



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Minnesota St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507  
 FAX (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US



## APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

An officer of the club seeking a license shall complete this application. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least thirty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide guests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

**Workers Compensation Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Licensee's MN Sales and Use Tax ID Number** \_\_\_\_\_ *To apply for MN sales and use tax number call (651) 296-6181*  
**Licensee's Federal Tax ID #** \_\_\_\_\_

Corporation Name		Club Trade Name or DBA	
License Location (Street Address)		License Period FROM _____ TO _____	Business Phone ( ) _____
Municipality	County	S tate	Zip Code
Building Owner's Name		Building Owner's Address	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Club Manager's Name	
Name of Member of Managing Board	DOB	Social Security #	Address
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The Licensee must have one of the following: CHECK ONE			
<input type="radio"/> 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			
<input type="radio"/> B. A Surety bond from a surety company with minimum coverage as specified above in A.			
OR			
<input type="radio"/> C. 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.			
Give Date of Club Charter If Veterans or Fraternal Organization		Date of Incorporation	Number of Years of Continuous Existence of the Club
Number of Years in Current Quarters		Number of Club Members	Will the Club be issued a Lawful Gambling License? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Yes  No 1. Are any members, officer, agents or employees paid profits from the sale of beverages to club members?
- Yes  No 2. Are any employees paid salaries?
- Yes  No 3. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If yes, give names, dates, and final outcome. \_\_\_\_\_
- Yes  No 4. Does any wholesaler or manufacture of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? If yes, give details. \_\_\_\_\_
- Yes  No 5. 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 6. Will you serve liquor on Sunday? Amount of Sunday License Fee \_\_\_\_\_

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

Signature of Applicant

Date

**IF LICENSE 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 DEPARTMENT OR SHERIFF'S OFFICE**

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, or Municipal Ordinances relating to Intoxicating Liquor, except s follows:

\_\_\_\_\_

\_\_\_\_\_

Police Department or Sheriff's Name

Title

Signature

**LICENSE APPROVAL OR DENIAL**

License  Granted  Denied

Signature City Clerk or County Auditor Date

**LICENSE APPROVAL OR DENIAL**

License  Granted  Denied

Signature Director Alcohol & Gambling Enforcement Date

**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

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



## APPLICATION FOR ON SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willfully falsify the answers to the following questions shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions, "APPLICANTS" shall be governed as follows: For a corporation one officer shall execute this application for all officers, directors and stockholders. For a partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership.

EVERY QUESTION MUST BE ANSWERED.

Business phone number: \_\_\_\_\_

Applicants' home phone number: \_\_\_\_\_

1. I, \_\_\_\_\_, as individual owner, officer or partner of \_\_\_\_\_, located at \_\_\_\_\_ hereby apply for an On-Sale intoxicating liquor license according with the provisions of Minnesota Statutes, Chapter 340, commencing \_\_\_\_\_, 20\_\_\_\_, and ending December 31, 20\_\_\_\_.

2. Applicant's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (M/D/Y)

Partners: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Or**

Officers of Corp.: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

\_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. The residence for each of the applicants named herein for the past five years is as follows:

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4. Is the applicant a citizen of the United States? Yes \_\_\_\_ No \_\_\_\_.

5. If a partnership, state name and address of each member of partnership.

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6. What occupations have applicant and associates followed for the past five years?

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7. Give full name and address of spouse of each partner, shareholder or officer.

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If a corporation, date of incorporation: \_\_\_\_\_

State in which incorporated: \_\_\_\_\_

Amount of authorized capitalization: \_\_\_\_\_

Amount of paid in capital: \_\_\_\_\_

If a subsidiary of any other corporation, so state: \_\_\_\_\_

Give purpose of corporation: \_\_\_\_\_

Name and address of all officers, directors and stockholders and the number of shares held by each:

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If incorporated under the laws of another state, is corporation authorized to do business in this state?

\_\_\_\_ Yes \_\_\_\_ No. Number of certificate of authority: \_\_\_\_\_.

***New corporations must include a certified copy of Articles of Incorporation and By-Laws. If this is for a RENEWAL of license, state any changes made in the Articles of Incorporation and By-Laws since the last issue of license and include copy.***

8. How is the location of the building classified? (zoning) \_\_\_\_\_

9. Is establishment located near a school, state college, university? \_\_\_\_\_

10. State whether applicant, or any of his associates in this application, or manager, have ever had an application for liquor license rejected by any municipality or state authority; if so, give date and details.

11. Has the applicant, or any of his associates in this application, or manager, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances? \_\_\_\_\_ If yes, give date, details.

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12. State whether applicant, or any of his associates in this application, or manager, during the past five years were ever convicted of any liquor law violations or any crime in this state, or any other state, or under Federal Laws, and if so, give date and details.

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13. Was any applicant, partner, shareholder, officer, manager or spouse ever convicted of any felony, crime, or violation of any ordinance, other than traffic? \_\_\_\_\_ If answer is yes, applicant and spouse must give time: \_\_\_\_\_; place \_\_\_\_\_; if so, in what capacity? \_\_\_\_\_.

