



City of Osakis

14 Nokomis Street East
PO Box 486
Osakis, Minnesota 56360
Phone #320-859-2150
Fax #320-859-3978

Liquor/Tobacco License (New)

Applicant's Name: _____ Business Name: _____

Applicant (Please Check One): Corporation Natural Person LLC Partnership Other

APPLICATION FOR: (Check all that apply)

- ON-SALE INTOXICATING LIQUOR (\$2,000) SUNDAY LIQUOR (\$200) 2 AM CLOSING
- WINE (\$1,000) 3.2 ON-SALE (\$50) 3.2 OFF-SALE (\$40) BOTTLE CLUB (\$150)
- CLUB ON-SALE (\$300) CLUB SUNDAY (\$100) COCKTAIL ROOM (\$200)
- MICRO DISTILLERY (NO FEE) MICRO DISTILLERY OFF-SALE (\$250) TOBACCO (\$80)

Total Due: _____ Please make check payable to the City of Osakis.

Type of Business (Please Check One): Hotel Motel Restaurant Distillery Club

***If Hotel/Motel: Number of guest rooms - _____ Dining Area (Excluding Lounge) - _____ (square feet)

***If Restaurant: Dining area seating capacity - _____ (number of people)

***Dining area (excluding lounge) - _____ (square feet)

***If Restaurant: Number of employees - _____

Attachments (check all included with this application):

- A site plan of the property showing dimensions, building location, street access, parking facilities.
- A floor plan of the premises showing the dining area(s) dimensions, number of persons to be served meals in each room, and location of liquor sales.
- Evidence of gross sales for food and beverages information, separately.
- Investigation Fee (\$500) and License Fee – Make two separate checks payable to the City of Osakis
- Restaurant License (COPY)
- Liquor Serving Certificates for each employee (COPY)
- Liability Insurance *****Intoxicating Liquor Licenses must provide a certificate of Liquor Liability Insurance to be granted a license.*****

A Certificate of Liability Insurance must contain the following:

- (1) Show the exact licensee name (corporation, partnership, LLC, etc.) and business address as shown on the MN Department of Public Safety – Alcohol & Gambling Enforcement Division Renewal Form.
- (2) Cover completely the license period – expires January 14th each year.

Surety Bond (If NO Liability Insurance)

A list of at least three (3) references who are not related to the applicant and do not have a financial interest in the premises or business.

Have all real estate and other taxes for the premises and the business to be licensed been paid? Yes No

If NO, what years are delinquent?

Describe the premises to be licensed:

Floor establishment is located on:

Hours Food is Available:

Number of months per year establishment will be open:

Name of Manager:

Tennessee Warning (PRIVATE INFORMATION)

Under the Minnesota Government Data Practices Act (Minn. Stat. § 13.548), your name, address, telephone number, and e-mail are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate in this program. For example, your contact information is needed to provide information to you such as approval, etc. By signing below, you are consenting to allow registration information to be shared with the City Clerk/Treasurer, and other registered program participants in order to administer this activity. This consent expires upon completion of this activity.

If the restaurant is in conjunction with another business (resort, etc.), describe business:

Yes No Has applicant, partners, officers, or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere? If so, give names, dates, violations and final outcome details. _____

Yes No Is the applicant or any of the associates in this application a member of the city council which will issue this license? If yes, in what capacity? _____

Yes No Have the applicants had any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give the name and address of the establishment. Name: _____ Address: _____

Yes No During the past license year, has a summons been issued under the civil liability (Dram Shop) (Minn. Stat. §340A.802). If yes, attach a copy of the Summons.

Yes No Has a restaurant license been issued by the state or local health department for this establishment.

WORKERS COMPENSATION INFORMATION

| | |
|-----------------------------------|------------------------------------|
| Workers Compensation Company Name | Workers Compensation Policy Number |
|-----------------------------------|------------------------------------|

TAX INFORMATION

| | |
|---|----------------------------------|
| Licensee's MN Sales and Use Tax ID Number | Licensee's Federal Tax ID Number |
|---|----------------------------------|

BUSINESS INFORMATION

| | | | | |
|--|--------|----------------|----------|------------------------|
| Applicant's Name (Business, Partnership, Corporation, LLC) | | DOB | SSN | Trade Name or DBA |
| Business Address | | Business Phone | | Applicant's Home Phone |
| City | County | State | Zip Code | |

Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the % of stock held by each officer if applicable.

| | | | | | |
|------|-------|-------|---------|-----|-----|
| Name | Title | % Own | Address | DOB | SSN |
| Name | Title | % Own | Address | DOB | SSN |
| Name | Title | % Own | Address | DOB | SSN |
| Name | Title | % Own | Address | DOB | SSN |

Date of Incorporation _____ State of Incorporation _____ Certificate Number _____ Is the Corporation authorized to do business in Minnesota? _____ Purpose of Corporation _____

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE

Name of the Applicant (print or type) _____ Signature of Applicant _____ Date _____

OFFICE USE ONLY

Date Application Mailed to Applicant: _____

Date Application Received: _____

Date Certificate of Liability Received: _____

Date Application mailed to State: _____

Date City Council Action: Approved On: _____ Denied On: _____

Signature of City Clerk/Treasurer _____

Date _____

AUTHORIZATION

NOTE – If the applicant is a Corporation, Partnership, LLC, or other organization, EACH person with an ownership interest MUST complete this authorization page.

AUTHORIZATION FOR RELEASE OF FINANCIAL INFORMATION

The undersigned hereby authorizes the designated business, persons, or financial institutions to release information concerning my financial affairs to the City of Osakis for the express purpose of the investigation required and needed for the issuance of a Liquor License by the City of Osakis. List all banks.

- 1) _____
Bank Name
- 2) _____
Address
- 3) _____
Phone Number
- 4) _____
Contact Name

Signature

Print Full Name

Date of Birth

Social Security Number

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY

The undersigned hereby authorizes the State of Minnesota and any law enforcement agency in the State of Minnesota and elsewhere, to release to the Chief of Police for the City of Osakis any information regarding my criminal convictions or history of arrests, for any offense, for the limited purpose of investigating my background for issuance of a liquor license. This authorization is valid for six (6) months from the date below unless specifically withdrawn by the undersigned before the expiration of that time period. A copy of this Authorization is as valid as the original.

Date

Signature

Print Full Name

Date of Birth

Social Security Number

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