

Liquor License Application

Application for (check all that apply):

- | | | | |
|--|---------|--|-------|
| <input type="checkbox"/> On Sale Intoxicating | \$7,500 | <input type="checkbox"/> Off Sale 3.2% Malt | \$50 |
| <input type="checkbox"/> Extended Sales (2 a.m.) | \$100 | <input type="checkbox"/> Off Sale Liquor | \$310 |
| <input type="checkbox"/> On Sale Wine \$1,000 | \$1,000 | <input type="checkbox"/> Temporary 3.2% Malt Liquor | \$25 |
| <input type="checkbox"/> On Sale 3.2% Malt | \$300 | <input type="checkbox"/> New License Investigation | \$500 |
| <input type="checkbox"/> Liquor Special Club | \$250 | <input type="checkbox"/> Change in License Investigation | \$250 |
| <input type="checkbox"/> Special Sunday | \$200 | | |

Total \$ _____

Type of Application: New Renew

Receipt #: _____

Name of Applicant: _____

Name of Business: _____

Address: _____

Phone: _____ Email: _____

If existing business, are all taxes paid to Federal, State, and Local Governments? Yes No

If no, give amount due and explain on a separate paper.

TYPE OF BUSINESS Individual Corporation Partnership

Name of Corporation: _____

IF BUSINESS IS FINANCED: Give name(s), address(es), and person to contact for all persons or lending institutions who are financing the business.

IF INDIVIDUAL OR PARTNERSHIP: Submit a certified copy of your Certificate of Name.

IF PARTNERSHIP: Submit the names, addresses, and dates and places of birth for all partners, active and inactive, on a separate sheet of paper or the back of this page. All partners must submit a personal history with this application.

IF CORPORATION: Submit a certified copy of your Certificate of Incorporation, your Articles of Incorporation, or your Association Agreement and By-Laws, or if Out of State, your Certificate of Authority. Also submit a list of names of all Officers, their addresses, dates and places of birth, their titles, and the shares by each.

State of Incorporation: _____

Full name of person who will manage: _____

Address: _____

Date of Birth: _____ Place of Birth: _____

1. Has applicant, or any of the associates in this application, ever had an application for a Liquor License rejected by any municipality or state authority?

Yes No If yes, give date and details on separate paper.

2. Has applicant, or any of the associates in this application, and employees while employed by applicant during the past five years been convicted of any Liquor Law violations in this State or under Federal Law?

Yes No If yes, give date and details on separate paper.

3. Is the applicant, or any of the associates in this application, a member of the governing body of the municipality in which this License is to be issued?

Yes No If yes, in what capacity?

4. Has the applicant, or any of the associates in this application, 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?

Yes No If yes, give date and explanation on separate paper.

5. Has the applicant, or any of the associates in this application, have any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota?

Yes No If yes, give name and address of each establishment on separate paper.

6. Does the applicant, or any of the associates in this application, possess or have any applied for, a Federal Liquor Dealers Special Tax Stamp or a Gambling Stamp?

Yes No If yes, give name and stamp number.

7. Has the applicant applied for or does applicant possess a Federal Liquor Permit?

Yes No

8. Is the building housing the establishment owned by the applicant or leased?

Yes No If leased give the names(s) and address(es) of owner(s) on separate paper.

9. Has any owner(s) of the building any connection, directly or indirectly, with the applicant?

Yes No If yes, explain.

10. Submit a legal description of the premises, a plot plan showing the dimensions of the lot, the location of buildings, street access, parking facilities and state the distance to the nearest Church and School.

11. If applying for an on-sale liquor license, submit a floor plan of the dining room or rooms showing the dimensions and the number of people to be served in each room.

12. If new, submit a preliminary plan showing the design of the proposed premises.

13. State the value of all fixtures \$_____ and the structure \$_____.

The total value of fixtures and the structure is \$_____.

14. Are the furniture, fixtures, and equipment owned or leased by the Applicant?

Owned Leased If leased, provide the name(s) and address(es) of the owner(s).

