



ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar St., Suite 133, St. Paul, MN 55101-5133

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APPLICATION FOR COUNTY 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
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Date of Incorporation State of incorporation Certificate Number Is corporation authorized to do business in Minnesota?
Yes No

Purpose of corporation If a subsidiary of another corporation, give name

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

- 2. If this restaurant is in conjunction with any other business (resort, etc.), describe the business.
3. Name the nearest municipality in which On Sale licenses are issued.
4. Has applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? Yes No If yes, give date, charges and final outcome.
5. Is the applicant or any of the associates in this application a member of the County Board 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.)
6. Have the applicants any interest, directly or indirectly, in any other liquor establishment in the county or any city in the county 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. Is this establishment located in an organized township? **If so, attach township approval.**
- Yes No 10. 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 r \$100,000 in cash or securities.

REPORT BY COUNTY ATTORNEY

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 County Attorney

County

Date

REPORT BY SHERIFF

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 Sheriff

County

Date

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS ISSUES THIS STAMP. FOR INFORMATION CALL (651) 726-0220

NOTICE

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 attorneys fees. MS 604.113