

PUBLIC DISPLAY & CONSUMPTION (SET-UP)

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: _____

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

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

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

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

<p>CERTIFICATE HOLDER</p>	<p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600
 St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TDD651-282-6555

NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. _____

Policy No. _____ Dates of Coverage _____

Licensee's MN Sales & Use Tax ID # _____ To apply for MN Tax ID# 651-296-6181

Licensee's Federal Tax ID # _____ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Amount Received

Business Name (Business, Partnership, LLC, Corporation)		DOB	SS#	Trade Name or DBA	
Business Street Address			County	Business Phone	
City			State	Zip Code	
Permit Type <input type="checkbox"/> Private Club <input type="checkbox"/> Public Business		Type of Business (Restaurant, Dance Hall, etc.)			
Full Name of Business or Club Manager		DOB	Address of Manager		
Name of Building Owner		Address of Owner			
Are the club or business premises separate from any other business establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a current 3.2 beer license to this business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is application <input type="checkbox"/> Original <input type="checkbox"/> Transfer If transfer, former license and business trade name	
If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer. If a club, state the name and address of each officer or director.					
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.					
Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location	
Membership requirements				Does club store liquor for members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.					
I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.					
Permittee Signature _____		Print Name _____		Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					
City/County Auditor Signature _____				Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					