

# City of Alexandria



704 Broadway, Alexandria, MN 56308

320.763.6678 | 320.763.3511 (fax) | [www.AlexandriaMN.city](http://www.AlexandriaMN.city)

Licensing Year: 1/1 to 12/31/2022

New: ☐

License Fee: \$3,600

Pro Rata Fee: \_\_\_\_\_

## On-Sale Liquor and Sunday Liquor

*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

Name \_\_\_\_\_ Applicant Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant's Mailing Address (where future correspondence should be sent):

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant is a:** ☐ Natural Person ☐ Corporation ☐ Limited Liability Company ☐ Partnership ☐ Other \_\_\_\_\_

Name of Applicant \_\_\_\_\_

Applicant's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Applicant's 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](mailto: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

#### Tennessee 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:

# CITY OF ALEXANDRIA

## NEW APPLICATION FOR ON-SALE AND SUNDAY LIQUOR LICENSE

CITY CODE SECTION 3.07

DATE APPLICATION RECEIVED: \_\_\_\_\_

LICENSE FEE: \_\_\_\_\_ **\$3,600**      \_\_\_\_\_ **\$2,700**      \_\_\_\_\_ **\$1,800**      PRO RATA FEE \_\_\_\_\_

INVESTIGATION FEE: **\$500** (MAKE TWO SEPARATE CHECKS PAYABLE TO CITY OF ALEXANDRIA)

**TYPE OF APPLICATION:**      \_\_\_\_\_ ON-SALE LIQUOR LICENSE  
   \_\_\_\_\_ ON-SALE LIQUOR AND SUNDAY LIQUOR LICENSE

**APPLICANT:**                      \_\_\_\_\_ CORPORATION      \_\_\_\_\_ NATURAL PERSON  
   \_\_\_\_\_ PARTNERSHIP      \_\_\_\_\_ OTHER: \_\_\_\_\_  
   \_\_\_\_\_ LLC

NAME OF APPLICANT: \_\_\_\_\_

APPLICANT'S ADDRESS: \_\_\_\_\_

LEGAL DESCRIPTION (must include the exact legal description of the premises to be licensed, along with plot plan showing dimensions, location of buildings, street access, parking facilities and the locations of and distances to the nearest church or school building): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TYPE OF BUSINESS:      \_\_\_\_\_ HOTEL      \_\_\_\_\_ MOTEL      \_\_\_\_\_ RESTAURANT

1. **If Applicant is a hotel or motel, indicate:**

- a. Number of guest rooms: \_\_\_\_\_ (50 room minimum)
- b. Dining area (exclusive of lounge): \_\_\_\_\_ square feet (1200 square foot minimum)
- c. Dining area seating capacity: \_\_\_\_\_ guests (75 guest minimum)

2. **If Applicant is a restaurant, indicate:**

- a. Seating capacity of dining room area: \_\_\_\_\_ (50 guest minimum)
- b. Dining area (exclusive of lounge): \_\_\_\_\_ square feet (1600 square foot minimum)

**Answer the following questions. Attach separate sheets if necessary. AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT.**

1. **For all Applicants who are natural persons and for each partner if the Applicant is a partnership, and for each manager, proprietor or other agent in charge of the premises to be licensed, please provide the following:**

- a. True Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
- b. Place of Birth: \_\_\_\_\_
- c. Date of Birth: \_\_\_\_\_
- d. Current Address: \_\_\_\_\_
- e. Have you ever used or been known by a name other than your true name and, if so, what was such name or names, and dates and places where used: \_\_\_\_\_

- f. Name of the business if different than the full individual name of the applicant: \_\_\_\_\_

(A copy of the Certification, as required by Minnesota Statutes Chapter 333, certified by the Clerk of the District Court, shall be attached to the application)

- g. Are you: \_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_
- If married, list true name of spouse: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_
- Place of spouse's birth: \_\_\_\_\_
- Date of spouse's birth: \_\_\_\_\_
- Current street address of spouse: \_\_\_\_\_
- h. Street addresses at which you have lived during the preceding five (5) years: \_\_\_\_\_

- i. Kind, name, and location of every business or occupation in which you have been engaged in during the preceding five (5) years: \_\_\_\_\_

- j. Names and addresses of your employers and partners, if any, during the preceding five (5) years: \_\_\_\_\_

- k. Have you ever been convicted of any felony, crime, or violation of any ordinance, or an alcohol related driving offense? \_\_\_\_Yes \_\_\_\_No. If so, indicate the time, place, and offense for which convictions were entered: \_\_\_\_\_

- l. Prior or current ownership in (or spouse's ownership in), or operation of, a saloon, hotel, restaurant, café, tavern or other business of a similar nature. If so, furnish information as to the time, place and length of time of such employment or operation: \_\_\_\_\_

- m. Has applicant ever been in the military service: Yes \_\_\_\_\_ No \_\_\_\_\_
- If so, applicant shall, upon request, provide documentation of all discharges.

