



City of Mound

Application for On Sale, Off Sale, Wine and/or Sunday Liquor License

Revised December, 2015

LICENSING REQUIREMENTS

1. All license applications need to be submitted with **proof of liquor liability insurance and workers compensation insurance**. Applications submitted with liquor liability insurance that do not cover the license period completely will be returned. Insurance company applications for insurance are not proof of liquor liability and will not be accepted. The insurance must be in the exact corporate name if the licensee is incorporated or individual(s) name if not incorporated. The dates on the insurance must also cover your license period completely.
2. If you have a currently licensed establishment that is **changing ownership, changing from an individual to a corporation, or changing the licensee name** in any way, do not use the abbreviated renewal of liquor, wine or club application form. Use the appropriate full application(s) required by the Alcohol and Gambling Enforcement Division of the Minnesota Department of Public Safety. If you make copies of applications, copy both sides. If more than one individual is involved in the license, the partnership section of the application must be completed, (such as husband and wife).
3. **New establishments** that have never before been licensed for liquor or wine must also have an **inspection** of their premises before license approval. The licensee should contact the Mound Building Official at 952-442-7520, as well as the Minnesota Alcohol and Gambling Enforcement Division at (651) 201-7507.
4. **New licensees, changes in ownership or licensee names changing to a corporation** also need to obtain a **new \$20 Retailer ID Card** (from AGED – Alcohol & Gambling Enforcement Division – Minnesota Department of Public Safety) in the new licensee name. The \$20 may be submitted with other paperwork or sent in separately by the licensee with a letter indicating the name and address of the establishment. This is a yearly requirement, and renewal applications are sent directly to the licensee.
5. If business is to be conducted under a **designation, name or style other than full individual name of the applicant**, attach copy of the **Certificate of Trade Name**, as required by Chapter 333, Minnesota State Statutes.
6. If the application is for a **partnership**, attach copy of the **Partnership Agreement** and **Certificate of Trade Name**, as required by Chapter 333, Minnesota State Statutes.
7. If the application is for a **corporation**, attach copy of the **Certificate of Incorporation**, the **Articles of Incorporation or Association Agreement**, and the **By-Laws**. Foreign corporations shall attach a copy of the Certificate of Authority as described in Chapter 303, Minnesota State Statutes.
8. A complete Credit Report is required as part of the background investigation.
9. Failure to fully complete the application may result in license denial.
10. False or inaccurate responses in the application may result in license denial.

Procedure for Licensing with the City of Mound:

1. Submit completed License Application and license fee (payable to the City of Mound).
2. Submit investigation fee payment of \$500.00 with each application for a new license (not required for renewal applications).
3. City Clerk processes application to be investigated by Orono Police Department.
4. City Clerk submits application for review and consideration by the Mound City Council.
5. City Clerk forwards appropriate information to the Alcohol and Gambling Enforcement Division of the Minnesota Department of Public Safety

LIQUOR LICENSE APPLICATION

PART 1 — GENERAL INFORMATION

Directions: This form must be completed in ink. If the application is by an individual, by such person; if by a partnership, by one of the partners; if by a corporation, by an officer thereof; if by an unincorporated association, by the manager or managing officer thereof.

Specify Type of License (check all that apply):

- | | | |
|--|---------------------------------|-----------------------------------|
| <input type="checkbox"/> Intoxicating On-Sale | <input type="checkbox"/> Wine | <input type="checkbox"/> New |
| <input type="checkbox"/> Intoxicating Off-Sale | <input type="checkbox"/> Set-up | <input type="checkbox"/> Renewal |
| <input type="checkbox"/> 3.2% Malt Liquor On-Sale | <input type="checkbox"/> Club | <input type="checkbox"/> Transfer |
| <input type="checkbox"/> 3.2% Malt Liquor Off-Sale | | |

Specify Type of Business:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Individually owned/operated | <input type="checkbox"/> Association |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Corporation | _____ |

Applicant Information

Licensee Name: _____

Trade Name or DBA: _____

License Location (full address): _____

License Location Phone: _____

MN Tax ID Number: _____

Federal Tax ID Number: _____

License Period: _____

Complete the following applicable information:

- 1) Applicant
- 2) Store Manager
- 3) Assistant Manager
- 4) Each Partner of a partnership
- 5) Each Officer of a corporation

(Attach additional sheets if necessary.) Part II form must be submitted for individuals listed below.

First, Middle, and Last Name	DOB	Title	Percent Interest	Full Address

LIQUOR LICENSE APPLICATION
PART 1, Continued

Corporation Information

Date of Incorporation _____ State of Incorporation _____ Amount Paid in Capital _____

1. If a subsidiary of any other corporation, please give name and purpose of incorporation:

2. If incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? Yes No
3. Number of Certificate of Authority:

6. If this application is for a new corporation, include a certified copy of the Articles of Incorporation and By-Laws.
7. If this application is for a renewal of a license, state whether any changes have been made in the Articles of Incorporation and By-Laws since the last issue of license and include a certified copy of the Articles of Incorporation and By-Laws.

