

City of Alexandria



704 Broadway, Alexandria, MN 56308
320.763.6678 | 320.763.3511 (fax) | www.AlexandriaMN.city

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

New:
License Fee: \$450
Pro Rata Fee: _____

WINE

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 be 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: _____

License #: _____

Date of City Council Approval: _____

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:

CITY OF ALEXANDRIA
704 BROADWAY – ALEXANDRIA MN 56308
(320) 763-6678 FAX (320) 763-3511

CERTIFICATION FOR WINE LICENSE

LICENSE PERIOD: FROM: 1/1/20____ TO: 12/31/20____

IS THIS APPLICATION FOR A: _____NEW LICENSE _____RENEWAL

LICENSEE NAME: _____

BUSINESS ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

BUSINESS PHONE: _____

CONTACT PERSON: _____ PHONE: _____

RESTAURANT SEATING CAPACITY: _____
(MUST BE 50 SEATS OR MORE)

DOES THIS ESTABLISHMENT SERVE MEALS ON A REGULAR BASIS TO THE
GENERAL PUBLIC? _____ YES _____ NO

HOURS FOOD WILL BE AVAILABE TO BE SERVED TO THE GENERAL PUBLIC: _____

HAS YOUR LICENSE BEEN REVOKED IN THE PAST FIVE (5) YEARS DUE TO A
VIOLATION: _____ YES _____ NO

IF YES, WHEN: _____

WHAT TYPE OF VIOLATION? _____

I CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THE INFORMATION PROVIDED
ABOVE IS CORRECT.

SIGNATURE

DATE: _____

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: _____

Signature

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

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
651-201-7510 Fax 651-297-5259 TTY 651-282-6555
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
(Not to exceed 24% 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 MN sales Tax # 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)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code
Is this application ☐ New or a ☐ Transfer	If a transfer, give name of former owner		License Period From _____ To _____
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? ☐ Yes ☐ No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
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 will be 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 AGED			

- ☐ Yes ☐ No Has the applicant or associates 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)(M.S. 340A.802). If Yes, attach copy of the summons.
- ☐ Yes ☐ No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give 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 in the licensed premises? If yes, give 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

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 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 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

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.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE

PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Authorized Signature



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 PROJECT 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