

City of Austin



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

**[www.ci.austin.mn.us](http://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 4<sup>th</sup> 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-\_\_\_\_

**2016 APPLICATION FOR LICENSE**

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

CITY OF AUSTIN  
507-437-9940  
500 4<sup>th</sup> 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
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

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](http://www.dps.state.mn.us).**

**State of Minnesota  
Department of Public Safety  
Alcohol & Gambling Enforcement Division**

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**AUTHORITY TO RELEASE INFORMATION**

I, \_\_\_\_\_, authorize and grant my consent to permit  
                NAME  
any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified law enforcement officer of the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division.

This information is for the express purpose of determining my eligibility for a liquor license issued under the authority of Minnesota State Statutes.

**Any statements determined to be false on this document are grounds for disqualification of the licensing process.**

**NAME:**

\_\_\_\_\_  
(PRINTED FIRST, MIDDLE, LAST and DOB)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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