



ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar St., Suite 222, St. Paul, MN 55101-5133

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WWW.DPS.STATE.MN.US



APPLICATION FOR CITY ON-SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until MN Liquor Control receives the \$20 Retailer ID Card fee.

Workers Compensation Insurance Company _____

Policy # _____

LICENSEE'S SALES & USE TAX ID # _____ To apply for MN sales tax number call 651-296-6181

LICENSEE'S FEDERAL TAX ID # _____

Applicant's name (Business, partnership, LLC, Corporation)		DOB	Social Security #	DBA or trade name	
License address			Business phone		Applicant's home phone
City	County	State	Zip Code	License period	
					From To

Give name, residence, DOB, Social Security #, title and age for all partners, or the officers and directors of a partnership or corporation. and the percent of stock held by each officer if applicable.

Name	Social Security #	Title	DOB	Percent stock or partnership interest	
Address		City			State

Name	Social Security #	Title	DOB	Percent stock or partnership interest	
Address		City			State

Name	Social Security #	Title	DOB	Percent stock or partnership interest	
Address		City			State

Date of Incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes No		
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Purpose of corporation	If a subsidiary of another corporation, give name
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1. Describe premises to be licensed (location, facilities).

Floor establishment is located on	Seating capacity	Hours food will be available	Number of people restaurant employs
Number of months per year establishment will be open		Name of manager	

- If this restaurant is in conjunction with any other business (resort, etc.), describe the business.
- Has applicant, partners, officers or employees ever had any Felony Convictions or Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? Yes No If yes, give date, charges and final outcome.
- State name and address of owner of building if different than applicant.
- Is the applicant or any of the associates in this application a member of the City Council in which the license will be issued? Yes No If yes, in what capacity? _____ (If the applicant for this license or any of the associates is the spouse of a member of the governing body or where a family relationship exists, the member shall not vote on this application.)
- Have the applicants any interest, directly or indirectly, in any other liquor establishment in the city issuing this license. If yes, give the name and address of the establishment.

Yes	No	7.	During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.
Yes	No	8.	Will you serve liquor on Sunday? Amount of Sunday License Fee.
Yes	No	9.	Has a restaurant license been issued by the state or local health department for this establishment?

I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.

Name of applicant (please print or type) Applicant's signature Date

The Licensee must have one of the following:

- Check one
- A. 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.
 - or
 - B. A Surety bond from a surety company with minimum coverage as specified above in A.
 - or
 - C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$10,000 \$100,000 in cash or securities.

REPORT BY CITY CLERK

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

Signature City Clerk-Treasurer	City	Date
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REPORT BY POLICE CHIEF

I certify that to the best of my knowledge, the applicants named above have not been convicted within the last five years for any violations of State law or municipal ordinance relating to the sale of liquor, except as follows:

Signature Police Chief	City	Date
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(PS 9015-2009)