



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar Street - Suite 133
 St. Paul, MN 55101-5133

(651) 296-6439 Fax (651) 297-5259 TDD (651) 282-6555



NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
PERMIT FEE \$250 (Permits expire March 31st of each year)

WORKERS COMP. INS. CO. _____
 POLICY NO. _____ DATES OF COVERAGE _____

**Amount
 received**

LICENSEE'S MN SALES & USE TAX ID # _____ To apply for MN Tax ID # 651-296-6181

LICENSEE'S FEDERAL TAX ID # _____ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Applicants Full Name (Business, Partnership, LLC, Corporation)	DOB	SS #	Trade Name or DBA
Business Street Address or Box Number		County	Business Phone ()
City		State	Zip Code

PERMIT TYPE
 Private Club Public Business

Type of Business (Restaurant, Dance Hall, etc.) _____

Full Name of Business or Club Manager _____ DOB _____ Address of Manager _____

Name of Building Owner _____ Address of Owner _____

ARE THE CLUB OR BUSINESS PREMISES SEPARATE FROM ANY OTHER BUSINESS ESTABLISHMENT? Yes No

IS THERE A CURRENT 3.2 BEER LICENSE TO THIS BUSINESS AT THIS LOCATION? Yes No

IS APPLICATION _____ IF TRANSFER, FORMER LICENSEE'S NAME AND BUSINESS TRADE NAME
 ORIGINAL TRANSFER

If a Partnership, state the name and address of each partner. If a Corporation, state the name and address of each officer. If a Club, state the name and address of each Officer or Director.

Full Name	DOB	SS #	Address
Full Name	DOB	SS #	Address
Full Name	DOB	SS #	Address

FOR A PRIVATE CLUB

A CLUB MUST ATTACH A COPY OF THE CONSTITUTION AND BYLAWS OF THE CLUB AND A CURRENT LIST OF MEMBERS.

Date Club Organized	Number of Members	Amount of Dues	Membership Requirements
Length of Time Club At Present Location	Is Club Building Owned or Rented?	Does Club Store Liquor For Members? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Has applicant, if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State Laws or local ordinances; if so, give date and details. _____

I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. **THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.**

Permittee Signature _____ Date _____
 (Signature certifies all above information to be correct and permit has been approved by city/county.)

City Clerk/County Auditor Signature _____ Date _____
 (Signature certifies that a consumption and display permit has been approved by the city/county as stated above.)



DEPARTMENT OF PUBLIC SAFETY
Liquor Control Division
444 Cedar St./Suite 100L
St. Paul, MN 55101-2156
Phone 612/296-6159 TDD 612/282-6555

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE

FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDEN. NO.
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS	COUNTY	BUSINESS PHONE	
CITY, STATE, ZIP CODE	AUTHORIZED SIGNATURE		

PS 9135 (3/95)

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
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Applicant's address	City	State	Zip Code
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BUSINESS INFORMATION (if applicable):

Business name

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
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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: _____

LICENSING REQUIREMENTS

CHECKLIST OF FORMS AND REQUIREMENTS NEEDED TO COMPLETE LICENSING PROCESS WITH THE STATE OF MINNESOTA.

All license applications need to be submitted with liquor liability insurance and workers compensation insurance. Applications submitted without liquor liability insurance that covers the license period completely will be returned to you. Insurance company applications for insurance are not proof of liquor liability and will not be accepted. The insurance must be in the exact corporate name if the licensee is incorporated or individual(s) name if not incorporated. The dates on the insurance must also cover your license period completely. Wine licensees may provide an affidavit that sales are under \$25,000 in lieu of liquor liability, if the city or county also agrees to this waiver (only for wine).

If you have a currently licensed establishment that is changing ownership, changing from an individual to a corporation, or changing the licensee name whatsoever, do not use the abbreviated renewal of liquor, wine or club application form. Use the appropriate full application(s) specified below. If you make copies of applications, copy both sides. If more than one individual is involved in the license, the partnership section of the application must be completed, (such as husband and wife).

Brand new establishments that have never before been licensed for liquor or wine must also have an inspection of their premises before license approval. Attached is a list of inspectors and the areas they inspect. The licensee should contact the appropriate inspector by phone or page and arrange for the inspection. The inspection is not done for a change of ownership of a currently licensed establishment.

New licensees, changes in ownership or licensee names changing to a corporation also need to obtain a new \$20 buyers card in the new licensee name. The \$20 may be submitted with other paperwork or sent in separately by the licensee with a letter indicating the name and address of the establishment. This is a yearly requirement, and renewal applications are sent directly to the licensee.

FORM NAMES AND NUMBERS:

OFF SALE APPLICATION FORM # 9136 (Used by city clerks and county auditors) both sides must be completed and signed by licensee. Sheriff and county attorney must also sign for county issued licenses.

YELLOW OFF SALE LICENSE FORM #9008 (Used by city clerks and county auditors). Must be filled out by city or county and signed in lower right corner, left corner is for Liquor Control Director signature. Licensee name should be the exact corporate name, if applicant is incorporated, or individual (s) if not incorporated.

