

## City of Osakis 14 Nokomis Street East

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

## **Liquor/Tobacco License Renewal**

Applicant's Name:	Business Name:									
<b>Applicant (Please Check One):</b>	☐ Corporation	☐ Natural Pers	on LLC	Partnersh	ip Other					
APPLICATION FOR: (Check all that apply)										
☐ON-SALE INTOXICATING LIQ	QUOR (\$2,000)	SUNDAY LI	QUOR (\$200)	2 AM CLOS	SING					
<b>■</b> WINE (\$1,000) <b>■</b> 3.2 ON-SALE	2 (\$50) 3.2 O	FF-SALE (\$40)	□ CONSUM	PTION & DISP	LAY (\$150)					
□CLUB ON-SALE (\$300) □CLUB SUNDAY (\$100) □COCKTAIL ROOM (\$200)										
☐MICRO DISTILLERY (NO FEE) ☐MICRO DISTILLERY OFF-SALE (\$250) ☐TOBACCO (\$80)										
Renewal Total Due:			Please make	e 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 -  ***If Restaurant: Dining area seating capac  ***Dining area (excluding lounge) -  ***If Restaurant: Number of employees -	city (squa	(number of pare feet)			(square feet)					
Attachr	nents (check al	l included with	this applica	tion):						
☐ A site plan of the property showing dimensions, building location, street access, parking facilities. ( <u>Only if Changes</u> ) ☐ A <u>floor plan</u> of the premises showing the dining area(s) dimensions, number of persons to be served meals in each room, and location of liquor sales. ( <u>Only if Changes</u> )										
☐ Evidence of gross sales for food and	beverages informa	ation, separately.								
License Fee										
☐ Restaurant License (COPY)										
Liability Insurance***Intoxicating Liquo	or Licenses must prov	vide a certificate of I	iquor Liability In	isurance to be grante	d a license. ***					
·	rtificate of Liability									
(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 – exp	ires January 14th each	ı year.								
☐ Surety Bond (If NO Liability Insurance)										
Have all real estate and other taxes for If NO, what years are delinquent?	the premises and t	the business to be	licensed been p	paid? Yes	No					
Describe the premises to be licensed:										
Floor establishment is located on:			Hours Food is	s Available:						
Number of months per year establishme	ent will be open:		Name of Man	ager:						
If the restaurant is in conjunction with	another business (	(resort, etc.), descr	ribe 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). <b>If yes, attach a copy of the Summons.</b>									
Yes No	Has a restaura	nt license been iss	ued by the state	or local he	alth departmen	t for this establishment.				
WORKERS	COMPENSA	ATION INFO	RMATION							
Workers Compensation Company Name			Workers Compensation Policy Number							
TAX INFOR				<b>.</b> .						
Licensee's MN Sales and Use Tax ID Number			Licensee's Federal Tax ID Number							
BUSINESS I				202	aasi	In				
Applicant's Na	me (Business, F	Partnership, Corp	oration, LLC)	DOB	SSN	Trade Name or DBA				
Business Address			Business Phone Applican		Applicant's Home Phone					
City	Cou	inty		State	Zip Code					
Give information by each officer i		w for all partners,	or the <u>officers</u> as	nd director	rs of a partners	hip or corporation, and the % of stock held				
I CERTIFY THAT KNOWLEDGE	I HAVE READ T	HE ABOVE QUESTI	ONS AND THAT T	THE ANSWI	ERS ARE TRUE	AND CORRECT TO THE BEST OF MY				
Name of the Applicant (print or type) Sign			ature of Ap	plicant	Date					
Date Application	Mailed to Appli	cant:	OFFICE U	USE ON	LY					
Date Certificate	of Liability Recei	ved:								
=	=	to State:								
Date City Counci	l Action: Appro	oved On:		_ Denie	ed On:					
Signature of City (	Clerk/Treasurer		Date							