



**County Auditor
Cerro Gordo County Courthouse**

220 N. Washington Ave.
Riley Dirksen, Auditor
www.cgcounty.org

Mason City, IA 50401-3254

PH: (641) 421-3028
FAX: (641) 421-3139

LIQUOR LICENSE APPLICATION

I/We do hereby make application for a Class _____ Liquor License or a _____ Class B Wine Permit.

Effective date _____

1. Applicant Name _____ Phone _____

Applicant Name _____ Phone _____

Applicant Email Address _____

2. Name of Business _____ Bus. Phone _____

3. Complete Street Address of Business _____

City _____ Zip Code _____ County _____

4. Complete Mailing Address of Licensee or Permittee _____

City _____ Zip Code _____ County _____

REQUIRED SIGNATURES

County Sheriff Approved Denied _____
Date

County Attorney Approved Denied _____
Date

To the best of my knowledge, the above information is true and correct.

Applicant Signature

Date

Applicant Signature

Date

LIQUOR LICENSE APPLICATION SUPPLEMENTAL QUESTIONNAIRE

1. Have you ever been convicted of a crime? Yes No If yes, explain below.

2. Do you possess a Federal gambling stamp? Yes No

3. Have you ever had a liquor control license, wine permit, or beer permit revoked? Yes No
If yes, when and under what circumstances?

4. Does your spouse hold 10% or more of your capital stock, or does he/she have a 10% or greater interest in your business? Yes No

5. If you answered yes to #4, has your spouse ever had a liquor control license, wine permit, or beer permit revoked? Yes No If yes, when and under what circumstances?

6. Do you have a business associate who holds 10% or more of your capital stock, or do you have a business associate who has a 10% or greater interest in your business? Yes No

7. If you answered yes to #6, has your business associate ever had a liquor control license, wine permit, or beer permit revoked? Yes No If yes, when and under what circumstances?

8. Are you a resident of the state of Iowa? Yes No

9. Are you licensed to do business in the state of Iowa? Yes No

10. Are you a citizen of the United States? Yes No

I submit the above information to the Cerro Gordo County Board of Supervisors and request favorable endorsement of this application. I further state that the above information is true, correct, and complete, and that I comply with all provisions of the Code of Iowa that pertain to this application.

Applicant Signature

Date

Applicant Signature

Date

Questions? Contact Tracie Siemers at (641)421-3041 or tziemers@cgcounty.org