

BECKER COUNTY LICENSE APPLICATION

915 Lake Ave. Detroit Lakes MN 56501

All Questions MUST Be Answered

Section 1: Application Type:

New Renewal Temporary Date (s) of Event: _____

Section 2: Type of License you are applying for:

On Sale Liquor License 3.2 Malt Liquor On-Sale
 Off Sale Liquor License 3.2 Malt Liquor Off-Sale
 On/Off Sale Liquor License 3.2 Malt Liquor On/Off-Sale
 Wine/Strong Beer

Sunday Sales: YES NO

Section 3: Applicant Information:

Applicant Last Name:	Applicant First Name:	Applicant Middle Name (Full):
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Licensee Name	Trade Name or DBA
Business Address	City, State and Zip Code
Business Phone	Cell Phone Number
Mailing Address	City, State and Zip Code
Social Security #	Email
Minnesota Tax Identification Number	Federal Tax Identification Number

If a corporation or partnership, give name, title, address and date of birth for each officer or partner:

Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB

Applicant's initials confirms the following:

_____ Licensee confirms that it has never had a liquor license rejected by any city/township or county in the state of Minnesota. If ever rejected, please give details.

_____ Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If revocation has occurred, please give details in space provided below.

_____ Licensee confirms that during the past five years, it or its employees, have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details in space provided below.

_____ Licensee confirms that Workers Compensation insurance is in effect for the full license period.

_____ Licensee confirms that they did not exceed \$25,000 sales in the preceding year and/or if the total sales of OFF Sale exceeded \$50,000 in the preceding year. If amount was exceeded Liquor Liability Insurance (Dram Shop) – at a minimum of \$300,000 per person; \$300,000 more than one person; \$300,000 property destruction; \$300,000 for loss of means of support is required. Please attach certificate of insurance.

Indicate details of any liquor law violations that have occurred within the last five years:

Under Minnesota law (M.S.270C.72, subdivision 4), 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 much 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.

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Signature of Applicant

Date

Report by County Sheriff & County Attorney

This is to verify that a background check has been completed and appearing to the best of said knowledge that applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2% malt beverage or intoxication liquor, and that if a violation has occurred it has been corrected and therefore in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Signature of Sheriff

Signature of Attorney