14. Is applicant, or any of his associates in this application, or manager, a member of the governing body of the municipality in which this license is to be issued? \_\_\_\_\_ If so, in what capacity? \_\_\_\_\_ If applicant for license is the spouse of a member of the governing body, or where other family relationship exists, such member shall not vote on this application.

15. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? \_\_\_\_\_ If yes, give name and address of such establishment.

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16. Furnish the name and address of at least three business references, including one bank reference:

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17. Have all real estate and personal taxes for the premises to be licensed been paid? \_\_\_\_\_ If no, explain: \_\_\_\_\_

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18. Please attach or enclose:

- a) Exact legal description of the premises to be licensed with a plot plan showing dimensions, location of buildings, street access, parking facilities.
- b) A floor plan of the dining area, which shall be open to the public, indicating the dimensions and the number of persons that can be served.
- c) A statement or estimate of the amount of investment that the applicant has in the business, building, premises, fixtures, furniture, stock in trade; the nature of such interest, amount thereof, and terms for payment or other reimbursement.
- d) The names and addresses of all persons, other than the applicant, who have had any financial interest in the business, buildings, premises, fixtures, furniture, stock in trade; the nature of such interest, amount thereof, and terms for payment or other reimbursement.
- e) Required investigation fee.

- f) Copy of articles of Incorporation (or of association), By-Law, Partnership Agreement, Certificate of Authority Foreign corporation.
- g) Completed "Criteria Form", explaining why the license applied for would be in furtherance of the public health, safety and welfare of the Grand Rapids community (Attached with this form).
- h) State of Minnesota on-sale liquor license application form.

I hereby verify the above statement \_\_\_\_\_

19. Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the municipality; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Applicant signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

Notary Seal



5. Effect that a liquor business would have upon the general character of the neighborhood.

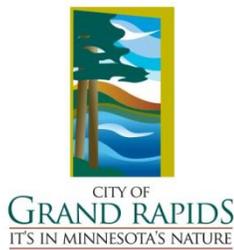
6. The degree to which use of the licensed premises is expected to add to quality employment in the community.

7. The adequacy of the size of the premises. (Explain in detail)

8. Any other factor the Council deems to affect the health, safety and welfare (including economic welfare of the community).

Date: \_\_\_\_\_

Signature: \_\_\_\_\_



City of Grand Rapids  
420 North Pokegama Avenue  
Grand Rapids, MN 55744  
(218) 326-7600

INFORMED CONSENT  
RELEASE OF  
CRIMINAL HISTORY DATA

PLEASE PRINT LEGIBLY –  
USE COMPLETE NAME, INCLUDING MIDDLE NAME

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_  
Maiden or Former Name(s): \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Sex (M or F): \_\_\_\_\_  
Social Security Number (optional): \_\_\_\_\_  
Driver's License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_

I hereby authorize and grant my informed consent to the Grand Rapids Police Department to release to City of Grand Rapids any information contained about me in the **Minnesota Computerized Criminal History** for the purpose of employment with this agency.

I hereby release the Minnesota Bureau of Criminal Apprehension and the City of Grand Rapids from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Notary Stamp:

Date: \_\_\_\_\_

I hereby authorize and grant my informed consent to the Grand Rapids Police Department to release to the City of Grand Rapids any information contained about me in the **Minnesota Predatory Offender Registry**, including, but not limited to, information related to offenses which may have occurred when I was a juvenile.

I hereby release the Minnesota Bureau of Criminal Apprehension and the City of Grand Rapids from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent.

This authorization shall be valid for a period of twelve (12) months from the date of signature.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notary Public Signature: \_\_\_\_\_ Notary Stamp:

Date: \_\_\_\_\_



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133  
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555  
 www.dps.state.mn.us

**Application for Optional 2 AM Liquor License**

License type code: 2AM License Expiration Date \_\_\_\_\_ ID# \_\_\_\_\_  
 (For Office Use Only)

Licensee Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Licensed Location Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

If the 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

Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: **Alcohol and Gambling Enforcement Division (AGED)**. Mail this application and check to : AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133.

- \$300 2 AM license fee - Up to \$100,000 in on sale gross receipts for alcoholic beverages
- \$750 2 AM license fee - Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages
- \$1,000 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages
- \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders
- \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

Yes  No Does your city or county licensing official allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

(I certify that the city or county of \_\_\_\_\_ approves the sale of alcoholic beverages until 2 AM)

Licensee Minnesota Tax ID Number (Required) \_\_\_\_\_

Licensee Signature \_\_\_\_\_ Date \_\_\_\_\_

(I certify that I have answered the above questions truthfully and correctly)

**Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.**

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE**

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### **Number 1 – Workers' compensation insurance policy information**

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

### **Number 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:  
  
\_\_\_\_\_

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

**Print name**

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.