

License #

Year:

Fee \$

**STATE OF MINNESOTA**  
**Combination Application for On and Off Sale 3.2% Malt Liquor License**

To the City of Melrose, County of Stearns

I,  , of the City of Melrose, County of Stearns, State of MN, hereby make application for a  On  Off Sale Malt Liquor License to sell such malt liquor under and pursuant to an ordinance passed by the City Council of the City of Melrose; and Chapter 340, MN Statutes 1945, as amended, providing for licensing and regulating the sale of 3.2% Malt Liquor.

During the past five years, my residence has been as follows:

I was born on the  day of \_\_\_\_\_, (year) at  (City)  (State)  (Country).

I am a  native  naturalized citizen of the United States.

I am  married  not married. My  wife's  husband's name and address is .

I am a proprietor.

Firm was incorporated \_\_\_\_\_ in the State of  Corporation is authorized to do business in MN.

License is for  (street address) located as follows:

The license will be in connection with bowling alley, drug store, café, restaurant, hotel, club) which has been in operation months  years.

The establishment is located on the  floor.

The business premises are owned by .

The taxes on the property are not delinquent.

I am  engaged in the retail sale of intoxicating liquor.

I have  had an application for license rejected as follows:

I have never been convicted of a felony or of violating any National or state liquor law or local ordinance relating to the manufacture, sale or transportation, or possession for sale or transportation of intoxicating liquor.

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

I am the owner of the leasehold, furniture, fixtures, and equipment in the premises for which the license is applied, except

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

I submit the following names of persons, including a bank, for reference, with which I have had business relations as follows:

I  intend to engage in the sale of intoxicating liquor and will have a Federal Occupational Tax Receipt in accordance with the ordinance governing this license. My Federal Tax Stamp Receipt is No. \_\_\_\_\_

I will comply strictly with the provisions of the ordinance relating to the sale of soft drinks for "mixing" purposes and will serve patrons in full view of the public.

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 and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Subscribed and sworn to before this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**Note:** Licenses may be issued only to persons who are citizens of the United States and who are of good moral character and repute, who have attained the age of 21 years and who are proprietors of the establishment for which the licenses are issued. Laws 1949, C700.



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133  
 Telephone 651-296-6979 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: (circle 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 MN Tax ID # \_\_\_\_\_  
 (To Apply call 651-296-6181)

Licensee's Federal Tax ID # \_\_\_\_\_  
 (To apply call 651-290-3905)

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))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

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.

Circle One: (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 must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-215-6209, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**

STATE OF MINNESOTA )  
COUNTY OF STEARNS ) ss.  
CITY OF MELROSE )

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_ DBA \_\_\_\_\_  
hereby state that my sales of On Sale 3.2% Malt Liquor have not exceed \$25,000 in the  
preceding year. In the event that the sales exceed \$25,000 in a licensed year, I will obtain  
the required liquor liability coverage and file a certification of insurance with the City  
Administrator immediately upon reaching the \$25,000 in sales.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at the City of Melrose,  
Minnesota.

\_\_\_\_\_

STATE OF MINNESOTA )  
COUNTY OF STEARNS ) ss.  
CITY OF MELROSE )

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public within  
and for said County, personally appeared \_\_\_\_\_ DBA  
\_\_\_\_\_ to me known to be the person described in and  
who executed the foregoing instrument and acknowledged that he/she/they executed the  
same as his/her/their free act and deed.

NOTARY PUBLIC

STATE OF MINNESOTA )  
COUNTY OF STEARNS ) ss.  
CITY OF MELROSE )

**TO WHOM IT MAY CONCERN:**

I, \_\_\_\_\_ DBA \_\_\_\_\_  
hereby state that my sales of Off Sale 3.2% Malt Liquor have not exceed \$50,000 in the  
preceding year. In the event that the sales exceed \$50,000 in a licensed year, I will obtain  
the required liquor liability coverage and file a certification of insurance with the City  
Administrator immediately upon reaching the \$50,000 in sales.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ at the City of Melrose,  
Minnesota.

