

Liquor License Application

Dear Applicant,

Thank you for your interest in obtaining a liquor license in the City of St. Louis Park. All city application materials must be completed and received before your application can be processed. Upon receipt of your completed application, the Police Department will conduct an investigation.

After the investigation is complete, a date is set for the city council to hold a public hearing where they will take action to approve or deny the license. Once that date is set, city ordinance requires that a public hearing take place and that a meeting notice be published at least 7 days prior to that hearing. Please be aware that the entire approval process can take 4 to 10 weeks to complete.

This application packet includes forms you need to complete. There are also a number of items you need to provide as supporting documentation to your application. A checklist of the materials you must provide with your application is included to help you in organizing your application. Incomplete applications will not be accepted. License fee information is also included.

A non-refundable investigation fee of \$500.00 is due at the time the application is filed. The license fee can be paid with your application or upon approval of the license by the city council.

In addition to licensing, establishments must comply with local zoning regulations. Please contact the Community Development department at (952) 924-2575 to make arrangements to discuss these requirements with a staff member. A form verifying that you have contacted our Community Development staff is required and is part of this packet.

If you have questions about our ordinance, these forms or the city's process for consideration of your application, please feel free to contact my office at 952-924-2505.

Sincerely,

Melissa Kennedy
City Clerk
Amanda Scott-Lerdal
Deputy City Clerk



Liquor License Fees 2026

Liquor License Type:	2026 Fees Effective 3/1/2026
Brewpub Off-sale Malt Liquor	\$200
Brewers Off-sale Malt Liquor	\$200
Microdistillery Off-Sale	\$200
Off-sale 3.2 Malt Liquor	\$200
Off-sale Intoxicating Liquor	\$380
Off-sale Intoxicating Liquor fee per M.S. 340A.408 Subd.3(c)	\$280
On-sale Brewer's Taproom	\$600
On-sale Cocktail Room	\$600
On-sale 3.2 Malt Liquor	\$750
On-sale Intoxicating Liquor	\$8,750
On-sale Sunday Liquor	\$200
On-sale Wine	\$2,000
Club (per # members)	
1 - 200	\$300
201 - 500	\$500
501 - 1000	\$650
1001 - 2000	\$800
2001 - 4000	\$1,000
4001 - 6000	\$2,000
6000+	\$3,000
Temporary On-sale Liquor	\$100/day

Background Investigation	Fee
New License Applicant (non-refundable)	\$500 in-state applicant; actual costs for out-of-state applicant may be billed up to a maximum of \$10,000.
New Store Manager	\$500
On-sale license renewal per 340A.412 Subd. 2	\$500

**CITY OF ST. LOUIS PARK
LIQUOR LICENSE APPLICATION
CHECKLIST OF REQUIRED APPLICATION MATERIALS**

The following materials must be submitted to the City Clerk for consideration of your Liquor License application:

- ☐ Completed Part I – General Information Form
- ☐ Premises Floor Plan detailing total square footage, # of indoor seats, # of outdoor seats
- ☐ Fully executed lease and/or purchase agreement for the premises
- ☐ Corporate Information (if applicable)
 - Articles of Incorporation and By-Laws
 - List of stockholders and number of shares held
 - Source of funds
 - Partnership agreements (if applicable)
- ☐ Certification of Liquor Liability Insurance covering entire license period *(not required for culinary class license)*
- ☐ Certification of Worker's Compensation Compliance
- ☐ Zoning Verification with Community Development Dept. (Gary Morrison 952-924-2592)
- ☐ Brewery applicants - Copy of MN Malt Beverage Manufacturing License
- ☐ Completed STATE application from the MN DPS, Alcohol & Gambling Division
 - Download appropriate application, based on license type (off-sale, wine, on-sale, etc.), here: <https://dps.mn.gov/divisions/age/forms-documents>

EACH owner, officer, partner, and manager must submit the following:

- ☐ Signed and dated Information Advisory/Authorization for Release of
- ☐ Information Completed Part II - Personal Information form
- ☐ Completed References - Personal and Business

Person responsible for operations at the establishment (Individual owner, managing officer or store manager) must also submit:

