



**County Auditor
Cerro Gordo County Courthouse**

220 N. Washington Ave.
Adam Wedmore, Auditor
www.cerrogordoauditor.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 tsiemers@cgcounty.org