



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US



APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
 (Not to exceed 14% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company. Name _____ Policy # _____
 LICENSEE'S MN SALES & USE TAX ID # _____ To apply for MN Sales Tax # call (651) 296-6181
 LICENSEE'S FEDERAL TAX ID # _____

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone ()	Applicant's Home Phone ()
City	County	State	Zip Code
Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner		License period From To
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title		Address	Social Security # DOB
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CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Restaurant seating capacity
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the premises to be licensed			
If the restaurant is in conjunction with another business (resort etc.), describe business			
NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED			

OTHER INFORMATION

- Yes No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No 2. Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____ (If the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes No 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.
- Yes No 4. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome. _____
- Yes No 5. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details. _____
- Yes No 6. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. _____

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY OWN KNOWLEDGE

Signature of Applicant

The licensee must have one of the following: (Check one)

- A. Liquor Liability Insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

If no, state reason. _____

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor, except as follows: _____

Signature

Department and Title

Date

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. FOR INFORMATION REGARDING OBTAINING THIS STAMP, CONTACT THE BUREAU OF ALCOHOL TOBACCO AND FIREARMS AT (651) 726-0220 (PS9114-2006)

NOTICE

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

**-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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(NOT the insurance 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.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____

DATE: _____

CITY OF OWATONNA
LICENSE APPLICATION REPORT

TYPE OF LICENSE APPLIED FOR: Intoxicating Liq Non-Intoxicating Liq
 Dance Concerts Parade Sound Device Circus Show
 Theatricals Exhibition Transient Other Explain: _____

NAME OF APPLICANT

D.O.B.

LAST FIRST MIDDLE

MO. / DAY / YR

Address (Street Name and Number

Apt. #

City State Zip Code

Please provide an original driver's license/picture identification and social security card to be verified.

Driver's License # State Expiration Date

Social Security # Verified By

REPORT OF INVESTIGATION

RECOMMENDATIONS

DATE: _____

SIGNATURE INVESTIGATING AUTHORITY

COUNCIL ACTION

LICENSE: APPROVED DISAPPROVED

DATE OF COUNCIL ACTION: _____
AUTHORIZED SIGNATURE: _____
TITLE: _____