



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____

Licensee's Federal Tax ID # _____ Licensee's MN Tax ID# _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>



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 to 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

 Sunday Liquor License: \$200.00

License # _____

 Intoxicating On-Sale: \$5,500.00

 Intoxicating Off-Sale: \$250.00

 Wine Only: \$550.00

 2:00 a.m. Closing: \$50.00

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



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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 A 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.

REQUEST FOR BACKGROUND CHECK INFORMATION

APPLICANT INFORMATION (PLEASE PRINT):

TYPE OF LICENSE APPLIED FOR: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

FULL NAME: _____
FIRST, MIDDLE, LAST DATE OF BIRTH

HOME ADDRESS: _____
CITY STATE ZIP

PHONE NUMBER: (_____) _____ ALTERNATE NUMBER: (_____) _____

EMAIL ADDRESS: _____

DRIVER'S 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, DRIVERS LICENSE CHECK, 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 270C.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