City of Alexandria



Licensing Year: 1/1 to 12/21 2021

New:

Renewal:

License Fee: \$50

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

Off-Sale Beer

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 Informa	tion							
Legal Name First		Middle	Last					
Company	Pł	none E	nail					
Street Address		City	City					
Mailing Address (where future	correspondence sl	hould be sent):						
Street Address		City		_ State	Zip			
Business Information:	Corporation	Limited Liability Company	Partnersl	hip Oth	er			
Name of Company								
Business Address		City		State	Zip			
Phone	Email		Website					
		Date						
		Riedel at 320-759-3622 or email ur prompt attention in returning			n.city. On			
*Please make sure all the neco	essary documents	accompany your license applica	ation and the	e forms are f	illed out			
completely and signed. Incom	iplete applications	will not be approved.						
		FOR OFFICE USE ONLY)						
Date Received:	Received: Date of City Council Approval:							
License #:	cense #: 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.

company, the policy number, and dates of coverage or the permit to s and retained in their files.	elf-insure. This information will be collected by the licensing agency								
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 proce	essing 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

	tificate holder in lieu of such endors	emer	nt(s).		200					
PROD	UCER				CONTACT NAME:					
					PHONE (A/C, No, Ext): FAX (A/C, No):					
				E-MAIL ADDRESS:						
							JRER(S) AFFOR	DING COVERAGE		NAIC#
					INSURER	A:				
INSUR	ED									
This must be exactly the same as the State AGED renewal					INSURER B:					
	lication "Licensee Name" (not				INSURER C:					
					MOSILITO .					
physical location of business) "City, State, Zip Code" or the				ip code of the	INSURER E:					
	State will NOT approve it.					INSURER F:				
				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		ADUL.	SUBR	POLICY NUMBER		POLICY EFF MM/DD/YYYY)	POLICY EXP	LIMIT	TS	
LIK	GENERAL LIABILITY	M-SF	HAD					EACH OCCURRENCE	\$	
	COMMERCIAL GENERAL LIABILITY							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	COMMERCIAL GENERAL LIABILITY							PREMISES (Ea occurrence)	Φ	
	CLAIMS-MADE OCCUR							MED EXP (Any one person)	\$	
								PERSONAL & ADV INJURY	\$	
								GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:							PRODUCTS - COMP/OP AGG	\$	
-	POLICY JECT LOC					-			-5	
	AUTOMOBILE LIABILITY							COMBINED SINGLE LIMIT (Ea accident)	\$	
	AAN/AUTO							BODILY INJURY (Per person)	\$	
	ANY AUTO ALL OWNED SCHEDULED							BODILY INJURY (Per accident)	57.0	
	AUTOS AUTOS NON-OWNED							PROPERTY DAMAGE	*	
	HIRED AUTOS AUTOS							(Per accident)	\$	
									3	
	UMBRELLA LIAB OCCUR							EACH OCCURRENCE	\$	
	EXCESS LIAB CLAIMS-MADE							AGGREGATE	\$	
	DED RETENTION\$							5.0000000	\$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY VINI						TORY LIMITS ER				
ANY PROPRIETOR/PARTNER/EXECUTIVE			E.L		E.L. EACH ACCIDENT	\$				
	OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	M/A						E.L. DISEASE - EA EMPLOYEE	\$	
	If yes, describe under DESCRIPTION OF OPERATIONS below				_			E.L. DISEASE - POLICY LIMIT	-	
	DESCRIPTION OF EXAMINATION							The state of the s		
	Liquor Liability					1 /1/20 21	12/31/202	21		
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.					
					AUTHOR	ZED REPRESEI	NTATIVE			
A Provi	DD 25 (2040)05									
MCC	RD 25 (2010/05)									