- ☐ Completed personal financial statement
- ☐ Certificate of Search (Docket Clearance) from:
 1. Civil/Criminal US District Courthouse (**Call 612-664-5000 to obtain**)
 2. US Bankruptcy Court (**Call 612-664-5200 to obtain**)
- ☐ Investigation Fee of \$500.00
- ☐ License Fee \$ _____ (depends on type of license & time of the year)

Additional Other Requirements:

- ☐ Applied for city Certificate of Occupancy & Land Use Registration Application (**Building & Energy Dept.**)
- ☐ Applied for county food & beverage license (**Hennepin County, 612-543-5200**)
- ☐ Applied for state Retailer's (Buyer's) Card (**Alcohol & Gambling Division 651-201-7507**)
 - Download application here: <https://dps.mn.gov/divisions/age/forms-documents>

Please note - incomplete applications will not be accepted and will delay consideration of your license.

PART 1 - GENERAL INFORMATION

Specify Type of License:

- | | | |
|--|---|---|
| ☐ ON-SALE Intoxicating | ☐ ON-SALE Sunday | ☐ ON-SALE Wine (includes Sunday) |
| ☐ ON-SALE 3.2 Malt Liquor | ☐ Club | ☐ Brewer OFF-SALE Malt Liquor |
| ☐ OFF-SALE Intoxicating | ☐ OFF-SALE 3.2 Malt Liquor | ☐ Brewpub OFF-SALE |
| | ☐ ON-SALE Culinary Class | ☐ Brewer Taproom ON-SALE |

Specify Type of Business:

- | | | |
|--|--------------------------------------|--------------------------------------|
| ☐ Individually owned/operated | ☐ Corporation | ☐ Partnership |
|--|--------------------------------------|--------------------------------------|

Applicant Information

Licensee Name

Trade Name or DBA

License Location (full address)

License Location Phone

MN Tax ID No.

Federal Tax ID No.

Complete the following information for Store Manager, MN Mgr Officer and each Officer or Partner:
(attach additional sheets if necessary –Part II form must be submitted for individuals listed below)

First, Middle, Last Name	DOB	Title	Percent Interest	Full Address

Corporation Information

Date of Incorporation _____ State Incorporated In _____ Amount Paid in Capital _____

If a subsidiary of any other corporation, give name and purpose of incorporation:

If incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? ☐ Yes ☐ No (Attach Articles of Incorporation and By-laws)

Premises Information

Describe premises to which license applies and submit a **copy of the floor plan** with the following information:

1. The floor number, general area, and all rooms identified and labeled where intoxicating liquor or wine is to be sold, consumed, and stored.
2. The square feet and dimensions of each area indicated on the floor plan.
3. The number of persons intended to be served in said rooms.
4. If outdoor seating - Identify fencing, barriers, gates/access points, etc

Indoor Seating - Number of seats _____ Outdoor Seating: ☐ No ☐ Yes - Number of seats _____

How are the premises classified under the St. Louis Park Zoning Ordinance?

Are you a Brewer? ☐ No ☐ Yes

If yes, do you produce less than 3,500 barrels of malt liquor per year? ☐ Yes ☐ No

If yes, will the malt liquor sold for consumption on site be produced on the licensed premises? ☐ Yes ☐ No

If yes, please provide a copy of your MN malt beverage manufacturing license

Name and address of building owner (if other than applicant):

Does the building owner have any other connection, directly or indirectly, with applicant? ☐ Yes ☐ No

Summarize terms of lease – years, monthly rent, etc. (*attach copy of lease agreement*):

If premise is owned by applicant (*attach purchase agreement*), summarize as follows:

Date Purchased	_____	From whom	_____
Purchase price	_____	Down payment	_____
Mortgage or contract for deed holder	_____		
Term of mortgage/contract for deed	_____		
Interest rate on mortgage/contract for deed	_____		
Rate at which mortgage or contract is being liquidated	_____		
Are payments current?	_____	If not, explain fully:	_____

Is the premise located within 300 feet of any school or place of worship? ☐ Yes ☐ No

(*Distance measured as a straight line from the property line of the site to receive the proposed license to the property line of the school or place of worship*)

Does any person other than the applicant have any right, title, or interest in the furniture, fixtures or equipment for which the license is applied? ☐ Yes ☐ No (If yes, give names and details)

Are taxes, assessments and other financial claims of the city current for the premises? ☐ Yes ☐ No

Will a food establishment be operated in conjunction with this liquor license? ☐ Yes ☐ No

Insurance Information

Give name, address and phone number of liquor liability insurance agent:

(Attach Liquor Liability Certificate)

Applicants are required to demonstrate minimum liquor liability insurance coverage in the amount of \$50,000/person; \$100,000/more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support, and providing 30-day notice of cancellation.