Name of Owner: _____

Address: _____

Name of Owner: _____

Address: _____

References

Bank Reference: _____ Phone: _____

Address: _____

Contact Person: _____

Bank Reference: _____ Phone: _____

Address: _____

Contact Person: _____

Bank Reference: _____ Phone: _____

Address: _____

Contact Person: _____

The License will not be granted until the applicant has filed a bond with corporate surety, or cash, or United States Government Bonds in the amount of not less than \$3,000.00 and not more than \$5,000.00 for on-sale licenses and not less than \$1,000.00 and not more than \$3,000.00 for off-sale licenses.

OR

Liquor Liability Insurance (Dram Shop) requirements are as follows: \$50,000 per person; \$100,000 for more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802? Yes No

I hereby certify that the information I have given is true and correct to the best of my knowledge.

Signature of Applicant

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

My commission expires: _____

Sec. 401.05. License and Investigation Fees.

Subd. 1. Fees established. The investigation fees and annual fees for liquor shall be as provided in the City's master fee schedule.

Subd. 2. Payment of fees, disposition. Each application for a license shall be accompanied by a receipt for payment in full of the required fees. All fees shall be paid into the General Fund.

Subd. 3. Refunds.

a. If an application for a license is rejected, the Treasurer shall refund the amount paid for the license fee. The investigation fee is not refundable.

b. No refund of all or any part of a license fee shall be made except as authorized by statute.

NOTICE TO PERSONS COMPLETING THE ATTACHED FORM(S)

The information being collected with the attached form(s) is being collected to determine your qualifications for the license(s) for which you applied. We intend to use this data in making a determination on whether to issue to you the license(s) for which you applied.

You may refuse to answer any questions which require answers of private or confidential data, by writing the word "refused" in the appropriate location.

Your refusal to answer a query may result in your not being further considered for the license(s). Should you supply incorrect data, you may be denied the license(s). Any data supplied which may incriminate or otherwise disqualify you from consideration, may be acted upon and if acted upon may become public data.

The data you provide may be used by anyone involved in any investigative process to determine your qualifications for this license(s) and may be disseminated to any other individual or agency authorized by law to receive the data.

By signing below, you hereby authorize the inspection and gathering of data retained by any agency, individual or institution that is deemed necessary by the investigator to determine whether you are prohibited by Minnesota Statute and/or City of Shorewood Ordinance Codes from obtaining the license(s) for which you applied. Failure to complete and sign this release of information form will result in the inability to process this license application(s).

You may be asked at a further date to sign additional release of information forms if it is deemed necessary.

Signature

Date

Name (print)

LIQUOR LICENSE: CORPORATION OR PARTNERSHIP SUPPLEMENTAL SHEET

Corporate or Partnership Name: _____

Business Address: _____

Phone: _____

I, the undersigned, do hereby declare under the pain and penalty of perjury that as of this date the following is a true and complete list of all officers, directors, and stockholders of this corporation or partners of this partnership. Publicly held corporations need list only shareholders with 10% or more corporate stock. **LIST FULL FIRST name, MIDDLE name, and LAST name.**

Name	Date of Birth	Address	Phone	Title	% Ownership

Manager of the licensed premises: _____

Home phone: _____

Signature: _____

Title: _____

NOTE: If there has been any change listed above since your last application, you must attach a certified copy of the minutes of the meeting showing such change.

REPORT BY POLICE DEPARTMENT

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 the Laws of the State of Minnesota, or Shorewood Ordinance Codes relating to Intoxicating Liquor, except as follows:

Police Department

Title

Date

REVIEW BY CITY CLERK

Based on my review of the attached application and all of the principles, I recommend that a Liquor License be granted or renewed.

Signature

Name (Print)

NOTICE

Pursuant to Laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (270.72) (Tax Clearance; Issuance of Licenses), the licensing authority 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. **FAILURE TO SUPPLY THIS INFORMATION MAY JEOPARDIZE OR DELAY THE PROCESSING OF YOUR LICENSE ISSUANCE OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name	First Name	Middle Name
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Applicant's Address	City	State	Zip Code
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Position (Officer, Partner, etc.)

