City of New Ulm

City Finance Director
100 North Broadway *Telephone: (507) 359-8259*
New Ulm, Minnesota 56073 *Fax: (507) 359-8219*
Email: Nicolej@newulmmn.gov *Web Site: www.ci.new-ulm.mn.us*

DATE: _____ DRIVER'S LICENSE ATTACHED _____

The following named individual has made application for a Liquor License/Permit, General License, Peddler or Transient License with the City of New Ulm.

Last Name of Applicant (please print): _____

First Name of Applicant (please print): _____

Middle Name of Applicant (please print): _____

Maiden, Alias or Former (please print):_____

Date of Birth:_____
(Month/Day/Year)

Social Security Number (optional): _____

I authorize the Minnesota Bureau of Criminal Apprehension and the County of Brown to disclose all criminal history record information to the City of New Ulm Finance Director Office for the purpose of determining suitability for a Liquor License/Permit, General License, or Transient License with the City of New Ulm.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

_____ _____
Signature of Applicant **Date**

State of Minnesota
County of Brown

Subscribed and sworn before me this _____ day of _____, 20____.

_____
Notary Public
My Commission expires: _____ *(seal)*