

City of Alexandria



Licensing Year: 1/1 to 12/31 20____

704 Broadway, Alexandria, MN 56308

New: Renewal:

320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

License Fee: \$450

Off-Sale and Sunday Malt Liquor

The undersigned hereby makes application for a license and agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Contact Person Information

Legal Name First _____ Middle _____ Last _____

Company Name _____ Phone _____ Email _____

Street Address _____ City _____ State _____ Zip _____

Mailing Address (where future correspondence should sent):

Street Address _____ City _____ State _____ Zip _____

Business Information: Corporation Limited Liability Company Partnership Other _____

Name of Company _____

Business Address _____ City _____ State _____ Zip _____

Phone _____ Email _____ Website _____

List all other names under which you conduct business (*legal names, mobile food unit signage, parent companies DBA, etc.*).

Applicant/Licensee Signature _____

Title (if signing on behalf of an organization) _____ Date _____

*If you have any questions, please contact Amy Riedel at 320-759-3622 or email at ariedel@alexandriamn.city. On behalf of the City of Alexandria, thank you for your prompt attention in returning your application.

***Please make sure all the necessary documents accompany your license application and the forms are filled out completely and signed. Incomplete applications will not be approved.**

(FOR OFFICE USE ONLY)

Date Received: _____

Date of City Council Approval: _____

License #: _____

Date Submitted to State: _____

General Application For License

CITY OF ALEXANDRIA

Section A

Certification of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name (not the agent):	Policy Number:
Dates of Coverage: _____ to _____	

OR

I am not required to have workers' compensation liability coverage because:

- ☐ I have no employees
- ☐ I am self insured (include permit to self-insure)
- ☐ I have no employees who are covered by the workers' compensation law (these include spouse, parents, children, and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

Section B

Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the City of Alexandria is required upon request to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or the social security number of each license applicant.

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:

- 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;
- Upon receiving this information, the City of Alexandria 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;
- Failure to supply this information may jeopardize or delay the processing of your license application.

Minnesota Business ID Number:	Federal Tax ID Number:
If a Minnesota Tax ID number is not required, please explain:	Social Security Number:

Section C

Tennessee Warning

Under the Minnesota Government Data Practices Act, some of the data you are being asked to provide on this application, including any social security number, **are private data**. You are being asked to provide this data so that the City of Alexandria may evaluate your eligibility for the license for which you are applying. By signing below, you are consenting to allow this data to be shared with City of Alexandria staff, councilmembers and mayor so that they may process and evaluate your application and eligibility for the license. In addition, you are being asked to provide this data because the City may be required to provide it to the Minnesota Commissioner of Revenue. It is also possible that the City may be required to share the data with the state or legislative auditor or upon court order. You may choose not to provide some or all of this private data, but withholding it or providing incomplete information may prevent you from obtaining the license for which you are applying.

Signature:	Date of Birth:	Date:
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CITY OF ALEXANDRIA

APPLICATION FOR OFF-SALE AND SUNDAY MALT LIQUOR

The undersigned hereby makes application for Sunday On-Sale Liquor License:

LICENSEE NAME: _____

TRADE NAME: _____

BUSINESS LOCATION: _____

MAILING ADDRESS: _____

THE FEE FOR OFF-SALE AND SUNDAY MALT LIQUOR IS INCLUDED WITH THE LICENSE APPLICATION FEE.

This license expires December 31, 20____.

The undersigned hereby agrees to operate in the City of Alexandria in accordance with the regulations governing this enterprise as set forth in the Alexandria City Code. It is understood that failure to conform renders this license null and void.

Signature: _____ Title: _____

Date: _____

New Application: _____ Renewal Application: _____

AUTHORIZATION FOR RELEASE OF CRIMINAL HISTORY
EACH PERSON WITH AN OWNERSHIP INTEREST MUST COMPLETE THIS AUTHORIZATION PAGE
(COPIES OF THIS PAGE CAN BE MADE)

The undersigned hereby authorizes the State of Minnesota and any law enforcement agency in the State of Minnesota and elsewhere, to release to the Chief of Police for the City of Alexandria any information regarding my criminal convictions or history or arrests, for any offense, for the limited purpose of investigating my background for issuance of a liquor license. This authorization is valid for six (6) months from the date below unless specifically withdrawn by the undersigned before the expiration of that time period. A copy of the Authorization is as valid as the original.

Date: _____

****Please provide a copy of your
Driver's License****

Signature

Print **Full** Name (First, **Full** Middle, & Last)

Date of Birth

REPORT ON APPLICANT BY POLICE CHIEF

This is to certify that to the best of my knowledge, the Applicant and/or his or her partners named herein have not been convicted within the past five (5) years for any violation of the laws of the State of Minnesota or any municipal ordinances, except as hereinafter stated: _____

It is my judgement that the Applicant and his or her partners will comply with the laws and regulations relating to the conduct of this business if a license is granted.

Chief of Police

Date: _____



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
(651) 201-7504 TDD (651) 282-6555
FAX (651) 297-5259

APPLICATION FOR BREWER OFF SALE INTOXICATING LIQUOR LICENSE

Must be a licensed brewer in order to apply for this license

Fees: Brewer Off Sale Fee: \$ 450.00 Sunday License: ☐ YES ☐ NO Sunday License Fee: \$ 0.00
Workers Comp. Ins. Co. Policy Number

Minnesota Tax ID Number		Federal Tax ID Number		
Licensee's Name (business, partnership, LLC, corporation)		DOB	Social Security Number	DBA or Trade Name
Business address		Phone Number		Fax Number
City	State	Zip Code	License Period From To	
Name of Store Manager		Phone Number		DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation , state incorporate in , amount paid in capital . If a subsidiary of any other corporation, so state and give purpose of corporation . If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? ☐ Yes ☐ No

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐ Yes ☐ No
if yes state approximate distance.

4. Name and address of building owner:

Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☐ No

5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? ☐ Yes ☐ No If yes, in what capacity?

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details.

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
☐ Yes ☐ No If yes, give name and address of establishment.

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? ☐ Yes ☐ No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. ☐ Yes ☐ No ☐ Will be Granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. ☐ Yes ☐ No ☐ Will be Granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. _____
1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____

3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor penalties? ☐ Yes ☐ No If yes, give dates, charges and final outcome. _____

4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☐ No If yes, attach a copy of the summons. _____

This licensee must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

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.

☐ A surety bond from a surety company with minimum coverage as specified in A.

☐ A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Print name of applicant and title	Signature of applicant	Date
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REPORT BY POLICE/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 or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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County Attorney's Signature

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

This must be **exactly** the same as the State AGED renewal application "Licensee Name" (not Trade Name), "Address" (the physical location of business) "City, State, Zip Code" or the State will NOT approve it.

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADOL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY						EACH OCCURRENCE \$
	☐ COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
	☐ CLAIMS-MADE ☐ OCCUR						MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$
	POLICY ☐ PRO JECT ☐ LOC ☐						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	☐ ANY AUTO						BODILY INJURY (Per person) \$
	☐ ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	☐ HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
	☐ SCHEDULED AUTOS						
	☐ NON-OWNED AUTOS						
	UMBRELLA LIAB						EACH OCCURRENCE \$
	☐ EXCESS LIAB						AGGREGATE \$
	☐ OCCUR						
	☐ CLAIMS-MADE						
	DED RETENTION \$						
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	☒ Y/N	N/A				E.L. EACH ACCIDENT \$
	If yes, describe under						E.L. DISEASE - EA EMPLOYEE \$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT \$
	Liquor Liability				1/1/20XX	12/31/20XX	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE