



216 4th Street N, Stillwater, MN 55082
651-430-8800
www.ci.stillwater.mn.us

APPLICATION FOR LIQUOR LICENSE PART I - General Information

Applying for which License(s)? *check all that apply*

- | | | |
|---|--|--|
| ☐ On-sale Intoxicating | ☐ Club On-sale | ☐ Consumption and Display |
| ☐ Off-sale Intoxicating | ☐ Wine Temporary Off-sale (<i>auction</i>) | ☐ Brewer Taproom On-Sale |
| ☐ Sunday On-sale | ☐ Wine On-sale (<i>includes Sunday</i>) | ☐ Brewer Taproom On-sale Sunday |
| ☐ 2 A.M. On-sale | ☐ On-sale 3.2% Malt Liquor (<i>strong beer</i>) | ☐ Brewer Off-sale |
| ☐ Culinary Class On-sale | ☐ Off-sale 3.2% Malt Liquor | ☐ Micro Distiller Cocktail Room On-sale |
| | | ☐ Micro Distiller Off-sale |

Date you desire to start serving alcohol: _____

Applicant: Full Name: _____

Position/Title: _____ Email: _____

Daytime Phone: _____ Cell Phone: _____

Licensee Name (*ex. Company ABC, LLC*): _____

Trade Name or DBA (*ex. Company ABC*): _____

Business Location Address: _____ Stillwater, MN 55082

Business Phone: _____

Mailing Address (*if different*): _____

Business Type: ☐ Club ☐ Sole Proprietorship
☐ Corporation ☐ Limited Liability Company (LLC) ☐ Partnership

State of Incorporation _____ Date of Incorporation _____

You must attach Articles of Incorporation, Partnership Agreements, or related LLC information

List each Partner, Officer, and Director name that has 5% or more interest in business:

☐ Yes ☐ No Is the Business Certificate attached? If no, explain _____
If business is to be conducted under a designation, name or style other than the full name of the applicant, attach a copy of the business certificate, as required by Ch 333, MN Statutes.

☐ Yes ☐ No Have the property taxes on the licensed location been paid up to date of this application?
Taxes must be paid prior to issuance of license whether the building is owned by the applicant or not.

☐ Yes ☐ No Is the building where the licensed business will be located, owned by the applicant(s)? If no, complete the following about the owner **and** submit copy of lease agreement.

Owner Name: _____
First Middle Last Date of Birth

Address: _____
Street City State Zip Code

Daytime Phone: _____ Email: _____

The owner of the building must consent to the applicant's use of the premises for the sale of liquor.
This consent must be evidenced by signature of the owner below.

Building Owner Signature: _____ **Date:** _____

Name of Manager(s) of Business: _____

Days of Operation: _____ Hours of Operation: _____

Total indoor seating of restaurant: _____ Outdoor seating: _____ Number of story's: _____

Attach floor plan showing dimensions and indicating number of persons intended to be served in the general area, all rooms, and outdoor areas where intoxicating liquor is to be sold and consumed.

☐ Yes ☐ No Will business have live entertainment or amplified music? If yes, explain: _____

☐ Yes ☐ No Will serving of prepared food occur at this site? If yes, attach a copy of your Food Establishment license issued from Washington County Public Health and a copy of intended food menu.

☐ Yes ☐ No Is the premise a restaurant? If yes, are meals regularly prepared on site and served at table to the general public for seating of 25 guests at one time? ☐ Yes ☐ No explain _____

☐ Yes ☐ No Is application for a **Club On-sale** liquor license? If yes, answer the following:

Number of Members: _____ Years at Location: _____ Date Club Organized: _____

☐ Yes ☐ No Is application for a **Wine** license and a Bed and Breakfast? If yes, does the premises have all the necessary permits including Zoning? ☐ Yes ☐ No explain _____

☐ Yes ☐ No Is application for a **Wine with Strong Beer** license? If yes, are gross receipts of the premises at least 60% attributable to food? ☐ Yes ☐ No explain _____

☐ Yes ☐ No Is application for a **Microdistillery Cocktail Room** license? If yes, what percentage of the annual production is processed and distilled on the premise? _____

Electronic Notifications: As an applicant for a business license, you are also hereby notified that the City of Stillwater distributes general city information and notices through an electronic notification system. This includes notice of proposed ordinances at least 10 days prior to final adoption by the City Council in accordance with Minnesota Statute §415.19. You may sign up to receive notices through this electronic notification system by visiting the City's website at www.ci.stillwater.mn.us to subscribe.