Business Name

Business Address	City	State	Zip Code
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Minnesota Tax Identification Number

Signature

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 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 Section 176.181, Subd.2. The information required is: the name of the insurance company, the policy number, and the dates of coverage or the permit to self insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd.2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for Workers' Compensation.

Insurance Company

Name: _____
(Not the insurance Agent)

Policy Number or Self Insurance Permit Number: _____

Dates of Coverage: _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- Other (Specify) _____

I have read and understand my rights and obligations with regards to Business Licenses, Permits and Workers' Compensation Coverage, and I certify that the information provided is true and correct.

Signature

Name (print)



List all the businesses you have owned, managed, or been employed by for the last five years.

Attach a separate sheet if additional space is needed.

Name of Business: _____

Type of Business: _____

Address: _____

Dates: From _____ To _____

Name of Partner or Employer: _____

Name of Business: _____

Type of Business: _____

Address: _____

Dates: From _____ To _____

Name of Partner or Employer: _____

Name of Business: _____

Type of Business: _____

Address: _____

Dates: From _____ To _____

Name of Partner or Employer: _____

Has the applicant ever owned, managed or been employed in a saloon, hotel, restaurant, cafe, bar or other business of similar nature? Yes No If yes, list name of business, address, and dates.

Has the applicant ever been convicted of a violation of liquor ordinances or laws, a felony, or any crime other than traffic violations? Yes No If yes, give date, place, and explain each occurrence.

List three personal character references who have known the applicant well enough during the past five years to attest to applicant's good character and reputation.

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Email: _____

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Email: _____

Name: _____

Address: _____

Home Phone: _____ Office Phone: _____

Email: _____

List all liquor or beer business in which applicant has an interest and the extent of such interest:

I hereby certify that the answers are true of my own knowledge.

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

(Notary Public)

(Signature of Applicant)



CERTIFICATE OF COMPLIANCE

DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 (person signing the application).

- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:
- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service lease supply the following information and return along with your application:

Type of License: _____

Applicant Information

Applicant Name: _____

Applicant Address: _____

Phone Number: _____ Email: _____

Business Information

Business Name: _____

Business Address: _____

MN Tax ID #: _____ Federal Tax ID #: _____

If a MN Tax ID # is not required, explain on a separate sheet.

Signature Title Date

NOTIFICATION FOR LICENSE APPLICATION INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION

(Includes Tennesen Warning)

As part of your application for a license or permit, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

- The purpose and intended use of the information requested is to determine if you are eligible for a license or permit from the City of Shorewood.
- You are not legally obligated to supply the requested information.
- The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
- The known consequences of refusing to supply the requested information is that your request for a license or permit cannot be processed.
- A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license or permit with the City, unless the conviction is related to the matter for which the license or permit is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
- Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
- The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice. Return this notice with your application.

Signature

Date



AUTHORIZATION FOR BACKGROUND CHECK

SOUTH LAKE MINNETONKA POLICE DEPARTMENT
24150 Smithtown Road
Shorewood, Minnesota 55331-1913
(952)474-3261

I, _____, hereby grant my informed consent to, and authorize the South Lake Minnetonka Police Department to conduct any and all inquiries they deem necessary for a background check for the purpose of _____.

This may include, but is not limited to, criminal history records; internal records; jail records; warrants; internal, confidential, public, or private court records, etc. I hereby release the South Lake Minnetonka Police Department from any and all liability for disclosing this public, private and/or confidential information about myself to my potential employer., _____

_____	_____
Applicant Signature	Date
_____	_____
Print Full Name (First, Middle, Last)	Date of Birth
_____	_____
Street Address	City State Zip Code

City of Shorewood Staff Member Requesting Information

_____	_____
Staff Signature	Date

Print Staff Name	