

704 Broadway, Alexandria, MN 56308  
320.763.6678 | 320.763.3511 (fax) | [www.AlexandriaMN.city](http://www.AlexandriaMN.city)

New:      Renewal:  
License Fee: \$375

## On-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 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](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: \_\_\_\_\_

Date of City Council Approval: \_\_\_\_\_

License #: \_\_\_\_\_

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:
------------	----------------	-------



# 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).

<b>PRODUCER</b>	<b>CONTACT NAME:</b>		<b>FAX (A/C, No):</b>
	<b>PHONE (A/C, No, Ext):</b>		
	<b>E-MAIL ADDRESS:</b>		
	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
<b>INSURED</b>	<b>INSURER A :</b>		
This must be <b>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.</b>	<b>INSURER B :</b>		
	<b>INSURER C :</b>		
	<b>INSURER D :</b>		
	<b>INSURER E :</b>		
	<b>INSURER F :</b>		

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER:</b>	<b>REVISION NUMBER:</b>
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
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO JECT <input type="checkbox"/> LOC						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE						EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> DED RETENTION \$ ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under						WC STATUTORY LIMITS OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	DESCRIPTION OF OPERATIONS below  <b>Liquor Liability</b>				1/1/20XX	12/31/20XX	

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

<b>CERTIFICATE HOLDER</b>	<b>CANCELLATION</b>
	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 #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Licensee (As shown on license)	Business Name (DBA)		
<input type="text"/>	<input type="text"/>		
Business Address	County	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Authorized Signature		
<input type="text"/>	<input type="text"/>		