



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

CITY OF ANOKA LIQUOR LICENSING APPLICATION

TYPE OF LICENSE: Indicate on page 2 of this application packet, which type of license you are applying for. Fees are based on the type of license.

ON-SALE INTOXICATING LIQUOR LICENSES AND ON-SALE WINE LICENSES REQUIRE A PUBLIC HEARING PRIOR TO ISSUANCE. THIS PROCESS MAY TAKE UP TO SIXTY (60) DAYS.

APPLYING AS: Sole Proprietorship/Individual \$160.00
Partnership/LLP \$325.00
Corporation/LLC \$550.00

As indicated above, please fill out the appropriate area of Part I:

THIS APPLICATION MUST BE COMPLETED BY:

- If applying as an Individual/Sole Proprietorship, by such person/business owner;
- If applying as a Partnership/LLP, by a partner of the business;
- If by a Corporation or LLC, by an officer of the Corporation/LLC;

FEES: Annual Fees are set by Council through adoption of the Master Fee Schedule.

NEW LICENSE FEE: New license fees are subject to paying an Investigation Fee in addition to the Annual Fee which are listed on page 2.

For On-Sale Intoxicating Liquor & Wine Licenses

- Sole Proprietorship/Individual \$160.00
- Partnership/LLP \$325.00
- Corporation/LLC \$550.00

All other liquor related licenses are subject to a \$25 Investigation Fee

(office use only)

Date Application submitted to City: _____

Was Application submitted complete with all required information.
(if no, application will be returned to applicant for resubmittal)

YES NO

CITY OF ANOKA ALCOHOL LICENSING APPLICATION FEES

TYPE OF LICENSE (select all that apply)

On-Sale Intoxicating Liquor License with Full Restaurant

Business located in Downtown Entertainment District, including Special 1 a.m.

License Fee: \$6,000/yr

Business located in Downtown Entertainment District, closes at 11:00

p.m. Fee: \$4,000/yr

Business located outside of Downtown Entertainment District, including Special 1 a.m.

License Fee: \$5,000/yr

Business located outside of Downtown Entertainment District, closes at 11:00

p.m. Fee: \$4,000/yr

On-Sale Intoxicating Liquor Sunday Sales

License Fee: \$200/yr

On-Sale Intoxicating Liquor License with Limited Restaurant

Business located inside or outside of Downtown Entertainment District, closes at 11:00

p.m. Fee: \$4,000/yr

On-Sale Intoxicating Liquor Sunday Sales

License Fee: \$200/yr

On-Sale Wine License

Fee: \$500/yr

On-Sale Intoxicating Liquor - CLUB License # of members _____

Fee: \$200/yr (regulated by State)

On-Sale Intoxicating Liquor - CLUB Sunday Liquor

License Fee: \$20/yr (regulated by State)

On-Sale 3.2 Malt Liquor - CLUB License # of members _____

Fee: \$50/yr (regulated by State)

Brewery/Taproom

Fee: \$350/yr

Off-Sale Growlers

License Fee: \$200/yr

On-Sale Micro Distiller Cocktail Room

Fee: \$350/yr

On-Sale 3.2% Malt Liquor

Fee: \$350/yr

Off-Sale 3.2% Malt Liquor

Fee: \$200/yr

PART I

SOLE PROPRIETORSHIP/INDIVIDUAL

A Personal History Form must be completed and attached for this individual

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

EMAIL ADDRESS: _____

PARTNERSHIP

*A Personal History Form must be completed and attached for each partner listed in this application.
(Attach additional sheets if necessary)*

PARTNER #1:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

EMAIL ADDRESS: _____

% of INTEREST IN PARTNERSHIP: _____

PARTNER #2:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

EMAIL ADDRESS: _____

% of INTEREST IN PARTNERSHIP: _____

PARTNER #3:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

EMAIL ADDRESS: _____

% of INTEREST IN PARTNERSHIP: _____

CORPORATION OR LLC

*A Personal History Form must be completed and attached for each individual listed in the corporation.
(Attach additional sheets if necessary)*

LEGAL NAME OF BUSINESS: *(include INC or LLC)*

TRADE NAME: *(dba – doing business as name)*

BUSINESS ADDRESS/PHYSICAL LOCATION: *(include street address, city, zip code)*

MAILING ADDRESS (if different than above): *(include street address, city, zip code)*

