

City of Austin



**500 Fourth Avenue NE
Austin, Minnesota 55912-3773
Phone: 507-437-9940**

www.ci.austin.mn.us

3.2 Beer Off-Sale

- Applicant must already have a license to sell 3.2 beer.
- Application card
- \$5 annual fee. No pro-ration.

OFFICE USE ONLY

License No. _____

Date: _____

Receipt No. _____



City of Austin
General Application for License
City of Austin ♦ 500 4th Avenue NE

New License

Renewal

Transfer

SECTION A. License Information

License Type:

Fee:

SECTION B. Applicant Information

Applicant Name:

Type of License:

Individual Owner Corporation Partnership *(Corporations and partnerships must complete Section C)*

Business Name:

Business Phone Number:

DBA:

DBA Address:

City:

State:

Zip:

Correspondence Mailed To:

Corporate DBA

SECTION C: Corporations and partnerships must complete this section.

Corporate Name:

Corporate Phone Number:

Corporate Address:

City:

State:

Zip:

Officer Name:

Title:

Address:

City:

State:

ZIP:

Officer Name:

Title:

Address:

City:

State:

ZIP:

SECTION D. Tax Identification Information

Pursuant to Minnesota Statute 270C.72, the licensing authority is required to provide to the Minnesota Commissioner 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 are required to advise you of the following regarding 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 Austin will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange 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 issuance or renewal application.**

Applicant's Name: (Last, First, MI)

Social Security Number:

Business Address:

City:

State:

ZIP:

Minnesota Business ID Number:

Federal Tax ID Number:

If Minnesota Tax Identification is not required, please explain:

SECTION E. Certification of Compliance for Minnesota Workers' Compensation

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. **Your license will not be issued without the following information.**

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)

Government Data Practices Act: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including tax identification numbers and social security numbers are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

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.

SIGNATURE

POSITION

DATE SIGNED

____-08-____

To carry on the business or
occupation as indicated below,
subject to all conditions of the
ordinances of the City of Austin.

2016 APPLICATION FOR LICENSE

CITY OF AUSTIN
507-437-9940
500 4th Avenue NE
Austin, MN 55912

**3.2 BEER OFF-SALE
\$5.00**

SSN or MN ID No. _____ Phone: _____

Business Name: _____

Business Owner: _____

Business Address: _____

Applicant Signature: _____ Date: _____

Minnesota Tax Clearance Certificate

LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is required to provide 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 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 Services.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: City of Austin

License Being Applied For Or Renewed _____
(Type of License: Food, Cigarette, Concrete etc.)

License Renewal Date: December 1,

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City

State

Zip

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: _____

Business Address: _____

City

State

Zip

Minnesota Tax Identification No.: _____

Federal Tax Identification No.: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature

Position (Officer, Partner etc.)

Date

Certificate of Compliance Minnesota Workers' Compensation Law

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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)		LICENSE OR PERMIT NO (if applicable)	
DBA (doing business as name) (if applicable)			
BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

WORKERS' COMPENSATION INSURANCE COMPANY NAME (not the insurance agent)		
WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- 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: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.