The certificate holder shall be the City of St. Louis Park and the policy expiration date shall be the last day of February, annually, or "continuous until cancelled".

Worker's Compensation Insurance _____

Company Policy Number _____

Dates of Coverage _____

(Attach Certificate of Worker's Compensation Compliance Form)

"I certify that I have read all of the questions and the answers are true and correct of my own knowledge."

Signature of Applicant

Date

Liquor Liability Insurance Requirements

City Code Sec. 3-61. Liability insurance.

All applicants for a liquor license must, as a condition to the issuance of such license or permit, demonstrate to the city proof of financial responsibility with regard to liability imposed by M.S.A. § 340A.801, by providing proof of liquor liability and workers' compensation insurance coverage.

(1) *Liability.* Proof of financial responsibility shall be given by filing one of the following:

- a. A certificate stating that there is in effect for the license period an insurance policy issued by an insurer required to be licensed under M.S.A. 60A.07, subd. 4, or by an insurer recognized as an eligible surplus lines carrier pursuant to M.S.A. § 60A.206, or pool providing at least the insurance coverage amounts as required by M.S.A. § 340A.409.
- b. A certificate of the commissioner of finance stating that the licensee has deposited with the commissioner of finance cash or securities which may legally be purchased by savings banks or for trust funds having a market value in an amount required by M.S.A. § 340A.409.

(2) *Dram shop.* An annual aggregate policy limit for dram shop insurance of not less than the amounts as required by M.S.A § 340A.409 may be included in the policy provisions.

(3) *Workers' compensation insurance.* The policy limits for workers' compensation insurance shall be as provided for by state law.

(4) *Additional requirements.* For purposes of subsection (1) of this section, the city shall be named as an additional insured on the liability insurance policy. The liability insurance required by subsection (1) of this section must provide that such liability insurance may not be canceled for the following:

- a. Any cause, except for nonpayment of premium, by either the insured or the insurer unless the canceling party has first given 30 days' notice in writing to the city of their intent to cancel the policy; and
- b. Nonpayment of the premium unless the canceling party has first given ten days' notice in writing to the city of their intent to cancel the policy.

The insurance limits outlined in this section shall be effective for license renewals and immediately on any new license applications.

Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL
BUSINESS TYPES**

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE
FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032.

- ☐ I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- ☐ I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- ☐ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- _____
- ☐ Other: _____.

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

DATE (MM/DD/YYYY)

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
INSURED Licensee name and trade name WITH ADDRESS OF ESTABLISHMENT must appear here exactly as on the MN state renewal form, including spelling and punctuation	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

REVISION NUMBER:

INSR LTR	TYPE OF INSURANCE		ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY							EACH OCCURRENCE	\$
	☐	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$
	☐	CLAIMS-MADE	☐					MED EXP (Any one person)	\$
	☐							PERSONAL & ADV INJURY	\$
	☐							GENERAL AGGREGATE	\$
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$
	☐	POLICY	☐	PRO-JECT	☐				\$
	☐	LOC							
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$
	☐	ANY AUTO						BODILY INJURY (Per person)	\$
	☐	ALL OWNED AUTOS	☐	SCHEDULED AUTOS				BODILY INJURY (Per accident)	\$
	☐	HIRED AUTOS	☐	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$
	☐		☐						\$
	☐	UMBRELLA LIAB	☐	OCCUR				EACH OCCURRENCE	\$
	☐	EXCESS LIAB	☐	CLAIMS-MADE				AGGREGATE	\$
	☐	DED	☐	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY							WC STATU-TORY LIMITS	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		☐	N / A				E.L. EACH ACCIDENT	\$
	If yes, describe under DESCRIPTION OF OPERATIONS below							E.L. DISEASE - EA EMPLOYEE	\$
								E.L. DISEASE - POLICY LIMIT	\$
	Liquor Liability								

**St. Louis Park's annual liquor license term is 2/28 through 3/1.
Policy must be effective from current date until 3/1/2027 at
minimum and include language of CONTINUOUS UNTIL CANCELLED**

CANCELLATION

City of St. Louis Park Office of the City Clerk 5005 Minnetonka Blvd. St. Louis Park, MN 55416	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

Liquor License Application Zoning Verification

Directions:

Complete the first part of this form, and then submit only this form to the St. Louis Park Zoning Official for review and approval. Do not submit the entire liquor license application.