n. Name of the manager or proprietor or other agent in charge of the premises to be licensed: \_\_\_\_\_

2. **If Applicant is a Partnership the following information must provide the following for all partners (attach separate sheets if necessary):**

a. List the names and addresses of all partners, each of whom must provide all information listed in items 1.a – 1.n above: \_\_\_\_\_

b. Managing Partner or Partners shall be designated: \_\_\_\_\_

c. The interest of each partner in the business shall be disclosed: \_\_\_\_\_

d. A true copy of the Partnership Agreement, if any, shall be submitted with the application. If and in the event the composition of the partnership shall change at any time subsequent to the initial applications, any amended partnership agreements must be filed with the city.

e. If the partnership is required to file a certificated as to trade name under the provisions of Minnesota Statutes Chapter 333, a true copy of the certificate certified by the Clerk of the District Court, shall be attached to the application.

3. **If Applicant is a Corporation or other association the following information is required (attach separate sheets if necessary):**

a. Full legal name of the applicant/association and the state of incorporation or organization: \_\_\_\_\_

b. A true copy of Certificate of Incorporation (or Organization), Articles of Incorporation (or Organization), or Association Agreement and Bylaws, and if a foreign entity, a certificate of authority, as required by state law.

c. Name of the manager, proprietor or other agent in charge of the premises along with the following information, each of whom must provide all information listed in items 1.a – 1.n above: \_\_\_\_\_

4. Is a federal permit required for the premise or business? \_\_\_\_\_No \_\_\_\_\_Yes – If “Yes”, what permit has been issued, in what name is it issued, and what is the nature of the permit : \_\_\_\_\_

5. **Financial Interest** – Provide the names and addresses of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, stock in trade; the nature of such interest, amount thereof, terms for payment or other reimbursement. (This shall include but not limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lienholders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged or extended security for any indebtedness of the applicant) –Attach a separate sheet if necessary: \_\_\_\_\_

6. A set of plans must accompany the application and must show: the design of the proposed premises to be licensed, the dining room or dining rooms which shall be open to the public, the dimensions and number of persons intended to be served, and identify the rooms or portions of the premises (including outdoor decks or patios) where intoxicating liquors are to be sold and where it is to be consumed.

7. Provide the value of the fixtures and structures, exclusive of land, on the premises proposed to be licensed: \_\_\_\_\_  
\_\_\_\_\_

8. **REFERENCES:** List the names, residences and business addresses of three (3) persons not related to the applicant and do not have financial interest in the premises or business, who may be referred to as to the applicant's character or in the case where information is required of a manager, the manager's character.

NAME

RESIDENCE ADDRESS

BUSINESS ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Have all real estate and other taxes for the premise and the business to be licensed been paid?

\_\_\_\_\_ Yes \_\_\_\_\_ No – If "No", what years are delinquent? \_\_\_\_\_

**PLEASE SIGN THIS PART OF THE DOCUMENT IN FRONT OF A NOTARY PUBLIC**

I, \_\_\_\_\_ (Print Legibly), an individual applicant, partner or corporate officer for \_\_\_\_\_, being duly sworn, depose and say that the answers and statements in this application are true and correct to the best of my knowledge.

\_\_\_\_\_  
**Signature**

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

**NOTE:** **EACH PERSON** WITH AN OWNERSHIP INTEREST IN THE APPLICANT **MUST** COMPLETE THIS AUTHORIZATION PAGE. (MAKE COPIES OF THIS SHEET IF NECESSARY)

### **AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION**

The undersigned hereby authorizes the designated businesses, persons or financial institutions listed below to release information concerning my financial affairs to the City of Alexandria for the express purpose of the investigation required and needed to be issued a Liquor License by the City of Alexandria.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
**Signature**

---

### **AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY**

The undersigned hereby authorizes the State of Minnesota and any law enforcement agency in the State of Minnesota and elsewhere, to release to the Chief of Police for the City of Alexandria any information regarding my criminal convictions or history or arrests, for any offense, for the limited purpose of investigating my background for issuance of a liquor license. This authorization is valid for six (6) months from the date below unless specifically withdrawn by the undersigned before the expiration of that time period. A copy of this Authorization is as valid as the original.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name (First, Middle, Last)

\_\_\_\_\_  
Date of Birth

**REPORT ON APPLICANT OR APPLICANTS BY POLICE CHIEF**

This is to certify that to the best of my knowledge, the applicant, and/or his or her partners named herein have not been convicted within the past five (5) years for any violations of the laws of the State of Minnesota, or any Municipal Ordinances, except as hereinafter stated:

---

---

It is my judgement that the Applicant and his or her partners will comply with the laws and regulations relating to the conduct of this business if a license is granted.

