



1685 CROSSTOWN BOULEVARD N.W. • ANDOVER, MINNESOTA 55304 • (763) 755-5100
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COMBINATION APPLICATION FOR RETAILERS (ON-SALE) (OFF-SALE)
3.2 % MALT LIQUOR LICENSE

To the City of Andover, County of Anoka I, _____, of the
City of _____, County of _____ hereby
make application for the following license(s): (Off-Sale) (On-Sale) established pursuant
to an Ordinance passed by the Andover City Council.

For the past five years my residence has been as follows: _____

I was born _____ at _____
(month, day, year) (City, Village, or Town)

I am the _____ of _____
(Title, Officer) (Name of Organization)

located at the following address _____

The date the organization was incorporated _____

The name and address of the officers are as follows:

Name of Business: _____

Business Address: _____

Store Manager: _____

Store Phone Number: _____

I agree, as part of this application, to furnish a list of all other persons, firms, or corporations having an interest in the licensed organization. I will notify the City of Andover of any change in legal ownership or beneficial interest in such organization.

I am _____ am not _____ engaged in the retail sale of intoxicating liquor.
I have _____ have not _____ had an application for licenses rejected previously.
I have _____ have not _____ been convicted of a felony or of violating any national or state liquor law or local ordinance relating to the manufacture, sale or transportation of intoxicating liquor.

Gambling or gambling devices will not be permitted on the licensed premises.

I have no intention or agreement to transfer this license to another person.

I agree to waive my constitutional rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance providing for the granting of this license.

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge.

Signature of Applicant

Date

License Fees:	
Temporary: <u>\$25.00</u> (3 day max.)	License # _____
Off-Sale 3.2% Malt Liquor: <u>\$75.00</u>	
On-Sale 3.2% Malt Liquor: <u>\$200.00</u>	
Action by City Council: _____ Approved _____ Denied Date: _____	

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: _____
(only required if no TAX ID number)

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