



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](http://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



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 and 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
--------------------------------	-------	------

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.

AFFIDAVIT OF AMOUNT  
OF 3.2 MALT LIQUOR SALES

STATE OF MINNESOTA    )  
  ) ss  
COUNTY OF ITASCA     )

\_\_\_\_\_, being first duly sworn on oath, deposes and says that he/she is duly authorized by the undersigned Applicant to state that applicant is not required to show proof of financial responsibility pursuant to Minnesota Statute Section 340A.409, subd. 4, because applicant's sales of non-intoxicating malt liquor during the current year will amount to less than \$ \_\_\_\_\*.

\_\_\_\_\_, being first duly sworn, deposes and states that he/she is familiar with the business practices and accounting records of applicant and that said business practices and accounting records of applicants are adequate to demonstrate accurately the total amount of applicant's sales of non-intoxicating malt liquor sales on an ongoing basis, and after review of said accounting records, he/she states that applicant's sales of non-intoxicating malt liquor during the current year will amount to less than \$ \_\_\_\_\*.

If requested by the City Council of the City of Grand Rapids, applicant and accountant agree to certify to the City of Grand Rapids, at no cost to the City, as soon as practicable after expiration of the current license year, the actual amount of applicant's non-intoxicating malt liquor sales.

APPLICANT: \_\_\_\_\_

\* Must be less than \$25,000 for  
on-sale licensee and less than  
\$50,000 for off-sale.

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_

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

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