---

Date

---

Chief of Police



# **CITY OF ALEXANDRIA**

## **APPLICATION FOR SUNDAY ON-SALE LIQUOR**

The undersigned hereby makes application for Sunday On-Sale Liquor License:

LICENSEE NAME: \_\_\_\_\_

TRADE NAME: \_\_\_\_\_

BUSINESS LOCATION: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

THE FEE FOR SUNDAY ON-SALE LIQUOR IS INCLUDED WITH THE LICENSE APPLICATION FEE OF:

\$3,600 (12 mo) \_\_\_\_\_ \$2,700 (9 mo) \_\_\_\_\_ \$1,800 (6 mo) \_\_\_\_\_ Pro Rata Fee \_\_\_\_\_

This license expires December 31, 2022.

The undersigned hereby 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.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_

New Application: \_\_\_\_\_ Renewal Application: \_\_\_\_\_

Under the provisions of Minnesota Statute 340A.410 subdivision 7 a liquor license can only be granted to a space that is compact and contiguous.

#### *340A.410 LICENSE RESTRICTIONS; GENERAL.*

*Subdivision 7 License limited to space specified.*

*A licensing authority may issue a retail alcoholic beverage license only for a space that is compact and contiguous. A retail alcoholic beverage license is only effective for the licensed premises specified in the approved license application.*

#### *7515.0430 ON-SALE APPLICATIONS.*

*Subpart 2 Description of premises.*

*The retail licenses for sale of alcoholic beverages which the municipality may issue must contain a specific description of the premises to which the license applies. The description must state the numbered street address or the description of the lot, block, addition, or township. In addition, the license application must include a complete description of the compact and contiguous area in which the licensee will conduct business, including a description of physically connected attachments to the main structure such as patios, decks, or pavilions. If the description in this subpart covers a building with more than one story or rooms which are used for business purposes other than those permitted to be in combination with the license as outlined in part 7515.0420, then the description must specify the floor and the space to which the license will apply.*



# 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 #         |
| INSURED  | INSURER A :                   |                |
|          | INSURER B :                   |                |
|          | INSURER C :                   |                |
|          | INSURER D :                   |                |
|          | INSURER E :                   |                |
|          | INSURER F :                   |                |

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  | ADOL INSR  | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                       |
|----------|--|--|----------|---------------|-------------------------|-------------------------|--|
|          | GENERAL LIABILITY  |  |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |  |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                                      |  |          |               |                         |                         | MED EXP (Any one person) \$                  |
|          |  |  |          |               |                         |                         | PERSONAL & ADV INJURY \$                     |
|          |  |  |          |               |                         |                         | GENERAL AGGREGATE \$                         |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:   |  |          |               |                         |                         | PRODUCTS - COMP/OP AGG \$                    |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC           |  |          |               |                         |                         |  |
|          | AUTOMOBILE LIABILITY   |  |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident) \$       |
|          | <input type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS                               |  |          |               |                         |                         | BODILY INJURY (Per person) \$                |
|          | <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> NON-OWNED AUTOS                        |  |          |               |                         |                         | BODILY INJURY (Per accident) \$              |
|          | <input type="checkbox"/> HIRED AUTOS   |  |          |               |                         |                         | PROPERTY DAMAGE (Per accident) \$            |
|          | UMBRELLA LIAB  |  |          |               |                         |                         | EACH OCCURRENCE \$                           |
|          | <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE |  |          |               |                         |                         | AGGREGATE \$                                 |
|          | DED RETENTION \$   |  |          |               |                         |                         | \$   |
|          | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY  |  |          |               |                         |                         | WC STATUTORY LIMITS OTHER                    |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N | 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   |  |          |               | 1/1/2022                | 12/31/2022              |  |

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



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101-5133  
Telephone 651-201-7525 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: (check 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)

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

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:

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_

| 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.

☐ 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 ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at [www.dps.mn.gov](http://www.dps.mn.gov).**



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE

**PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Authorized Signature



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101-5133  
Telephone 651-201-7525 Fax 651-297-5259 TTY 651-282-6555  
www.dps.mn.us

**Application for Optional 2 AM Liquor License**

License type code: 2AM License Expiration Date \_\_\_\_\_ ID# \_\_\_\_\_  
(For Office Use Only)

Licensee Name: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Licensed Location Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Business Phone: \_\_\_\_\_

If the 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 |
|----------------------|---------------------|-----|-------------------|--------------|

Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: **Alcohol and Gambling Enforcement Division (AGED)**. Mail this application and check to : AGED, 445 Minnesota St., Suite 222, St. Paul, MN 55101.

- \$300 2 AM license fee - Up to \$100,000 in on sale gross receipts for alcoholic beverages
- \$750 2 AM license fee - Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages
- \$1,000 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages
- \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders
- \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

Yes No Does your city or county licensing official allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

(I certify that the city or county of \_\_\_\_\_ approves the sale of alcoholic beverages until 2 AM)

Licensee Minnesota Tax ID Number (Required) \_\_\_\_\_

Licensee Signature \_\_\_\_\_ Date \_\_\_\_\_

(I certify that I have answered the above questions truthfully and correctly)

**Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.**