

To be filled out by each Off-Sale Intoxicating Liquor license owner/partner/corporate officer with >5% stock, and establishment manager

**AFFIDAVIT**

STATE OF MINNESOTA

COUNTY OF \_\_\_\_\_

BEFORE ME, a Notary Public, personally appeared \_\_\_\_\_, who, after being duly sworn, testifies and states as follows:

1. I am making this Affidavit in connection with an application for an Off-Sale Intoxicating Liquor License for (store name): \_\_\_\_\_, located at \_\_\_\_\_

2. I do not have any affiliation, financial or otherwise, in any other intoxicating liquor license in the City of Maplewood.

\_\_\_\_\_  
Signature of Applicant

Date \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_