☐ Yes ☐ No The applicant's current personal financial statement and copies of the applicant's federal and state tax returns for the past 2 years is required, do you have it attached?

Signature: A signature verifying the overall accuracy and completeness of this application by the applicant (owner, partner or officer) is required in order to process the license application. **By signing, I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of Stillwater. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions. I hereby certify that I have read and understand every question in this application and that the answers are true to my knowledge, information and belief. I further understand that the giving false information as part of this application, can constitute cause for denial, suspension, or revocation of my business license.**

Signature of Applicant _____ Date: _____

SIGNATURE MUST BE NOTARIZED

Subscribed and sworn before me a Notary Public on this _____ day of _____, 20_____.

Notary Signature: _____

My Commission Expires on: _____

CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Statute §270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information. Do NOT return this form to the Department of Revenue.

Licensing authority: City of Stillwater

Business Name (*Doing Business as*): _____

Business Address: _____ Stillwater, MN 55082, Washington County

Minnesota Tax Id Number: _____ *If not available, please explain.*

Federal Tax ID Number: _____

Applicant's Name: _____

Applicant's Address: _____
Street City State Zip Code

Social Security or Individual Taxpayer Identification Number: _____

Applicant agrees that any manager employed in the licensed premises will have all qualifications of a licensee and that the manager will not violate any city or state laws.

Signature: _____ Position/Title: _____

Print Name: _____ Date: _____

CERTIFICATE OF COMPLIANCE INSURANCE REQUIREMENTS

You must provide copies of all required insurance certificates including dram shop requirements, liquor liability insurance and workers' compensation insurance.

NOTE: A Certificate of Insurance must list the City as additional insured. You may provide the coverage listed below in combination with other insurance coverage.

DRAM SHOP/THIRD PARTY LIABILITY INSURANCE

1. No retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regard to liquor liability. This may be given by filing:
 - a. A certificate that there is in effect for the license period an insurance policy or pool providing at least \$50,000 of coverage because of bodily injury to any one person in any one occurrence, \$100,000 because of bodily injury to two or more persons in any one occurrence, \$10,000 because of injury to or destruction of property of others in any one occurrence, \$50,000 for loss of means for loss of means of support of two or more persons in any one occurrence; \$100,000 for loss of means of support of two or more persons in any one occurrence, \$50,000 for other pecuniary loss of any one person in any one occurrence, and \$100,000 for other pecuniary loss of two or more persons in any one occurrence;
 - b. A bond of a surety company with minimum coverage as provided above; or
 - c. A certificate of the Commissioner of Management and Budget that the licensee has deposited with the Commissioner of Management and Budget \$100,000 in cash or securities.
2. An annual aggregate policy limit for dram shop insurance of not less than \$310,000 per policy may be included in the policy provisions.

Insurance not required for the following:

Applicant must file an affidavit of exemption. Contact the City Clerk for a form.

1. On-sale 3.2 percent malt liquor licenses with sales of less than \$25,000 alcohol for the preceding year,
2. Off-sale 3.2 percent malt liquor licenses with sales of less than \$50,000 alcohol for the preceding year,
3. Holders of on-sale wine licenses with sales of less than \$25,000 alcohol for the preceding year,
4. Holders of temporary off-sale wine licenses.
5. Wholesalers who donate wine to an organization for a wine tasting conducted under Minnesota Statute 340A.418 or 340A.419.

MINNESOTA WORKERS' COMPENSATION

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

☐ **I have a workers' compensation insurance policy:**

Insurance company name (not the insurance agent)		
Policy Number	Effective Date	Expiration Date

OR

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

- ☐ I am self-insured.
- ☐ I am the sole proprietor and I have no employees.
- ☐ I have no employees who are covered by the workers' compensation law.

I certify the information provided on this form is accurate and complete. I understand a Certificate of Insurance listing the items above must be submitted to the City Clerk in order to process the license application.

Signature: _____ Position/Title: _____

Print Name: _____ Date: _____