City of Alexandria

704 Broadway, Alexandria, MN 56308
320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

Licensing Year: 1/1 to 12/31 20____

New: ◯ Renewal: ◯
License Fee: $375

Brewer Taproom

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Primary Phone _____ Alt. Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should be sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: ◯ Corporation ◯ Limited Liability Company ◯ Partnership ◯ Other_____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website_____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

_____

_____

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received: _____
License #: _____

Date of City Council Approval: _____
Date Submitted to State:_____

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation Law

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 or falsely stated, it may result in a $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
Dates of Coverage: to	

OR

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

- ☐ I have no employees
- ☐ I am self insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Section B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or 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:

- This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:

Section C

Tennessen Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data.** You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature: Date of Birth:	Date:

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No):
	E-MAIL ADDRESS:

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A :	
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED

This must be **exactly** the same as the State AGED renewal application "Licensee Name" (not Trade Name), "Address" (the physical location of business) "City, State, Zip Code" or the State will NOT approve it.

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	GENERAL LIABILITY						EACH OCCURRENCE	$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	$
	☐ CLAIMS-MADE ☐ OCCUR							
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$
							GENERAL AGGREGATE	$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	$
	☐ POLICY ☐ PRO-JECT ☐ LOC							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	☐ ANY AUTO						BODILY INJURY (Per person)	$
	☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	☐ HIRED AUTOS ☐ NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident)	$
								$
	☐ **UMBRELLA LIAB** ☐ OCCUR						EACH OCCURRENCE	$
	☐ **EXCESS LIAB** ☐ CLAIMS-MADE						AGGREGATE	$
	DED RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						☐ WC STATU-TORY LIMITS ☐ OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? **(Mandatory in NH)**		N/A				E.L. EACH ACCIDENT	$
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE	$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT	$
	Liquor Liability				1/1/20XX	12/31/20XX		

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE

SAMPLE

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
Telephone 651-201-7504 Fax 651-297-5259 TTY 651-282-6555

MUST BE A LICENSED BREWER IN ORDER TO APPLY FOR THIS LICENSE

Certification of an On Sale Brewer's Taproom License and Sunday License

This license only authorizes the on sale of Malt liquor produced by the brewer for consumption on the premises

Cities and Counties: You are required by law to complete and sign form to certify the issuance of the following License types: **City issued On Sale Brewer's Taproom and Sunday Liquor Licenses**

City or County Issuing Liquor License: _____ License Period From: _____ To: _____

Circle One: New License Transfer _____ (Former Licensee Name) Suspension Revocation Cancel _____ (Give Dates)

Fees: On Sale Taproom License Fee: $_____ Sunday License Fee: $ _____

License Name: _____ (Corporation, Partnership, LLC, or Individual) DOB _____ Social Security # _____

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Zip Code _____

Licensee's MN Tax ID # _____ Licensee's Federal Tax ID # _____

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

On Sale Taproom 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 of the location listed on the license

2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

☐ Yes ☐ No During the last 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 _____

Subd. 11. **When Additional License Not Required.** Any holder of an on-sale wine license, who also holds an on-sale non-intoxicating malt liquor license, and who gross receipts are at least 60% attributable to the sale of food, may sell intoxicating malt liquors at on-sale without an additional license.

Source: Ord. 691-2nd Series
Effective Date: 12/09/13

Section 3.15. **Consumption of Beer, Intoxicating Liquor and Wine.** It shall be unlawful for the holder of a license to sell beer, intoxicating liquor or wine, to permit the consumption of any beer, intoxicating liquor or wine upon the licensed premises later than one half hour after the time when the sale of beer, intoxicating liquor or wine is prohibited.

Section 3.16 **Brewer Taproom Licenses**

Subd. 1. **Definitions.** A brewer taproom license shall mean a license authorizing the on-sale of malt liquor produced by a brewer for consumption on the premises of or adjacent to one(1) brewer location owned by the brewer. Unless otherwise stated, the definitions of Minn. Statutes, Chapter 340A, as the same shall be amended from time to time, shall apply herein.

Subd. 2. **Issuance of license.** Brewer taproom licenses may be issued to the holder of a brewer's license under Minn. Statutes. Chapter 340A.301, Subd. 6(c), (i) or (j). Said license may be issued and is subject to the conditions outlined in the City Code, Section 3.16, Subd. 3.

Subd. 3. **Conditions of License.**

1. The annual license fee for a taproom license, as established in the fee schedule set by ordinance by the City Council, shall be paid.
2. The license shall be valid on all days of the week consistent with the hours of sale provided in Section 3.07, Subdivision 14 of the Alexandria City Code.
3. A brewer may only hold one (1) brewer taproom license under this section.
4. The only alcoholic beverages sold or consumed on the premises of the taproom will be malt liquor produced by the brewer upon the brewery premises.
5. No taproom shall be located across a public right-of-way such as a street or alley from the brewery location.

6. All other provisions of this article shall be applicable to such licenses and licensees unless inconsistent with the provisions of this section.

Source: Ord. 691-2nd Series
Effective Date: 12/09/13

Section 3.17. **Off-Sale Malt Liquor Licenses**

Subd. 1. **Definitions.** A brewer licensed under Minn. Statutes, Chapter 340A.301, Subd. 6(d), (i), or (j) may be licensed for the "off-sale" of malt liquor produced and packaged on the licensed premises in accordance with Minn. Statutes, Chapter 340A.301, Subd. 7(b). Unless otherwise stated, the definitions of Minn. Statutes, Chapter 340A, as the same shall be amended from time to time, shall apply herein.

Subd. 2. **Conditions of License.**

1. The annual license fee for an off-sale malt liquor license, as established in the fee schedule set by ordinance by the City Council, shall be paid.
2. Off-sale of malt liquor may only be made during the hours that "off-sale" of liquor may be made at the Municipal Liquor Dispensary as described in Section 3.07, Subdivision 17 of the Alexandria City Code, except that malt liquor in growlers only may be sold at off-sale on Sunday until 10:00 p.m.

Source: Ord. 725-2nd Series
Effective Date: 06/22/15

3. The malt liquor shall be packaged in sixty-four-ounce containers commonly known as "growlers" or in seven hundred fifty (750) milliliter bottles. The container or bottle must be sealed in the manner as described in Minn. Statutes, Chapter 340A.301, Subdivision 6(d).
4. The malt liquor sold at off-sale, except growlers sold on Sundays, must be removed from the licensed premise before the applicable closing time at the Municipal Liquor Dispensary.

Source: Ord. 725-2nd Series
Effective Date: 06/22/15