



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 OFFICE (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555
 DPS.MN.GOV

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.
 INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.**

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181
Licensee's Federal Tax ID # _____ Licensees must register with the Federal Tax and Trade Bureau (TTB),
 for information call (513) 684-2979 or 1-800-937-8864

Applicant:

Licensee Name (Applicant)	Business Name (DBA)	Social Security #
Licensee Location (Physical Address)	License Period From _____ To _____	DOB (Individual Applicant)
City	County _____ State _____	Zip Code
E-mail Address	Business Phone Number	Applicant's Home Phone #

If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code

1. If a corporation, date of incorporation _____, state incorporated in _____ If a subsidiary of any other corporation, so state _____.
 If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?
 Yes No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
3. Is establishment located near any state university, state hospital, training school, reformatory or prison?
 Yes No. If yes, state approximate distance. _____
4. Name and address of building owner _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No

5. Is/are applicant(s), a member of the governing body of the municipality in which this license is to be issued?
 Yes No If Yes, in what capacity? _____
6. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? Yes No If yes, give name and address of establishment. _____
7. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
8. State whether applicant has or will be granted, an On Sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
9. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality.

11. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
12. If this license is being issued by a County Board, is it located in an organized township?
If so, attach township approval.

Violations

1. Has applicant(s) had a liquor license revoked in the last 5 years; Yes No If so, give dates and details.

2. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? Yes No
 If yes, give dates, charges and final outcome. _____

3. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

REPORT BY POLICE/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 felonies or municipal ordinances relating to intoxicating liquor except as follows:

 Police/Sheriff's Department

 Title

 Signature

 County Attorney's Signature

Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

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.

Please review Insurance Certificate before submitting:

- Must be Certificate of Insurance (Declarations or Binders not accepted)
- Licensee name on this application and the Insurance Certificate must match EXACTLY.
- Must provide physical address of licensed location (No PO Boxes accepted)
- Dates of coverage must cover the entire license period.

or

- B. A surety bond from a surety company with minimum coverage as specified in A.

or

- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

Workers compensation insurance company: Name _____

Policy # _____ Number of employees: _____

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title	Signature of Applicant	Date
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1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
FAX (763) 755-8923 • WWW.ANDOVERMN.GOV

INTOXICATING LIQUOR LICENSE APPLICATION

False Information Prohibited: No person shall make a false statement or material omission in a license application. Any false statement or material omission shall be grounds for denying or revoking a license.

In answering the following questions, "Applicants" shall be governed as follows: For a Corporation, one officer shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "Applicants" shall execute this application for all members of the partnership.

EVERY QUESTION MUST BE ANSWERED

1. I, _____ as _____
First Middle Last
for and on behalf of _____ hereby apply for an On-Sale Intoxicating Liquor License to be located at _____, City of Andover, County of Anoka, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing _____, 20 ____ and ending _____, 20____.
2. Applicant's date of birth _____
Birthdates of Partners _____
or
Officers of Corporation _____
3. Applicant's Phone Number _____
4. Applicant's Email Address _____
5. The residence for each of the applicants named herein for the past five years is as follows:

6. Is the applicant a citizen of the United States? _____ If naturalized, state date and place of naturalization: _____
If a corporation or partnership, state citizenship of all officers or partners

7. The person who executes this application shall give spouse's full name and address.

8. What occupations have applicant and associates in this application followed in the past five years?

9. If a partnership, state name and address of each member of partnership.

If a corporation:

Date of incorporation: _____

State in which incorporated: _____

Amount of authorized capitalization: _____

Amount of paid capital: _____

If a subsidiary of another corporation, so state: _____

Name and address of all officers, directors, and stockholders, and the number of shares held by each:

If incorporated under the laws of another state, is corporation authorized to do business in this state: _____ Number of certificate of authority: _____

10. On what floor is the establishment located, or to be located?

11. Describe the premises to be licensed.

12. Is the establishment located near an academy, college, university, church, elementary, middle school or high school? _____

State approximate distance of the establishment from such school or church:

13. Give name and address of owner of building establishment is to be located in.

Has owner of building any connection, directly or indirectly, with applicant?

14. Are the taxes on the above mentioned property delinquent? _____

In accordance with City Code Title 3, no license shall be granted for operation or renewal on any premises on which taxes, assessment or other financial claims of the City are delinquent and unpaid.

15. State whether applicant or any of his associates in this application have ever had an application for a liquor license rejected by any municipality or state authority. _____

If so, give date and details: _____

16. Has the applicant or any of his associates in this application during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances?

If so, give date and details:

17. State whether applicant or any of his associates in this application during the past five years were ever convicted of any law violations or any crime in this state or any other state or under Federal Laws.

