

City of Detroit Lakes
Supplement Form to Application for Liquor License

Type of Liquor License: _____

Requested Effective Date of Liquor License: _____

Full Name of Applicant/Applicants: _____

Birthdate of Applicant/Applicants: _____

Address of Applicant/Applicants: _____

Telephone Number of Applicant/
Applicants: _____

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 (if renewal):		License Number #:
Licensing Authority (name of city, county, or state agency issuing license):		
License Renewal Date:		

PERSONAL INFORMATION:		
Applicant's last name	Applicant's first name and middle initial	Social Security Number
Applicant's address	City	State Zip Code

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

Applicant Signature:

Signature	Title	Date
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Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE.

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

Trade name _____ Date of application _____

Licensing period _____

1. Type of Application: _____ New _____ Renewal _____ Transfer

2. Name of applicant _____ Phone _____

3. Home address _____ City _____ State _____

4. Date of birth _____ Place of birth _____

5. Address of business location _____

6. Legal description _____

7. List owners of building or premise to be licensed: _____

8. Corporate or partnership title _____

9. Corporate or partnership address _____

10. List all partners, officers or directors, if corporation:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. If this is a transfer application give name, address, of persons, partnership or corporation holding license for the past year.

12. Who owns the tavern fixtures?

13. What vending or mechanical amusement device company has or will have machines on the licensed premise?

14. Are you a Minnesota resident? Yes No

_____ from _____ to _____
dates of residency

If not, where resident: _____

15. Have you ever been convicted of violating Federal, State or Local liquor laws and/or regulations? Yes No

If yes explain fully on separate sheet of paper.

16. Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I further understand that an investigation fee not to exceed \$500.00 shall be charged an applicant by the city or county if the investigation is conducted within the state, or the cost not to exceed \$10,000.00 if the investigation is required outside the state.

Signature of Applicant

Subscribed and sworn to before me this

_____ day of _____ 19____.

(notary public)

My commission expires _____

Every person licensed to sell at retail intoxicating liquor or nonintoxicating liquor at on-sale or off-sale shall, after August 1, 1983, demonstrate proof of financial responsibility with regard to liability imposed by Section 340.A.409, to the authority issuing the license as a condition of the issuance or renewal of their license, provided this subdivision does not apply to licensees establishing, by affidavit, that they are on-sale 3.2 percent malt liquor licensees with sales of less than \$25,000 of 3.2 percent malt liquor for the preceding year, or off-sale 3.2 percent malt liquor licensees with sales of less than \$50,000 of 3.2 percent malt liquor for the preceding year, or holders of on-sale wine licenses under subdivision 20, with sales of less than \$25,000 of wine for the preceding year. The issuing authority must submit to the commissioner the proof of financial responsibility or exemption affidavit submitted by the license applicant. Proof of financial responsibility may be given by filing:

(a) A certificate that there is in effect for the period covered by the license an insurance policy or pool providing the following minimum coverages:

(1) \$50,000 because of bodily injury to any one person in any one occurrence and, subject to the limit for one person, in the amount of \$100,000 because of bodily injury to two or more persons in any one occurrence, and in the amount of \$10,000 because of injury to or destruction of property of others in any one occurrence.

(2) \$50,000 for loss of means of support of any one person in any one occurrence, and, subject to the limit for one person, \$100,000 for loss of means of support of two or more persons in any one occurrence; or

(b) A bond of a surety company with minimum coverages as provided in clause (a), or

(c) A certificate of the state treasurer that the licensee has deposited with them \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000.

EXEMPTION AFFIDAVIT:

I, _____, certify that my business, _____, does sales of less than \$25,000 of 3.2 percent of malt liquor (on-sale) or sales of less than \$50,000 of 3.2 percent malt liquor (off-sale) or does sales of less than \$25,000.00 of wine for the preceding year.

DATED at Detroit Lakes, Minnesota, this _____ day of _____, 20_____.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555
 www.dps.state.mn.us

Application for Optional 2 AM Liquor License

License type code: 2AM License Expiration Date _____ ID# _____
 (For Office Use Only)

Licensee Name: _____

Trade Name: _____

Licensed Location Address: _____

City, State, Zip Code: _____

Business Phone: _____

If the above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name	(First Middle Last)	DOB	Social Security #	Home Address
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Partner/Officer Name	(First Middle Last)	DOB	Social Security #	Home Address
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Partner/Officer Name	(First Middle Last)	DOB	Social Security #	Home Address
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Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: **Alcohol and Gambling Enforcement Division (AGED)**. Mail this application and check to : AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133.

- \$300 2 AM license fee - Up to \$100,000 in on sale gross receipts for alcoholic beverages
- \$750 2 AM license fee - Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages
- \$1,000 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages
- \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders
- \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

Yes No Does your city or county licensing official allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature _____ Date _____

(I certify that the city or county of _____ approves the sale of alcoholic beverages until 2 AM)

Licensee Minnesota Tax ID Number (Required) _____

Licensee Signature _____ Date _____

(I certify that I have answered the above questions truthfully and correctly)

Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.



Minnesota Department of Public Safety

CARD NUMBER _____

ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651)296-9519 FAX (651)297-5259 TTY (651)282-6555

APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE PLEASE RETURN THIS APPLICATION WITH \$20.00 FEE

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	

PS9135

Last Modified: Monday, August 20, 2001.

URL <http://www.dps.state.mn.us/alcgamb/alcenf/forms/retail.html>



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