



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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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

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 \_\_\_\_\_

Applicant's Phone Number \_\_\_\_\_

Applicant's Email 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:	License # _____
<u>  </u> Off-Sale 3.2% Malt Liquor: <u>\$100.00</u>	
<u>  </u> On-Sale 3.2% Malt Liquor: <u>\$200.00</u>	
Action by City Council: _____ Approved _____ Denied _____	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



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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: \_\_\_\_\_