

375 Jackson Street, Suite 220 Saint Paul, MN 55101-1806 Tel: 651-266-8989 | Fax: 651-266-9124

Affidavit Insurance Waiver for New Applicant

l,	hereby state that my business,	
Individual/Partner/	Corporation Officer	
located at		doing business as
Business Addres	s	-
(DBA)	would like to b	oe licensed to sell Off Sale 3.2 Percent
Business Name Malt Liquor and anticipate upcoming year.	sales of less than fifty thousand (\$50,000.	.00) of 3.2 percent malt liquor for the
Print Name	 	