



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 444 Cedar Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION FOR COUNTY ON-SALE  
 INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until MN Alcohol and Gambling Enforcement receives the \$20 retailer ID card fee.**

To apply for MN Sales tax number call 651-296-6181

Workers compensation insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_

Licensee's MN sales and Use Tax ID # \_\_\_\_\_ Licensee's Federal Tax ID # \_\_\_\_\_

Applicants Name (Business, Partnerships, Corporation)			DOB	SSN	Trade Name or DBA
Business Address			Business Phone		Applicant's Home Phone
City	County	State	Zip Code	License Period From _____ To _____	
Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.					
Name, title, and percent ownership		Address		DOB	SSN
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Name, title, and percent ownership		Address		DOB	SSN
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of corporation			If a subsidiary of another corporation, give name		
Describe the premises to be licensed					
Floor establishment is located on		Number of restaurant employees	Seating capacity	Hours food will be 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					
Name the nearest municipality on sale licenses are issued.					

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 county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_  
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes  No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

Yes  No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

Yes  No Will you serve liquor on Sunday? Amount of Sunday license fee \_\_\_\_\_

Yes  No Is this establishment located in an organized township? If so, attach township approval.

Yes  No Has a restaurant license been issued by the state or local health department for this establishment?

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Name of applicant (please print or type)      Signature of Applicant      Date

The licensee must have one of the following:

- Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach **"CERTIFICATE OF INSURANCE"** to this form.
- A surety bond from a surety company with minimum coverage as specified above.
- A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

\_\_\_\_\_  
Signature County Attorney      County      Date

**REPORT BY POLICE OR SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

\_\_\_\_\_  
Signature County Sheriff      Department and Title      Date

**IMPORTANT NOTICE**

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.  
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.