Site Address: _____

Applicant Name: _____

Applicant Phone: _____

Alternate Phone: _____

The License is for:

- | | | |
|--|---|---|
| ☐ ON-SALE Intoxicating | ☐ ON-SALE Sunday | ☐ ON-SALE Wine (includes Sunday) |
| ☐ ON-SALE 3.2 Malt Liquor | ☐ Club | ☐ Brewer OFF-SALE Malt Liquor |
| ☐ OFF-SALE Intoxicating | ☐ OFF-SALE 3.2 Malt Liquor | ☐ Brewpub OFF-SALE |
| | ☐ ON-SALE Culinary Class | ☐ Brewer Taproom ON-SALE |

Provide a brief description of the business: _____

Applicant Signature: _____

Date: _____

For Office Use Only

The site is zoned: _____

The use and license as described above is:

☐ **Approved Per Zoning.** It is either a permitted use, or has an approved conditional use permit.

☐ **Not Approved Per Zoning.** The license application cannot be approved because:

☐ It is a permitted use, but it does not meet the following City Code requirements:

1. _____
2. _____

It is a Conditional Use, and the site does not have an approved Conditional Use Permit.

☐ Off-Sale liquor- less than 1,000 feet from property line of a pawnshop, currency exchange, payday loan agency, firearms sales or sexually-oriented business

☐ Off-Sale & On-Sale Intoxicating liquor - less than 300 feet from school or place of worship

Zoning Official Signature: _____ Date: _____

CITY OF ST. LOUIS PARK

INFORMATION ADVISORY AND AUTHORIZATION
FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background which may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide background for the investigation of license applicants required by City Ordinance. Providing the information will assist the police department in preparing an investigative report for the city council's review. The investigative report is given to the city council and is used when granting or denying the license. All information provided in that report becomes part of the public record and is available to any interested individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the city council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of St. Louis Park unless the conviction is directly related to the matter for which the license is sought, according to Minnesota Statute §364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

* * * * *

"I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the release to the City of St. Louis Park of any information about my business and financial affairs which may be requested from any firm relative to my financial background. I also authorize the City of St. Louis Park to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license."

Signature of Applicant

Date

Print Full Name of Person Signing

**ST. LOUIS PARK LIQUOR LICENSE APPLICATION
PART II - PERSONAL INFORMATION**

This form must be completed by an individual owner, by each partner or officer, the Minnesota Managing Officer and the Store Manager.

1. Complete Full Name (last, first, middle) _____

List any other names used _____

2. Date of Birth (month, day, year) _____

3. Relation to the Applicant Business: ☐ Individual Owner ☐ Partner ☐ Officer
☐ MN Managing Officer ☐ Store Manager

4. Home Street Address _____

City, State, Zip _____

Home Phone _____

Work Phone _____

E-mail address _____

Driver's License No. _____

5. Marital Status: _____ Single _____ Married _____ Widowed _____ Divorced _____ Separated

6. If married, name of spouse and address (if different from Question 4 above) _____

7. Occupation(s) during the past five years, including dates, type, general duties, and location.
(Attach additional pages, if necessary)

Date	Type	Duties	Location

8. Name and address of each employer during the past five years (Attach additional pages if necessary)

Name	Address	Date

9. Have you or your spouse ever engaged in operating a liquor establishment? _____ Yes _____ No
If yes, when, where, and for how long? _____

10. Have you or your spouse ever been arrested or convicted for any misdemeanor, gross misdemeanor, or felony in this or any other state? _____ Yes _____ No If yes, give dates and details _____

