City of Alexandria



704 Prooducy Alexandria MAN FC209	Licensing Date(s):				
704 Broadway, Alexandria, MN 56308	-				
320.763.6678 320.763.3511 (fax) <u>www.Alexan</u>	driaMN.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 Informa	tion				
Legal Name First		Middle	Last		
Company Name		Phone	Email		
Street Address		City		State	Zip
Mailing Address (where future	correspondence s	hould be sent):			
Street Address		City		State	Zip
Business Information:	Corporation	Limited Liability Company	Partnershi	p Oth	er
Name of Company					
Business Address		City		State	Zip _
Phone	Email	Wel	osite		
	•	Riedel at 320-759-3622 or email ur prompt attention in returning			<u>n.city</u> . On
*Please make sure all the nec	essary documents	accompany your license applic	ation and the fo	orms are f	filled out
completely and signed. <u>Incon</u>	nplete applications	s will not be approved.			
		(FOR OFFICE USE ONLY)			
Date Received:		Date of City Cou	ıncil Approval: _		
License #:		Date Submitted	to State:		



TEMPORARY ON-SALE OP y\k LICENSE APPLICATION (1 DAY TO 4 DAY)

TYPE OR PRINT INFORMATION

NAME OF EVENT									
STREET ADDRESS	CITY	,	STATE	ZIP CODE					
NAME OF ORGANIZATION MAKING API		BUSINESS PHO	ONE	НОМЕ	PHONE				
DATES LIQUOR WILL BE DISPENSED:	NSOR TYPE OF ORGANIZATION: CHARITABLE RELIGIOUS OTHER NONPROFIT								
TIMES LIQUOR WILL BE DISPENSED:									
FOR ALCOHOL CONSUMPTION:	DESCIRBE 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								
APPROVAL APPLICATION MUST BE APPROVED BY CITY COUNCIL									
DATE APPROVED:									
ROUTED TO: POLICE CHIEF - APPROV			CITY ATTORNEY			DENY	t		

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

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:							
t	0						
OR							
I am not required to have workers' compensation liability coverage be	cause:						
☐ I have no employees							
☐ I am self insured (include permit to self-insure)							
☐ I have no employees who are covered by the workers' compensa employees)	tion law (these include spouse, parents, children, and certain farm						
I certify that the information provided above is accurate and complete at all times as required by law.	e and that a valid workers compensation policy will be kept in effect						
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 Federa regarding the use of this information:	Privacy Act of 1974, we are required to advise you of the following						
 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 Federal Exchange of Information Agreement, the Department of Re 	only to the Minnesota Department of Revenue. However, under the evenue 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							
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:						



Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division 445 Minnesota Street, Suite 1600, St. Paul, MN 55101 651-201-7507 TTY 651-282-6555

APPLICATION AND PERMIT FOR A 1 DAY TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

Organization Address (No PO Boxes)	City	State	7in Codo
Organization Address (NO PO DOXES)	City	Minnesota	Zip Code
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Name of person making application	Bu	siness phone Hon	ne phone
Date(s) of event		ation Microdistillery	Small Brewer
	Club	haritable Religious	Other non-profit
Organization officer's name	City	State	Zip Code
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Organization officer's name	City	State	Zip Code
		Minnesota	
Organization officer's name	City	State	Zip Code
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No Temp Applications faxed or mailed. Only emailed.

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

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