



City of Albertville
5959 Main Avenue NE, P.O. Box 9
Albertville, MN 55313
763.497.3384
Fax 763.497.3210
www.ci.albertville.mn.us

NEW LIQUOR LICENSE APPLICATION

License Year: _____

Period Runs April 15 to April 14

I. APPLICANT INFORMATION

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Are you a citizen of the U.S.? Yes No

Please list your residence(s) for the last five years: _____

Please list your employment for the last five years: _____

II. LICENSE TYPE (Check all)

- | | |
|--|---|
| <input type="checkbox"/> On Sale Intoxicating | <input type="checkbox"/> Off Sale 3.2 Malt Liquor |
| <input type="checkbox"/> On Sale Wine | <input type="checkbox"/> Club |
| <input type="checkbox"/> On Sale 3.2 Malt Liquor | <input type="checkbox"/> Sunday Sale |
| <input type="checkbox"/> Off Sale Intoxicating | <input type="checkbox"/> 2 A.M. Close |

III. LOCATION

Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip: _____

Are you the owner of the physical building? Yes No

If no, please list Owner's Name: _____

Owner's Address: _____

Owner's Phone: _____ Owner's Email: _____

Owner's Business Name: _____

Owner's Business Address: _____

Owner's Business Phone: _____ Owner's Business Email: _____

IV. BUSINESS OWNERS/OFFICERS

If Sole Proprietor:

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____

If PARTNERSHIP or CORPORATION (List ALL Partners, Officers, Directors, use additional sheets as needed):

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Title/% Ownership: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Title/% Ownership: _____

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Title/% Ownership: _____

Please list any and all other businesses the owner(s) holds an interest in that have been issued a liquor license (use separate sheet if needed): _____

V. ON-SITE MANAGER

Legal Name: _____
Street Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Cell: _____ Work Shift/Daily Hours: _____

Please list your employment for the last five years: _____

VI. SEATING, HOURS, AND EVENTS

1. Please provide a diagram of the building and land and indicate all areas where liquor will be served.
2. Will you be serving liquor outdoors? Yes No
If yes, you must apply for and receive approval from the City Council for a Conditional Use Permit for outdoor seating (separate application).
3. Will you be seeking a license to serve until 2 a.m.? Yes No
4. If seeking a wine license, does your establishment have seating for at least 25 people? Yes No
5. Will you be having outdoor music? Yes No
If yes, you must apply for and receive approval from the City Council for a Temporary Outdoor Music Permit (separate application).

If seeking a 3.2 malt liquor and wine license, are food sales anticipated to be more than 60% of gross sales? **This is a requirement of the Albertville City Code.** Yes No

VII. LIQUOR VIOLATIONS

1. Have the applicant, owners, manager, or their spouse ever been convicted of a misdemeanor or felony in relation to the manufacture, sale, distribution, or possession for distribution of liquors? If yes, please state the crime, location, and date of conviction below:

2. Have the applicant, owners, manager, or their spouse ever had a liquor license revoked? If so, state the date, name of establishment, and location where the license was revoked.

Have the applicant, owner, or manager received a summons/notice of injury in the last year? Yes No

VIII. APPLICANT OATH

I hereby state:

- I am a citizen of the United States.
- I am over 21 years of age, and of good moral character and repute.
- If applicant is a corporation, I have been given proper authority to sign on behalf of the corporation.
- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in revocation of any and all licenses.

Signature of Applicant

Date

All persons named in this application as an applicant, owner, partner, or manager must complete a consent form to conduct a background investigation (attached). Please make copies as needed.



BUSINESS TAX IDENTIFICATION INFORMATION

Pursuant to Minnesota Statute 270C.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; and
- 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; and
- Failure 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.

Licensing Authority: City of Albertville

IX. LICENSE INFORMATION

Name of license being applied for: _____

License application or renewal date: _____

X. PERSONAL INFORMATION

Applicant's Name (Last, first, middle initial): _____

Applicant's Address: _____

Social Security Number: _____

XI. BUSINESS INFORMATION

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

Signature: _____

Date: _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

LICENSE or CERTIFICATE NO (if applicable)

BUSINESS TELEPHONE NO.

FAX TELEPHONE NO.

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)

CITY STATE ZIP CODE

COUNTY

EMAIL ADDRESS

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)

NAIC Number

POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

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.

PRINT NAME

APPLICANT SIGNATURE (required)

TITLE

DATE



LIQUOR LICENSE INDEMFICATION AGREEMENT

The following agreement must be signed and notarized by the applicant, owner, authorized partner, or authorized officer of the company.

I. OBSERVANCE OF LICENSE AND ALL LAWS

In consideration for the grant of this license by the City of Albertville, the undersigned licensee agrees as follows: The undersigned shall faithfully observe, keep, and obey all terms and conditions of the license, and all laws, rules, and ordinances of the City relating to the license now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules, and regulation of any other governmental entity including county, state, and federal regulations which may apply to the license.

II. VIOLATION OF TERMS

Upon the violation of any of the terms and conditions of the license, or any other law, regulation, or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license.

III. INDEMFICATION

The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, losses, damages or costs, and expenses arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. The agreement to indemnify and hold the City harmless shall include any incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

IV. NOTARIZED SIGNATURE

IN WITNESS WHEREOF, the undersigned has executed this License Agreement as of this _____ day of _____, 20____.

Business Name (please print)

Signature of Applicant, Owner, Partner, or Officer

STATE OF _____
ss.

COUNTY OF _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____ by _____, the _____, of _____

(Business Name)

Notary Public Signature
My Commission Expires on _____, 20____.



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**BACKGROUND INVESTIGATION
 CONSENT FORM**

Date: _____

APPLICATION TYPE:	
<input type="checkbox"/> Massage Therapy – Individual	<input type="checkbox"/> Liquor License
<input type="checkbox"/> Massage Therapy – Business	<input type="checkbox"/> Mobile Food Truck (Ice Cream Vendor)

Last Name, First Name, Middle Name (full) of Applicant (please print):

Maiden, Alias or Former (please print):

Date of Birth: _____ Place of Birth: _____ Sex (M or F): ____
 Month/Day/Year

Social Security Number : _____

The undersigned, having filed an application with the City of Albertville for a business license, realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application does hereby authorize and request **every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records, or other information pertaining to me to furnish the original or copies of such documents, records and other information to the City** or any of its representatives to inspect and make copies of any such documents, records, and other information; I further authorize any such persons to answer any inquiries, questions, or interrogations concerning the undersigned, which may be submitted to them by the City or its authorized representative, I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records, and other information.

 Signature of Applicant

 Date

Subscribed and sworn before me, this _____ day of _____, 20_____.

Notary Seal

 Signature of Notary Public



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TENNESSEN WARNING

In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City.
2. You are not legally obligated to supply the requested information and may refuse to provide some or all of the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Some of the information you provide will be released to the Minnesota Department of Revenue. Other governmental agencies necessary to process your application are authorized by law to receive the information provided. The City may also release the information provided if required by Court order, or if authorized by other state or federal law.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and is in agreement of the Tennesen Warning and its application.

Signature of Applicant

Date