



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 / Website: www.anokaminnesota.com

CITY OF ANOKA SOCIAL DISTRICT LICENSE NEW APPLICATION

ANNUAL FEES: Fees for licenses are set annually by the Anoka City Council through adoption of a Master Fee Schedule.

Annual Fee: \$25.00 (NO INVESTIGATION FEE CHARGED)

NOTICE: This license is available only to holders of an On-Sale Intoxicating Liquor License or On-Sale Wine License and whose On-Sale License premise is contiguous with the designated premises of the City's Social District.

This application must be completed by: if by a natural person, by such person; if by a corporation or LLC, by an officer of the corporation or LLC; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

CURRENT LICENSE INFORMATION

This Business currently holds the following type of license with the City of Anoka:

On-Sale Intoxicating Liquor License License # _____

On-Sale Wine/Strong Beer License: License # _____

BUSINESS INFORMATION

YOU MUST ATTACH TO THIS APPLICATION A COPY OF YOUR INCORPORATION/LLC/PARTNERSHIP REGISTRATION WITH THE MINNESOTA SECRETARY OF STATE'S OFFICE.

Legal Name of Business:	Trade Name (dba):
Business Address & Phone/Physical Location of Licensed Premise:	Mailing Address (if different):
Business Phone Number:	Alternate Phone Number:

INDIVIDUAL COMPLETING APPLICATION

This individual must be the business owner or a corporate officer.

Full Name (<i>First, Middle, Last</i>):	
Residence Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number (or email address):
Date of Birth:	Minnesota Driver's License # or State I.D. #:

LICENSE CONTACT INFORMATION

List the individual that will serve as the City Contact person for the license application and license related questions.

Name (<i>First, Last</i>):	
Business Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number:
Email Address:	

As an Applicant for a Social District License with the City of Anoka, I acknowledge my understanding of the following (check each box as your acknowledgement):

- As an On-Sale Licensee holding a Social District License, I may only sell and serve alcoholic beverages on the premises specified in my On-Sale license.

- I must not allow a person to enter or re-enter the On-Sale licensed premises with an alcoholic beverage not sold by my establishment.

- This Social District License authorizes the consumption, but not sales or service, of alcoholic beverages sold by the On-Sale Licensee within the Social District.

- I must only sell alcoholic beverages, that are to be consumed within the Social District, which are served in containers purchased through the City of Anoka.

I understand that the Social District has dates, hours and a designated perimeter.
Seven (7) days per week: 10:00 am until 10:00 pm.
2024 Dates: First date May 1st. Last date October 5th.

I have read and fully understand the Anoka City Code as it pertains to the regulations and operations of the Social District. A copy of the City Code and Social District Map have been provided to me.

I have attached a revised copy of my Certificate of Insurance which provides Liquor Liability Coverage and describes the Social District perimeter in the description of the covered premises, which is contiguous to my On-Sale Intoxicating Liquor/Wine License premises.

STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.anokaminnesota.com or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that I must submit any changes in my application within thirty (30) days of the effective date of the change and that I will abide by all requirements regarding the approval of such change as stated in the Anoka City Code and State Law. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Signature of Applicant: _____

Title: _____

Date: _____

STATEMENT OF PROPERTY OWNER

As owner of the property listed within this application, I hereby acknowledge that the applicant is applying for a Social District License and further authorize the applicant to hold such license on the subject property, of which I own.

Signature of Property Owner or Property Owner's Designee: _____

Printed Name of Property Owner or Property Owner's Designee: _____