If so, give date and details: _____

18. State whether any person, other than applicants, has the right, title or interest in the furniture, fixtures or equipment in the premises for which license is applied; and, if so, give name and details:

19. Is the applicant or any of his associates in this application a member of the City Council in the municipality where this license is be issued?

If applicant for license is the spouse of a member of the governing body or where other family relationship exists, such member shall not vote on this application.

20. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota?

Give name and address of such establishment: _____

21. Furnish the name and address of at least three business references, including one bank reference:

22. What is the seating capacity of this establishment?

23. During what hours will food be available?

24. State the name of the person who will operate the restaurant.

25. State the name of the person who will operate the bar.

26. State the number of people the restaurant will employ.

27. Will food service be the principal business of this establishment?

28. State trade name to be used.

29. If this restaurant is in conjunction with any other business (such as resort, etc.) describe such business.

30. How many years has this business been in operation under this ownership? _____
31. Does applicant intend to sell intoxicating liquor to other than the consumer? _____
32. How many months of the year will this establishment be open?

33. Applicant and his associates in this application will strictly comply with all the laws of the State of Minnesota governing the taxation and sale of intoxicating liquor, rules and regulations, promulgated by the Liquor Control Commissioner, and all laws of the country, and I hereby certify that I have read the foregoing questions and that the answers to said questions are true to my knowledge.
34. Prior to consideration of the application an investigation shall be made by the county sheriff's department of all persons listed on the license application.

Signature

Date

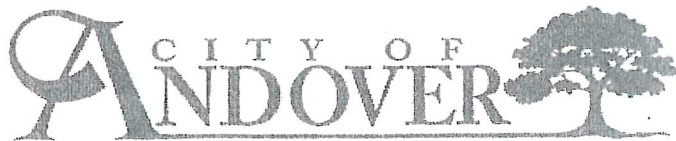
License Fees		
<u> </u> Sunday Liquor License: <u>\$200.00</u>		License # _____
<u> </u> Intoxicating On-Sale: <u>\$5,250.00</u>		
<u> </u> Intoxicating Off-Sale: <u>\$200.00</u>		
<u> </u> Wine Only: <u>\$500.00</u>		
<u> </u> 2:00 a.m. Closing: <u>\$50.00</u>		
Action by City Council: _____ Approved _____ Denied _____ Date: _____		

REPORT ON APPLICANT OR APPLICANTS BY SHERIFF'S OFFICE

This is to certify that to the best of my knowledge, the applicant, or his associates named herein, have not been convicted within the past five years of any violation of the laws of the State of Minnesota, or Municipal Ordinances relating to the sale of non-intoxicating liquors except as hereinafter stated.

Date: _____

Anoka County Sheriff's



CITY OF ANDOVER
CITY CLERK'S OFFICE
REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this applicant in City License files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Anoka County Sheriff's Office Administration

**Background Check to Include: Criminal History, Drivers License Check, Credit History,
Outstanding Warrants Check**

Please Print

Type of License Applied for: _____

Business Name: _____

Business Address: _____

APPLICANT INFORMATION:

Name: _____ Date of Birth: _____
First Middle Last

Address: _____
Street City State Zip Code

Phone Number: _____ Alternate Phone: _____

Drivers License, State ID, Or Military ID Number (attach copy): _____

Previous Names (past 5 years): _____

Previous Addresses (past 5 years): _____
(Attach separate sheet if necessary)

I, the undersigned do hereby authorize the Anoka County Sheriff's Office to disclose all criminal history, credit history and warrant record information to the City Clerk's Office for the purpose of licensing with the City of Andover. This authorization shall be valid for one year from the date of my signature.

Signature _____
Date

**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKER'S COMPENSATION LAW**

PRINT LEGIBLY IN INK OR TYPE

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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by workers' compensation law.
(see Minnesota Statute 176.041 for list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: A valid worker's compensation policy must be kept in effect at all times by employers as required by law.

Business Name (Individual name only if no company name is used): _____

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED – ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is canceled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.

CITY OF ANDOVER TAX CLEARANCE

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority required to provide to the Minnesota Commissioners of Revenue your Minnesota Business Tax Identification Number and 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:

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 the information 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 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 ANDOVER _____

License Renewal Date: _____

Personal Information:

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Or Individual Tax Identification Number (ITIN) _____

Business Information:

Business Name: _____

Business Address: _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

If Minnesota Tax Identification number is not required, please explain. _____

Signature: _____ Company: _____



TENNESSEN WARNING

In connection with your request for a license the City of Andover has asked that you provide information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota – Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Date

Signature of Applicant

Print Name