BUSINESS PHONE NUMBER:*(include area code)* _____

CONTACT PERSON COMPLETING THE APPLICATION: _____

CONTACT PERSON'S PHONE NUMBER (include area code): _____

CONTACT PERSON'S EMAIL ADDRESS: _____

PRESIDENT OF CORPORATION:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

VICE PRESIDENT OF CORPORATION:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

SECRETARY OF CORPORATION:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

TREASURER OF CORPORATION:

FULL NAME (FIRST, MIDDLE, LAST)

DATE OF BIRTH: _____

RESIDENT ADDRESS: *(include street address, city, state, zip code)*

MAILING ADDRESS: *(if different than resident address)*

PHONE NUMBER: *(include area code):* _____

Are there other person(s) who singly or together with their spouse or their parent(s), brothers, sisters, or children own or control an interest in said corporation or LLC, in excess of 5%?

NO.

YES. If yes, attach addition sheet(s) listing each of the individuals full name, residence address, mailing address, phone number, email address and the % of interest they own in the Corporation or LLC.

PART II

PROPERTY INFORMATON

Are you the owner or one of the owners of the property on which the business is located?

Yes

No. If no, you must complete and attach the *Affidavit of Authorization for Use of Property Form*.

On-Sale licenses must submit a floor plan of the dining room(s), showing dimensions and indicating seating and the number of persons intended to be served in each room. You must supply this with the application. We do not pull old applications for previous information submitted under a different licensee.

For On-Sale Licenses: Is the total square footage of the dining area at least 1,000 sq ft?

Yes.

No. If no, you do not qualify for an on-sale liquor or wine license.

For On-Sale Licenses: Will there be seating for a minimum of 25 guests at a time in the dining area?

Yes

No. If no, you do not qualify for an on-sale liquor or wine license.

**For On-Sale Intoxicating Liquor Licenses, the net dining area must be at least 1,000 square feet and have seating for not less than 25 guests at a time in one or more dining areas. For On-Sale Wine and 3.2% Malt Liquor Licenses, the square footage requirement does not apply, but the dining area must provide for seating for not less than 25 guests at one time in one or more dining area.*

Real estate taxes on the property to be licensed are:

Paid Current

Delinquent

**If delinquent, states amount(s) and year(s) for which the property taxes have not been paid.*

Are there any financial claims owed to the City of Anoka, owed by the applicant, business owner, or property owners?

Responsible Party	Amount	Type of claim (i.e. utilities, etc.)

PART III

BUSINESS INFORMATON

LEGAL NAME OF BUSINESS: *(include INC or LLC)*

TRADE NAME: *(dba – doing business as name)*

BUSINESS ADDRESS/PHYSICAL LOCATION: *(include street address, city, zip code)*

MAILING ADDRESS (if different than above): *(include street address, city, zip code)*

BUSINESS PHONE NUMBER:*(include area code)* _____

MANAGER AT THE ESTABLISHMENT:

FULL NAME (FIRST, MIDDLE, LAST)

MANAGER'S DATE OF BIRTH: _____

MANAGER'S PHONE NUMBER (include area code): _____

MANAGER'S EMAIL ADDRESS: _____

**If at any time during the license period, the individual listed in the application as the Manager changes, the City must be notified immediately and provide the new Managers information as indicated above.*

PERSONAL HISTORY FORM

A Personal History Form must be completed by each individual listed within this application, with the exception of a separate property owner or separate individual who owes claims to the City

Full Name (<i>First, Middle, Last</i>):	
Residence Address (include street address, city, state, zip)	<div style="border: 3px double black; padding: 5px; font-weight: bold;"> * Current Government Issued Photo Identification (i.e. Drivers License, Passport, etc.) must be attached. </div>
Phone Number (including area code):	
Date of Birth:	

If you have resided at the above address for less than ten (10) yrs, please list previous addresses (*attach additional sheets*).

Previous Residence Address

Within the past five (5) years, have you been convicted of a felony or a willful violation of a federal or state law or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage?

No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

At any time, have you been convicted of any felony, crime or violation of a federal or state law or local ordinance other than a misdemeanor traffic violation.

No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

If applicable, has your spouse, within the past five (5) years, been convicted of a felony or a willful violation of a federal or state law or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage?

No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

If applicable, at any time, has your spouse been convicted of any felony, crime or violation of a federal or state law or local ordinance other than a misdemeanor traffic violation.