ON SALE CERTIFICATION FORM #9011 (Used by city clerks only). Must be signed by city clerk. Fees city charges to licensee must be filled in on this form. No license is submitted with this form. City issues the actual on sale license to the licensee. The actual license forms may be purchased from stationery stores. The state does not approve these licenses. (NOTE: If you are a city clerk in the cities of Aurora, Biwabik, Chisholm, Ely, Eveleth, Gilbert, or Virginia, please submit the actual on sale license form for our approval also.)

COUNTY ON SALE LICENSE APPLICATION FORM # 9015 (Used by county auditors only,

completed on both sides, signed by applicant, county attorney and sheriff).

WHITE COUNTY ON SALE LICENSE FORM # 9038 (Used by county auditor only). License should be filled out and signed in lower right corner before submitting. Lower left corner is for Liquor Control Director signature. Licensee name should be exact corporate name if licensee is incorporated, or individual(s) name if not incorporated.

PINK COUNTY COMBINATION ON AND OFF SALE LICENSE FORM #9082 (Used by county auditor only). Use this license if licensee is being issued both on and off sale licenses for the same establishment. License should be filled out and signed in right lower corner before submitting. Licensee name should be in the exact corporate name if licensee is incorporated, or individual(s) name if not incorporated.

WINE LICENSE APPLICATION FORM # 9114 (Used by city clerk and county auditor). Must be filled out on both sides and signed by applicant. Sheriff and County attorney must sign for county issued licenses.

GREEN WINE LICENSE FORM #9115 (Used by both city clerk and county auditor. Must be filled out and signed by city or county in right lower corner before submitting. Left corner is for Liquor Control Director's signature. Licensee name should be the exact corporate name if licensee is incorporated, or individual(s) name if not incorporated.

CLUB ON SALE LICENSE APPLICATION FORM #9016 (Used by both city clerk and county auditor). Must be filled out on both sides and signed by applicant. County issued licenses must also be signed by county attorney and sheriff.

BLUE CLUB ON SALE LICENSE FORM #9130 (Used by both city and county) Must be filled out and signed in lower right corner before submitting. Left corner is for Liquor Control Director's signature.

BUYERS CARD APPLICATION FORM # 9135 (All licensees are required to purchase a \$20 buyers card from our office.) To facilitate the license process, the city clerk or county auditor may submit the \$20 received from the licensee and the completed buyers card application along with the other license application(s), license form(s), liquor liability and workers compensation insurance. Each year thereafter, this office sends the \$20 renewal buyers card application directly to the licensee, and the city clerks and county auditors need not submit.

RENEWAL OF LIQUOR, WINE OR CLUB APPLICATION FORM # 9093-94 (Used by all only at renewal time). This form is sent to the city clerks and county auditors at renewal time (approximately 60 days prior). If a currently licensed establishment is not changing the licensee name, not changing to a corporation, not changing their address, or not changing the type of license they presently have, the renewal form may be used. **DO NOT USE IF AN ESTABLISHMENT IS CHANGING OWNERSHIP, CHANGING TO A CORPORATION, CHANGING THE TYPE OF LICENSE THEY HAVE, CHANGING THEIR LOCATION, OR CHANGING THE LICENSEE NAME WHATSOEVER. USE ONE OF THE ABOVE COMPLETE FULL APPLICATIONS FOR THESE TYPES OF CHANGES. IT WILL BE RETURNED TO YOU AND DELAY YOUR LICENSEE'S LICENSE PROCESS AND MAY INTERRUPT LIQUOR SHIPMENTS BY WHOLESALERS TO ESTABLISHMENTS.** Simple changes such as license fees, deletion of one officer in a corporation, or telephone numbers can be written right on the renewal form to correct. Please make sure the back of the renewal form has been completed for violations. Omission of reporting violations that have occurred within 5 years at an

establishment will also be returned unapproved until properly reported. Signatures are required on the front of the renewal application as specified.



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LIQUOR LICENSE TRANSFER REQUIREMENTS

FEDERAL

Federal Tax Stamp 651-726-0220-Approximate cost \$200.
If business has employees, employer identification number required. IRS form SS-4 available from any IRS office.

STATE

Alcohol & Gambling Division 651-296-9519
Retailer's ID Card. Cost \$20. Mailed to business after City has processed license.
Certificate of Insurance as to Liquor Liability MN SS 340A.409
MN State Sales Tax Number 651-296-6181
Off Sale Liquor License Application. All questions must be answered.
Off Sale Liquor License. Fees are transferred. Former owner's license must be returned to Alcohol & Gambling Division along with license application.
Certification of On Sale Liquor License

CITY

Check on Stearns County website if taxes have been paid.
Public Hearing is required. Prepare Notice. Publish.
Notify State if change in Tobacco License holder
Public Hearing is required. Prepare Notice.
On Sale Liquor License Application. Fees are transferred.
On Sale Liquor License Former owner's license must be returned to the City.
Background Check Application. Payment of \$50 fee.
Authorization to Release Information-Given with Background Check Application to Melrose Police Department.
Letter from Melrose Police Department on results of background investigation.
Tobacco License Application. Payment of \$50 fee. (Fees not transferred) Former owner's license does not need to be returned to the City.
SP:C1 completed
Certificate of Insurance re: Worker's Compensation coverage or name of company providing coverage with policy number and dates of coverage.
If Tobacco License is being applied for, notify State of change.