

Partner/Officer Name

(First Middle Last)

## 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 Expirati	ion 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 La	ast) DOB	Social Security #	Home Address				
Partner/Officer Name	(First Middle La	ast) DOB	Social Security #	Home Address				

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.

Social Security #

Home Address

DOB

\$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

 $\Box$  Yes  $\Box$  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(I certify that I have answered the above questions truthfully and correct	ectly) Date

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.