No Yes. If yes, please provide details. (*attach additional sheets as necessary*)

Date of Offense	Type of Offense	Location of Offense

SUPPLEMENTAL DETAILS

LICENSE TYPE:

LIQUOR RELATED LICENSES

YES NO

In the previous licensing year, as license holder, I have been served or received a summons for injury or damage at/on the premise(s) relating to liquor sales associated with the liquor license. *If yes, you must attach a copy of the summons received.*

YES NO

I am the owner of the **business** for which this license will be granted. *If no, or if jointly owned, you must provide the following information on any/all joint owners. (Use additional sheets as necessary)*

OWNER/Joint OWNER (Full First, Middle, Last Name)

ADDRESS

CITY/STATE

ZIP

PHONE NUMBER (INCLUDING AREA CODE)

YES NO

I am the owner of the **property premises** for which this license will be granted. *If no, or if jointly owned, you must provide the following information on any/all joint owners. (Use additional sheets as necessary)*

OWNER/Joint OWNER (Full First, Middle, Last Name)

ADDRESS

CITY/STATE

ZIP

PHONE NUMBER (INCLUDING AREA CODE)

REQUIRED LICENSE APPLICATION DOCUMENTS

ON-SALE INTOXICATING LIQUOR, SUNDAY LIQUOR & ON-SALE WINE LICENSE

- City Alcohol Licensing Application
- Corporate Surety Bond in the amount of \$5,000
- Certificate of Liquor Liability Insurance per requirements of Anoka City Code
- Copy of current, government issued photo identification *(as described in application)*
- Affidavit of Authorization for Use of Property – if applicable *(attached)*
- Copy of Incorporation or Partnership Agreement *(if applicable)*
- Document listing exact legal description, plot plan of area *(as described in application)*
- Copy of floor plan *(as described in application)*
- Worker's Compensation Form *(attached – required by State of Minnesota)*
- SP:C1 Tax Clearance Form *(attached – required by State of Minnesota)*
- Tennessen Warning *(completed by all applicable persons as described in application)*
- State Application; Form 9011 *(attached for your convenience)*
 - If applying for On-Sale Wine License submit State Form "Application for County/City On-Sale Wine"*
 - On-Sale Intoxicating Liquor for Clubs submit State Form PS-9016*
- Minnesota Buyer's Card must be obtained by the Applicant.**
(application attached for your convenience only , must submit to State of Minnesota)

ON-SALE OR OFF-SALE 3.2% MALT LIQUOR LICENSE

- City Alcohol Licensing Application
- Certificate of Liquor Liability Insurance per requirements of Anoka City Code
- Copy of current, government issued photo identification *(as described in application)*
- Affidavit of Authorization for Use of Property – if applicable *(attached)*
- Copy of Incorporation or Partnership Agreement *(if applicable)*
- Document listing exact legal description, plot plan of area *(as described in application)*
- Copy of floor plan *(as described in application)*
- Worker's Compensation Form *(attached – required by State of Minnesota)*
- SP:C1 Tax Clearance Form *(attached – required by State of Minnesota)*
- Tennessen Warning *(completed by all applicable persons as described in application)*
- State Application; Form 9011 *(attached for your convenience)*
 - On-Sale 3.2% Malt Liquor for Clubs submit State Form PS-9016*
- Minnesota Buyer's Card must be obtained by the Applicant.**
(application attached for your convenience only , must submit to State of Minnesota)

ON-SALE BREWER'S TAPROOM & SUNDAY LICENSE

- City Alcohol Licensing Application
- Certificate of Liquor Liability Insurance per requirements of Anoka City Code
- Copy of current, government issued photo identification *(as described in application)*
- Affidavit of Authorization for Use of Property – if applicable *(attached)*
- Copy of Incorporation or Partnership Agreement *(if applicable)*
- Document listing exact legal description, plot plan of area *(as described in application)*
- Copy of floor plan *(as described in application)*
- Worker's Compensation Form *(attached – required by State of Minnesota)*
- SP:C1 Tax Clearance Form *(attached – required by State of Minnesota)*
- Tennessen Warning *(completed by all applicable persons as described in application)*
- Copy of State issued Brewer License
- State Application; Certification of an On-Sale Brewer's Taproom License & Sunday License *(attached for your convenience)*
 - If selling Growlers, include State Form; Application for Small Brewer Off-Sale Intoxicating Liquor License*