Premises Information

1. Attach plan showing property dimensions, location of buildings, street access, parking facilities, etc.
2. Legal description of premises to which license applies:

3. How are the premises classified under the zoning ordinance?

4. Name and address of building owner or owners (if other than applicant):

Full Name Address City/State/Zip Phone

Full Name Address City/State/Zip Phone

PART 1, Continued

5. Has building owner any other connection, directly or indirectly, with applicant?
 Yes No

6. Summarize terms of lease — years, monthly rent, etc. (attach lease agreement)

7. If premises is owned by applicant (attach purchase agreement), summarize as follows:
Date purchased: _____
Purchase price: _____
From whom: _____
Down payment: _____
Mortgage or contract for deed holder: _____
Terms of mortgage or contract for deed: _____
Interest rate on mortgage or contract for deed: _____
Monthly payment at which mortgage or contract for deed is being liquidated: _____
 Yes No, explain fully below.

8. Does any person other than the applicant have any right, title, or interest in the furniture, fixtures, or equipment that is mentioned in the application for license?
 Yes, give names and details below. No

9. Are taxes, assessments and other financial claims of the City current for the premises?
 Yes No

16. Will a food establishment be operated in conjunction with this liquor license?
 Yes No

17. List warehouse locations, if any, in which you store liquor off the licenses premises, both in Mound and any other municipality. _____

LIQUOR LICENSE APPLICATION
PART 1, Continued

18. If this application is for premises either planned or under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or design are on file with the Mound Building and Zoning Department, no additional plans need be filed with the application.

a. State the floor number, general area, and rooms where intoxicating liquor is to be sold and stored. (Applicant shall attach a floor plan showing dimensions indicating and identifying all other rooms and other areas where intoxicating liquor is to be sold and stored.)

b. What permits required by the Federal government have been applied for or issued and what is the nature of the permit?

c. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

d. Have the necessary applications for City licenses (i.e., tobacco, etc.) for this establishment been prepared for submission?

Yes No

e. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Mound delinquent or unpaid for the premises to be licensed?

Yes, give names and details below. No

f. Is the premises located within 500 feet of any school or house of worship? (*Distance measured as a straight line from the exterior wall of the building to the nearest property line of the school or house of worship*)

Yes No

LIQUOR LICENSE APPLICATION
PART 1, Continued

19. Applicant and his associates in this application will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor, wine, or 3.2 percent malt liquor or beer and the Mound City Code, and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.
20. As the person executing this application for this license, I acknowledge that an investigation will be conducted for use in determining my qualifications. I hereby expressly authorize release of any and all information which any organization, company or person may have, including information of a confidential or privileged nature. I hereby release the City and any organization, company or person furnishing information to the City, as expressly authorized above, from any liability for damage which may result from furnishing the information requested.
21. In accordance with M.S. 13.04, the information requested on this form will be used by the City of Mound in the issuance of your license or processing of your renewal application. You may refuse to supply data, but refusal may require that the City deny the permit or license. Per Chapter 6 of the Mound City Code, a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant may be conducted to verify the information provided with the application. The information that you supply on this form will become public information when received by the City of Mound.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

Signature of Applicant

Title

Print Name

Date

(notary stamp)

Subscribed and sworn to before me this
____ day of _____, 20____.

(Notary Public/City Clerk)

For Office Use Only

Review by Administration:

Approved Denied NA

By: _____

Review by Police Department:

Approved Denied NA

By: _____

Comments: _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL ADDRESS		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number.	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032:

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:
- Other: _____.

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198. http://www.dli.mn.gov/CCLD/PDF/cclld_lic-04_workcomp.pdf

LIQUOR LICENSE APPLICATION

PART 1, Continued

Form SP-CI

LICENSE APPLICANT:

Pursuant to Minnesota statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number and 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:

1. 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;
2. Upon receiving this information, the licensing authority 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;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: _____ City of Mound, Hennepin County, Minnesota

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name _____

Applicant's Address _____
City State Zip

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____
City State Zip

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position (Officer, Partner, etc.) Date

LIQUOR LICENSE APPLICATION
PART 1, Continued

Insurance Information

Liquor Liability Insurance

Applicants are required to demonstrate liquor liability insurance coverage in the amount of \$100,000/person and \$300,000/two or more persons; \$10,000 property destruction; \$100,000/person and \$300,000/two or more persons for loss of means of support; and provide 30-day notice of cancellation.

1. Attach "Insurance Certificate."
"Application" for liquor liability is not acceptable.
2. Give name, address, and phone number of liquor liability insurance agent:

**Additional Information Regarding
Liquor Liability Insurance Certificates**

1. The name on the insurance certificate must match EXACTLY with the LICENSEE NAME given on the renewal or new application.

Example: If the renewal form lists ABC Company, Inc, the insurance certificate must also read ABC Company, Inc., not just ABC Company leaving off the Inc.

2. If your renewal form states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH licensee's names and the trade name.

Example: Mark & Jane Anderson, Anderson's Eatery. The insurance certificate must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.

3. The date of expiration for the insurance certificate must match the exact dates of the City's license and show coverage for the ENTIRE LICENSE PERIOD. The license period for the City of Mound is January 1 through December 31.
4. The address on the insurance certificate is the same address as the LICENSED PREMISES. No home addresses.