



# 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)  CONSUMPTION & DISPLAY (\$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)
- 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 14<sup>th</sup> 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: \_\_\_\_\_

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

**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.

- 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**

<b>Workers Compensation Company Name</b>	<b>Workers Compensation Policy Number</b>
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**TAX INFORMATION**

<b>Licensee's MN Sales and Use Tax ID Number</b>	<b>Licensee's Federal Tax ID Number</b>
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**BUSINESS INFORMATION**

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

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 \_\_\_\_\_