ON-SALE MICRO DISTILLER COCKTAIL ROOM LICENSE

- City Alcohol Licensing Application
- Certificate of Liquor Liability Insurance per requirements of Anoka City Code
- Copy of current, government issued photo identification *(as described in application)*
- Affidavit of Authorization for Use of Property – if applicable *(attached)*
- Copy of Incorporation or Partnership Agreement *(if applicable)*
- Document listing exact legal description, plot plan of area *(as described in application)*
- Copy of floor plan *(as described in application)*
- Worker's Compensation Form *(attached – required by State of Minnesota)*
- SP:C1 Tax Clearance Form *(attached – required by State of Minnesota)*
- Tennessen Warning *(completed by all applicable persons as described in application)*
- Copy of State issued Micro Distiller License
- State Application; Certification of an On-Sale Micro Distiller Cocktail Room License *(attached for your convenience)*

NOTICE ON REQUIREMENTS OF CERTIFICATE OF LIQUOR LIABILITY FOR ALL LICENSEES

The liquor liability insurance policy must include the following:

- If your license includes an outdoor patio area, this must be described on the Certificate of Insurance under "description of premises".
- Must provide that the policy may not be cancelled for any cause, except for nonpayment of premium, by either the insured or the insurer unless the canceling party has first given thirty (30) days' notice in writing to the City of intent to cancel the policy; and
- Must provide that the policy may not be cancelled for nonpayment of premium unless the canceling party has first given ten (10) days notice in writing to the City of intent to cancel the policy.



**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW**

PRINT LEGIBLY IN INK OR TYPE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by worker's compensation law.
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: *A valid worker's compensation policy must be kept in effect at all times by employers as required by law*

Business Name (Individual name only if no company name is used):

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



SP:CI TAX CLEARANCE FORM
(This form may contain private data – do not release to public)

PRINT LEGIBLY IN INK OR TYPE

Pursuant to Minnesota Statute, Section 270C.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification Number and/or the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Services.
3. Failure to supply this information may jeopardize or delay the processing of your license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: _____

Printed Name: _____

Date: _____

PERSONAL INFORMATION: *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: _____

Applicant Address: _____

Social Security Number: _____

BUSINESS INFORMATION: *Complete this section only if you are applying as a business.*

Business Name: _____

Db: _____

Minnesota Tax Identification #: _____

Federal Tax Identification #: _____

For businesses: If a Minnesota Tax Identification # is not required, you must submit a written explanation.



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270C.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____ DOB: _____



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

AFFIDAVIT OF USE OF PROPERTY

Legal Property Owner:

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Property Address:

City/State

	Anoka MN
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Phone Number of Legal Property Owner (include area code):

Email Address:

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I hereby authorize the use of the property describe above to:

Business/Entity/Organization:

--

Business/Entity/Organization Contact (Name of individual):

--

Business/Entity/Organization Contact Phone Number:

Email Address:

--	--

Describe in detail the use of the property by the Business/Entity/Organization named above:

--

Signature of legal property owner named above:

Date:

--	--



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____

Licensee's Federal Tax ID # _____ Licensee's MN Tax ID# _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last) _____ DOB _____ Social Security # _____ Home Address _____

Partner/Officer Name (First Middle Last) _____ DOB _____ Social Security # _____ Home Address _____

Partner/Officer Name (First Middle Last) _____ DOB _____ Social Security # _____ Home Address _____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555

APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE

(Not to exceed 24% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Business Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City		County	State Zip Code
Is this application <input type="checkbox"/> New			License Period From To
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
Are property taxes delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the premises to be licensed			
If the restaurant is in conjunction with another business (resort etc.), describe business			
NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED			

- Yes No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

The licensee must have one of the following:

Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach "**CERTIFICATE OF INSURANCE**" to this form.

A surety bond from a surety company with minimum coverage as specified above in.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature

Department and Title

Date

IMPORTANT NOTICE

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Licensee (As shown on license)	Business Name (DBA)		
<input type="text"/>	<input type="text"/>		
Business Address	County	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Authorized Signature		
<input type="text"/>	<input type="text"/>		

**THIS FORM AND PAYMENT GETS SUBMITTED BY THE
APPLICANT TO THE DEPT OF PUBLIC SAFETY AT ADDRESS ABOVE**