11. Have you or your spouse ever been arrested or convicted for any liquor law violation in this or any other state? _____ Yes _____ No If yes, give dates and details _____

12. Have you or your spouse ever had a liquor license revoked or suspended for violation of any law related to liquor? ____ Yes ____ No If yes, give dates and details _____

13. Do you or your spouse have any interest, directly or indirectly, in any liquor establishment in the State of Minnesota? ____ Yes ____ No If yes, give name and address of each establishment together with type of interest held _____

14. Provide three (3) Personal References and three (3) Business References (Page 11 & 12 of application).

Other licensing: (If the answer is "yes," please explain on line below each question)

15. Have you ever failed to file Federal or State income tax records? ____ Yes ____ No

16. Have you ever had a sales or use tax permit revoked? ____ Yes ____ No

17. Have you ever had any other license or permit revoked, denied, or canceled? ____ Yes ____ No

18. Have you ever failed to submit reports or pay taxes to any agency? ____ Yes ____ No

19. Financial interest in any other liquor activity or business.

Types of interest held:

a) Invested or loaned money, have an option to purchase, or have a contract for service to any other liquor facility or activity. ____ Yes ____ No If yes, please explain _____

b) Have ownership interest in equipment being leased or otherwise provided to any liquor facilities. ____ Yes ____ No If yes, please explain _____

c) Have an investment or ownership in any business involved in any of the activities listed in a) or b) above. ____ Yes ____ No If yes, please explain _____

d) Do you receive any revenue or payments or money from any person who is involved in the activities listed in a) or b) above, or is the result of the operation of a liquor establishment? ____ Yes ____ No If yes, please explain _____

(use additional sheets of paper if more explanation is needed than space is provided)

"I certify that I have read all of the above questions on pages nine (9) and ten (10) and the answers are true and correct of my own knowledge."

Signature of Applicant

Title

Date

**CITY OF ST. LOUIS PARK
PERSONAL REFERENCES
IN SUPPORT OF LIQUOR LICENSE APPLICATION**

Re: _____
(Individual applicant's name, not business name)

Provide three PERSONAL references:

1. Name _____
Residence Address _____
City, State, Zip Code _____
Phone Number _____

2. Name _____
Residence Address _____
City, State, Zip Code _____
Phone Number _____

3. Name _____
Residence Address _____
City, State, Zip Code _____
Phone Number _____

**CITY OF ST. LOUIS PARK
BUSINESS REFERENCES
IN SUPPORT OF LIQUOR LICENSE APPLICATION**

Re: _____
(Individual applicant's name, not business name)

Provide three BUSINESS references:

1. Name _____
 Business Name _____
 Business Address _____
 City, State, Zip Code _____
 Phone Number _____

2. Name _____
 Business Name _____
 Business Address _____
 City, State, Zip Code _____
 Phone Number _____

3. Name _____
 Business Name _____
 Business Address _____
 City, State, Zip Code _____
 Phone Number _____

CITY OF ST. LOUIS PARK
PERSONAL FINANCIAL STATEMENT
AS OF _____

Name _____
 Address _____
 City, State, & Zip _____
 Organization _____

Telephone _____

<u>Assets</u>	<u>Liabilities</u>
Cash on hand in Banks	Installment Loans (indicate lender and balance)
Savings Accounts	a.
Retirement Funds	b.
Cash Value of Life Insurance	c.
Stocks and Bonds	d.
Real Estate	Loans on Life Insurance
Automobile – present value	Mortgages on Real Estate
	(indicate lender and bal.)
Other Personal Property	a.
a.	b.
b.	Unpaid Taxes
c.	Other Liabilities (list lender and balance)
	a.
	Total Liabilities
	Net Worth
Total Assets	Total (must equal total assets)

Income	
Wages	_____
Investment Income	_____
* Other Income	_____
	* Alimony or child support payment need not be disclosed in "other income" unless it is desired to have such payments counted toward total income.
Total Income	=====

The City of St. Louis Park is authorized to make all inquiries deemed necessary to verify the accuracy of the personal financial statements and determine creditworthiness.

I/We certify the person financial statement is a true and accurate statement of financial condition as of the date stated.

Signature _____	Social Security Number _____	Date _____
Signature _____	Social Security Number _____	Date _____