.
- ☐ Limited Liability Partnership: List all general partners and limited liability partners.
- ☐ Privately-held Corporation: List all officers, directors and shareholders.
- ☐ Publicly-traded Corporation: List all officers and directors; also, list all shareholders owning 10% or more stock.
- ☐ Limited Liability Company: List all members, managers and assignees of membership.
- ☐ Non-profit Association: List Board of Governors or principals.
- ☐ Other: (specify) _____: List principals

6. OWNERSHIP

6-1. List below all persons having financial interest or control in the business. (Refer to the box you have checked in section **5** for the persons who must be listed.)

Name	Complete Home Address (Include City, State & Zip)	Position (as owner, spouse, partner, director, etc.) List SS# for each.	US Citizen (yes or no)	Date of Birth M	D	Y	Percent of Ownership
		SS #					0.00%
		SS #					0.00%
		SS #					0.00%
		SS #					0.00%
		SS #					0.00%
		SS #					0.00%
		SS #					0.00%

You must show 100% ownership of the business. Failure to list all interested parties is unlawful and constitutes grounds for denial or revocation of the license. (Attach additional sheets, if necessary.)

Total 0.00%

=100%

6-2. Corporation, Limited Liability Company, Limited Partnership, Limited Liability Partnership:
Iowa Certificate Number _____(Required)

The following questions apply to the applicant named in section **1** and all persons listed in section **6-1**. Each question applies to businesses located within and outside Iowa. **Include detailed explanations for all yes responses on an attached sheet.**

6-3. ☐ Y ☐ N Do you have a direct or indirect interest in any other liquor, wine or beer retail licenses? If yes, give name and address of each business.

6-4. ☐ Y ☐ N Do you have a direct of indirect interest in any liquor, wine or beer manufacturer, bottler, importer or wholesaler licenses? If yes, give name and address of each business and percent of ownership.

6-5. ☐ Y ☐ N Does any liquor, wine or beer manufacturer, bottler, importer or wholesaler have a direct or indirect interest in your business? If yes, give name and address of business and percent of ownership.

6-6. ☐ Y ☐ N Has any liquor, wine or beer manufacturer, bottler, importer or wholesaler paid all or part of your license fee? If yes, give name and address of business and amount received.

6-7. ☐ Y ☐ N Have you received any loan, credit, money, gift or equivalent from any liquor, wine or beer manufacturer, bottler, importer or wholesaler? If yes, give name and address of business and amount received.

6-8. ☐ Y ☐ N Does any liquor, wine or beer manufacturer, bottler, importer or wholesaler own or have an interest in any furnishings, fixtures or equipment used in your business? If yes, give name and address of business and list of furnishings, fixtures and equipment.

6-9. ☐ Y ☐ N Are you or any of your employees, agents or representatives also employed by a liquor, wine or beer manufacturer, bottler, importer, or wholesaler? If yes, give name and address of each person and employer.

7. CRIMINAL HISTORY

The following questions apply to the applicant named in section **1** and all persons listed in section **6-1**. Each question applies to criminal histories for all persons, within and outside Iowa. **Include detailed explanation for all yes responses on an attached sheet.**

7-1. ☐ Y ☐ N Have you ever been convicted of a felony offense in Iowa or any other state of the United States? If yes, list in section **7-3.**

7-2. ☐ Y ☐ N Are there any arrests, indictments or summonses pending against you? If yes, list in section **7-3.**

7-3. List below all arrests, indictments, summonses, convictions and deferred judgments of ***ALL*** violations of any state, county, city, federal or foreign government for the applicant listed in section **1** and all persons listed in section **6-1**. All information must be reported regardless of the disposition, even if dismissed or expunged. Include pending charges. ***DO NOT*** include minor traffic violations, except those which are alcohol-related. ***(Attach an additional sheet, if necessary.)***

Name	Date of Arrest	Charge	*Disposition of Arrest	Location of Court (County, State, Federal)	Citizenship Lost? (yes/no)

Attach copy of the Disposition of the Court for each violation noted. Attach copy of Restoration of Citizenship where loss of citizenship is indicated. If there are no arrests, indictments, summonses or convictions, write "NONE."

8. PREMISES

Indicate how you have control of the premises:

☐ Own ☐ Lease ☐ Other (explain in detail) _____

If you have indicated Lease or Other, complete the following:

Name of Tenant

Name of Landlord | Landlord Phone #

City | State | Zip Code

Indicate Lease Dates (include month day and year):

From _____ to _____

Submit signed copy of lease/rental agreement for license period or signed final sales contract or warranty deed.

9. INSPECTIONS

Iowa law requires the applicant named in section **1** and all persons named in section **6-1** to give consent to the following individuals to enter areas of the premises where alcoholic beverages are stored, served, or sold, without a warrant, during business hours to inspect for violations of the laws and rules governing the license or permit: members of the fire, police, and health departments and the building inspectors of cities, the county sheriff, deputy sheriffs, members of the department of public safety, representatives of the division and the department of inspections and appeals, certified police officers and any official county health officer.

. ☐ Y ☐ N As a condition to the issuance of the license/permit, do you agree to grant such consent for the duration of the license period?

10. SIGNATURES

The Master Application must be signed by the ***applicant*** (named in section **1** or a person listed below who has been named in section **6-1**) and the ***preparer*** if the Application and accompanying Addendum are not completed by the applicant. ***Stamped signatures are not acceptable.***

Who must sign as applicant:
Sole Proprietorship - Individual; General Partnership - Partner; Limited Partnership - General Partner; Limited Partnership - General Partner; Privately-held Corporation - Officer; Publicly-traded Corporation - Officer; Limited Liability Company - Officer or Manager; Non-profit Association - Principal

APPLICANT

I hereby declare that all information contained in the Master Application and accompanying Addendum is true and correct. I further declare that I have completed the Application and Addendum entirely by myself, unless it is also signed by a Preparer. I understand that misrepresentation of material fact in the Application or Addendum is a serious misdemeanor crime and grounds for denial of the license or permit under Iowa law.

_____ _____
Applicant's Signature Date

Notary

State of _____

County of _____

Signed and sworn to before me on _____
Date

by _____
Print Name of Applicant

_____
Signature of Notary

My commission expires: _____

PREPARER

I declare that I have examined this Master Application including accompanying Addendum and to the best of my knowledge and belief, all information is true, correct and complete. I further declare that I have reviewed the information contained in the Application and Addendum with the applicant.

_____ _____

Preparer's Signature Date

_____

Title

Reset Print Form

This document is an open record. Information contained in this document may be disclosed without prior notice to or permission from the subject. See ***Iowa Code*** *chapters 22 and 123; see, also, 185* ***Iowa Administrative Code****, ch. 18.*