



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
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: (circle 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 MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal 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.

Circle One: (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 must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



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:

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.

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

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

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:

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.

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.

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.

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

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

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

CRITERIA

The following criteria shall be considered by the City Council in determining whether issuance or renewal of a liquor license is in the interest of public health, safety and welfare and, where several applications are made for an available license, shall be considered in determining which application best meets such public interest. Application of the criteria shall be in the discretion of the Council, and the burden of showing the license would be in furtherance of public health, safety and welfare shall in all instances be upon the applicant. A narrative will be required of each question below.

1. Police access to and enforcement upon and near the premises.
2. Effect upon safety and congestion.
3. Enhancement of property values of the premises and neighboring property.
4. Effect upon geographical concentration of liquor licenses in the community.

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: _____

State of Minnesota
License Applicant Information

Under Minnesota Law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of revenue delinquent taxes, penalties or interest;
- The licensing agency will supply it only to the Minnesota of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the department of revenue.

Please print or type

Name of license being applied for and license number

Licensing authority (name of city, county or state agency issuing license)

License renewal date

Personal Information:

Applicant's last name

Applicant's address

Business information (if applicable):

Business name

Business address

Minnesota tax identification number

Federal tax identification number

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature

Title

Date

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.



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 **National Computerized Criminal History Database or Interpol.**

I hereby release 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 **National and International 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 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: _____