\_\_\_\_\_

STATE OF MINNESOTA )  
COUNTY OF STEARNS ) ss.  
CITY OF MELROSE )

On this \_\_\_\_\_ day of \_\_\_\_\_, before me, a Notary Public within  
and for said County, personally appeared \_\_\_\_\_ DBA  
\_\_\_\_\_ to me known to be the person described in and  
who executed the foregoing instrument and acknowledged that he/she/they executed the  
same as his/her/their free act and deed.

NOTARY PUBLIC

BACKGROUND CHECK FEE: \$50

BACKGROUND CHECK  
(Required Information)

Please Print

PERSONAL:

Full Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_ / \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Are you a citizen? \_\_\_\_ Yes \_\_\_\_ No Place of Birth: \_\_\_\_\_

Other Addresses Past 10 years:  
\_\_\_\_\_  
\_\_\_\_\_

FINANCIAL:

Have you operated any other businesses the past 10 years? \_\_\_\_ Yes \_\_\_\_ No

If yes, please list the name of the business and address below.

\_\_\_\_\_  
\_\_\_\_\_

List below the names of 2 financial institutions (Banks) where you have or are now conducting business. Also list the address.

\_\_\_\_\_  
\_\_\_\_\_

REFERENCES:

List the names and addresses of three (3) persons, not related to you, who have known you for at least 3 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARREST OR CRIMINAL ACTIONS:

Have you ever been arrested or detained by Police for anything other than a minor traffic charge? \_\_\_\_ Yes \_\_\_\_ No If yes, please list details below.

Arrested For: \_\_\_\_\_ Date: \_\_\_\_\_

Police Agency: \_\_\_\_\_ Disposition: \_\_\_\_\_

(Use additional sheet if necessary)

I hereby certify that all statements made are true and correct and also understand that any false statements may subject me to disqualification or prosecution.

\_\_\_\_\_  
(Full Signature)

\_\_\_\_\_  
(Date)

AUTHORIZATION TO RELEASE INFORMATION

To: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As an applicant for \_\_\_\_\_

I am required to furnish information which \_\_\_\_\_  
may use in determining my moral, physical, mental and financial qualifications,  
as well as my background and any possible criminal record. In this connection,  
I hereby expressly authorize the release of any and all information which you  
may have concerning me, including information of a confidential or privileged  
nature.

I hereby release the City of Melrose, any and/or all of its agents, and any  
organization, firm or person furnishing information to the City of Melrose, as  
authorized above, from any liability for damages which may result from the  
furnishing of the requested information.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed Name

\_\_\_\_\_  
Applicant's Address

\_\_\_\_\_  
Applicant's Date of Birth

**STATE OF MINNESOTA  
LICENSE APPLICANT INFORMATION**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

***Please print or type***

\_\_\_\_\_  
Name of license being applied for and license number

\_\_\_\_\_  
Licensing Authority (name of city, county, or state agency issuing license)

\_\_\_\_\_  
License renewal date

**PERSONAL INFORMATION:**

\_\_\_\_\_  
Applicant's last name                      First name and middle initial                      Social Security number

\_\_\_\_\_  
Applicant's address    City                      State                      Zip Code

**BUSINESS INFORMATION (if applicable):**

\_\_\_\_\_  
Business name

\_\_\_\_\_  
Business address    City                      State                      Zip Code

\_\_\_\_\_  
Minnesota tax identification number    Federal tax identification number

***If a Minnesota tax identification number is not required, please explain on the reverse side of this form.***

\_\_\_\_\_  
Signature    Title    Date

City of Melrose  
225 East First Street North  
PO Box 216  
Melrose MN 56352-0216

**CERTIFICATION OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or is falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Provide the information specified above in the spaces provided or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:

(NOT the insurance agent)

Policy Number:

Dates of Coverage: \_\_\_\_\_ to  
(or)

I am not required to have workers' compensation liability coverage because:

\_\_\_\_\_ I have no employees

\_\_\_\_\_ I am self-insured (include permit to self-insure)

\_\_\_\_\_ I have no employees who are covered by the workers' compensation law (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name:

Doing Business As:

Business Address:

City, State, Zip: Melrose MN 56352

Phone: (320) 256-

Signature: \_\_\_\_\_

Date: