



City of Osakis

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: _____

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)

Renewal 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. *(Only if Changes)*
- 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. *(Only if Changes)*
- Evidence of gross sales for food and beverages information, separately.
- License Fee
- 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 14th each year.

Surety Bond (If NO Liability Insurance)

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.

