

APPLICATION FOR CONSUMPTION AND DISPLAY (Set-Up) PERMIT
ITASCA COUNTY, STATE OF MINNESOTA

For Period April 1 _____ to March 31, ____ (PERMIT FEE \$100.00)
(This application shall be submitted before April 1st of each year)

In answering the following questions, "APPLICANT" shall be governed as follows:

For a Partnership, one of the partners shall execute this application for all members of the partnership. For a Corporation, one officer shall execute this application for all officers, directors, and stockholders. For a Club, one of the club officers shall execute this application for all the members. If additional space is required, use a separate sheet of paper, indicating by number the question answered.

1. I, _____, as _____
(name of person making application) (Ind. Owner, Partner, Officer, Club Officer)
for and in behalf of _____
(Myself, Names of Partners, Name of Corporation, or Name of Club)

hereby apply for a permit allowing consumption and display of intoxicating liquor to be located at _____, Township of _____, Post Office of _____, County of Itasca, State of Minnesota, in accordance with the provisions of M.S. 340.14 Sub. 3, and City of Grand Rapids Municipal Code.

2. Will business be operated as a private club or public place _____.

3. State type of business _____.

4. FOR A PUBLIC BUSINESS: If a partnership, state name and address of each member of partnership; if a corporation, state name and address of officers and directors.

(Name) (Address)

(Name) (Address)

(Name) (Address)

5. FOR A PRIVATE CLUB: Date club was organized _____, is club incorporated _____. Number of members _____, length of time in present location _____, is club building owned or rented _____, what is the membership dues _____, what are the requirements for membership of all officers and/or directors of the club:

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

Enclosed with this application a copy of the Constitution and By-Laws of the club and current list of bona fide members.

6. If applicant or any partner, corporation officer or director, club officer or director, is not a citizen of the United States, list such non-citizens _____.

7. State name of person who will operate or manage business: _____.

(Name) (Address)

8. On what floor is the establishment located, or to be locate _____.

9. How are the premises classified under the zoning ordinance _____.

10. State name and address of owner of building wherein the business will be located:

(Name) (Address)

11. Has applicant; if partnership, and partner; if corporation, any officer or director; if club, any club officer of director, ever had a license under the Minnesota Liquor Control Act revoked or suspended, or been convicted for any violation of State Laws or local ordinances; if so, give date and details

_____.

12. Is applicant, if partnership, any partner; if corporation, any officer or director; if club, any club officer of director a member of the governing body of the county in which this permit is to be issued; if so, in what capacity

_____.

13. Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, any interest whatsoever, directly or indirectly, in any liquor establishment in the State of Minnesota _____ Give name and address of such establishment

_____.

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

(Name) (Address)

(Name) (Address)

(Name) (Address)

(Name) (Address)

15. Will intoxicating liquor be sold on the premises _____

16. (A) State whether application is 1. Original _____ 2. Renewal _____ 3. Transfer _____

(B) State whether dancing will be permitted on the premises _____

17. Are there premises now occupied, or to be occupied, entirely separate and exclusive from any other business establishment _____.

18. State trade name to be used _____.

19. State whether an "On-Sale" or "Off-Sale" Non-Intoxicating Malt Beverage License has or will be granted in conjunction t this business and for the same premises _____.

20. Has there been issued, or will there be issued, a %4.00 Federal Retail Liquor Dealer's special Tax Stamp for the sale of liquor on these premises _____.

21. Has your local government an ordinance regulating the consumption and display of intoxicating liquor _____.

22. If operating under zoning ordinance, how is location of building classified _____.

I hereby certify that I have read and understand every question in this application, and that the answers are true of my own knowledge. I further understand that the giving of false information in this application, or the failure to give pertinent information constitutes cause for the immediate revocation of this permit. IT IS FURTHER UNDERSTOOD THAT ANY PERMIT ISSUED HEREUNDER DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR. Enclosed is payment of \$100.00 (money order, bank draft or certified check) payable to the City of Grand Rapids.

NO CONSIDERATION WILL BE GIVEN TO THIS APPLICATION UNLESS APPROVED AS HEREINAFTER PROVIDED:

(Chief of Police) (Name of Establishment)

(Mayor, City of Grand Rapids) (Signature of Authorized Applicant)

Subscribed and sworn to before me this _____ day of _____, 20 ____.



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 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 Predatory Offender Registry or Interpol**, 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: _____

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.