



Application for county or city on-sale wine license

Not to exceed 24 percent of alcohol by volume

Every question must be answered. If a corporation, an officer shall execute this application. If a partnership. LLC, a partner shall execute this application. To apply for Minnesota sales tax number call 651-296-6181.

Workers compensation insurance company name		Policy number
Licensees Minnesota sales and use tax ID number		Licensees federal tax ID number
Legal entity name as it appears with the Minnesota secretary of state		DBA doing business as
Business physical address - street, city, state, zip code	County	Business phone
Mailing address if different from physical address - street, city, state, zip code		License period From: _____ To: _____
Is this application new ☐ Yes ☐ No	Applicant contact name	Applicant home or cell number
Applicant email address		

Give name title address date of birth and phone number for each officer or partner. If more than four attach list.

Partner or officer name and title 1	Home address 1	Date of birth 1	Phone number 1
Partner or officer name and title 2	Home address 2	Date of birth 2	Phone number 2
Partner or officer name and title 3	Home address 3	Date of birth 3	Phone number 3
Partner or officer name and title 4	Home address 4	Date of birth 4	Phone number 4

Corporations

Date of incorporation	State of incorporation	Certificate number	Is the corporation authorized to do business in the state of Minnesota ☐ Yes ☐ No
If a subsidiary of another corporation give name		Address of corporation	

Building and restaurant

Name of building owner	Owners address	Owners phone number	
Are property taxes delinquent ☐ Yes ☐ No	Has the building owner any connection direct or indirect with the applicant ☐ Yes ☐ No	Restaurant seating capacity	Hours food available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business ☐ Yes ☐ No	
Describe the premises to be licensed			
If the restaurant is in conjunction with another business, resort, etc. Describe business.			

No license will be approved or released until the \$20 retailer ID card fee is received by Alcohol and Gambling Enforcement

☐ Yes ☐ No	Has the applicant, partners or officers been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
☐ 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	During the past license year, has a summons been issued under the liquor civil liability, dram shop, Minnesota statute 340A.802. If Yes, attach copy of summons.
☐ Yes ☐ No	Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If so, provide names, dates, violations and final outcome details.
☐ Yes ☐ No	Does any person other than the applicants have any right, title or interest in the furniture, fixtures or equipment on the licensed premises? If yes, provide names and details.
☐ 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.

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Signature of applicant	Printed name of applicant	Date of applicant signature
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The licensee must have one of the following. Check one.

- ☐ 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 a minimum coverage as specified above in.
- ☐ 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 of county attorney	Print name of county attorney	County of attorney	Attorney signature date
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Report by the police or sheriffs department

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

Police department or sheriffs signature	Printed name of police or sheriff	Title	Signature date
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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 percent of the value of the check, whichever is greater, plus interest and attorney fees.