

City of Alexandria



704 Broadway, Alexandria, MN 56308

Licensing Date(s): _____

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city License Fee: \$100 PER DAY

Temporary On-Sale Liquor License

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 _____

Company Name _____ 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: _____



**TEMPORARY ON-SALE LIQUOR LICENSE APPLICATION
(1 DAY TO 4 DAY)**

TYPE OR PRINT INFORMATION

NAME OF EVENT			
STREET ADDRESS		CITY	STATE ZIP CODE
NAME OF ON-SALE LIQUOR LICENSE HOLDER MAKING APPLICATION:		BUSINESS PHONE	HOME PHONE
DATES LIQUOR WILL BE DISPENSED:	EVENT SPONSOR TYPE OF ORGANIZATION: <div style="display: flex; justify-content: space-around; font-size: small;"> CLUB CHARITABLE RELIGIOUS OTHER NONPROFIT </div>		
TIMES LIQUOR WILL BE DISPENSED:			
DESCRIBE PLAN FOR EVENT SANITATION AND SECURITY, INCLUDING PROCESS TO BE USED TO VERIFY AGE FOR ALCOHOL CONSUMPTION:			
PROVIDE A SITE PLAN SHOWING LOCATION ALCOHOL WILL BE SOLD AND CONSUMED FOR THE OUTDOOR AREA:			

APPROVAL

APPLICATION MUST BE APPROVED BY CITY COUNCIL

CITY FEE AMOUNT: \$100/DAY DATE FEE PAID: _____

DATE APPROVED: _____

SIGNATURE OF CITY ADMINISTRATOR

ROUTED TO: POLICE CHIEF - APPROVE DENY CITY ATTORNEY - APPROVE DENY

NOTE: THE ON-SALE LIQUOR LICENSE HOLDER IS REQUIRED TO PROVIDE A CERTIFICATE OF LIABILITY INSURANCE LISTING THE CITY OF ALEXANDRIA AS AN ADDITIONAL INSURED FOR THE EVENT INCLUDING THE DATE(S) OF THE EVENT.

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:
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Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7513 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date organized		Tax exempt number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Name of person making application		Business phone		Home phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date(s) of event		Type of organization <input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer			
<input type="text"/>		<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

CITY OF ALEXANDRIA	
City or County approving the license	Date Approved
\$100 PER DAY	Permit Date
Fee Amount	ARIEDEL@ALEXANDRIAMN.CITY
Date Fee Paid	City or County E-mail Address
	320-759-3622
	City or County Phone Number
Signature City Clerk or County Official	

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US



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				1/1/20XX	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