



**County Auditor
Cerro Gordo County Courthouse**

220 N. Washington Ave.
Adam Wedmore, Auditor
www.cerrogordo.gov

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

| | | | |
|-----------------|-----------------------------------|---------------------------------|-------|
| _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | _____ |
| County Sheriff | | | Date |
| _____ | <input type="checkbox"/> Approved | <input type="checkbox"/> Denied | _____ |
| County Attorney | | | 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

| | | |
|--|---|---|
| Have you ever been convicted of a crime? If yes, please explain: _____ | Y | N |
| Do you possess a Federal gambling stamp? | Y | N |
| Have you ever had a liquor control license, wine permit, or beer permit revoked? If yes, when and under what circumstances? _____ | Y | N |
| Does your spouse hold 10% or more of your capital stock, or does he/she have a 10% or greater interest in your business? If yes, has your spouse ever had a liquor control license, wine permit, or beer permit revoked? If yes, when and under what circumstances? _____ | Y | N |
| 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? If yes, has your business associate ever had a liquor control license, wine permit, or beer permit revoked? If yes, when and under what circumstances? _____ | Y | N |
| Are you a resident of the state of Iowa? | Y | N |
| Are you licensed to do business in the state of Iowa? | Y | N |
| Are you a citizen of the United States? | Y | N |

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