



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.

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: _____