

City of Austin



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

www.ci.austin.mn.us

3.2 On-Sale

NEW LICENSE REQUIREMENTS – (WITHOUT WINE/STRONG BEER LICENSE)

- City of Austin Application for Liquor License
- Fee for background investigation
 - \$100 for sole proprietorship
 - \$200 for partnership *or*
 - \$300 for corporation
 - Articles of Incorporation required for corporation
- Minnesota Department of Public Safety Application for On-Sale Liquor, 3.2% or Sunday Liquor License
- \$400 annual fee. May be pro-rated.
- Insurance Liability Certificate with liquor liability (entire year not required for 3.2 beer) *or* Affidavit of Limited Gross Sales

REQUIREMENTS FOR ADDING 3.2 ON-SALE TO WINE LICENSE:

- Minnesota Department of Public Safety Application for On-Sale Liquor, 3.2% or Sunday Liquor License
- Application card

OFFICE USE ONLY

License No. _____

Date: _____

Receipt No. _____



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

New License Renewal Transfer

SECTION A Type of License Requested (circle all that apply)

Off-Sale Liquor	Off-Sale 3.2 Beer	Hard Liquor On-Sale	Sunday Liquor On-Sale	On-Sale Wine	Sunday Wine	On-Sale 3.2 Beer	Club
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SECTION B Applicants for Club Licenses Only – Number of Club Members

Under 200	201 to 500	501 to 1000	1001 to 2000	2001 to 4000	4001 to 6000	6000 or more
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SECTION C: Applicant information

First Name: _____ Middle Name: _____ Last Name: _____

DBA: _____ Email Address: _____

Business/Legal Name: _____

Business Address: _____ Business Phone: _____ Personal Phone: _____

City: _____ County: _____ State: _____ Zip Code: _____

Correspondence Mailed To:
 Corporate DBA

Indicate type of ownership: Sole proprietorship Partnership Corporation

US Citizen: Yes No Naturalized? Yes No If yes, give date & place: _____ Social Security Number: _____ Date and Place of Birth: _____

SECTION D: Corporations and partnerships must complete this section.

Corporation Name: _____

Corporate Address: _____ City: _____ State: _____ Zip: _____

Full Name & Title: _____ Home Address: _____

Full Name & Title:		Home Address:	
Full Name & Title:		Home Address:	
Date of Incorporation	State of Incorporation	Certificate No.	Is corporation authorized to do business in Minnesota?

SECTION E – Building and Restaurant

Name of Building Owner:		Owner's Address:	
Are property taxes delinquent? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has the building owner any connection, direct or indirect, with the applicant? Yes <input type="checkbox"/> No <input type="checkbox"/>	Restaurant seating capacity	
Hours food will be available	Are gross receipts at least 60% attributable to the sale of food? Yes <input type="checkbox"/> No <input type="checkbox"/>	Will food service be the principle business? Yes <input type="checkbox"/> No <input type="checkbox"/>	

SECTION F Background information

Yes <input type="checkbox"/> No <input type="checkbox"/>	1. Have you or has any other owner, partner, officer or manager ever had any liquor law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.
Yes <input type="checkbox"/> No <input type="checkbox"/>	2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802? If yes, attach a copy of the summons.
Yes <input type="checkbox"/> No <input type="checkbox"/>	3. Have you or has any other owner, partner, officer or manager had a liquor license revoked within five years of the application?
Yes <input type="checkbox"/> No <input type="checkbox"/>	4. Have you or has any other owner, partner, officer or manager of the licensee, within the last five years, been found guilty of or responsible for any misdemeanor, gross misdemeanor, felony or civil offence related to the business of the license? If yes, please attach a separate sheet noting the nature and place of the offense, the court or other authority in which the offense was adjudicated, and other pertinent information.
Yes <input type="checkbox"/> No <input type="checkbox"/>	5. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give the name and address of the establishment(s).
Yes <input type="checkbox"/> No <input type="checkbox"/>	6. Do you or any other owner, partner, officer, or manager have any direct or indirect interest in a manufacturer, brewer, importer or wholesaler?

SECTION G. Background investigation consent release

*I declare that all information provided in this application is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license.
I authorize the City of Austin Police Department to undertake a background check on me including a financial background investigation.*

Applicant's Signature

Date:

SECTION H: For Police Department use only

Photo ID or valid driver's license verified by:

Date:

Fingerprints taken by:

Date:

Police Department Records:

Sheriff's Office Records:

FBI Records:

BCA Records:

Other Agencies:

Summary:

SECTION I: Police Department use only

As a result of investigation, ***I recommend*** that this license be granted.

Date:

Chief of Police _____

As a result of investigation, ***I do not recommend*** that this license be granted.

Date:

Chief of Police _____

SECTION J – 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

Home Address

City

State

ZIP

Minnesota Business ID Number:

Federal Tax ID Number:

If Minnesota Tax Identification is not required, please explain:

SECTION K: 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 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.

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

**AFFIDAVIT OF LIMITED GROSS SALES
OF WINE AND NON-INTOXICATING MALT LIQUOR**

I do hereby certify that _____
Business

has had gross sales of 3.2 beer under \$10,000.00 for the year _____.

DATED _____

SIGNED _____
Owner

Subscribed and sworn to

before me this _____ day of _____ 20_____.

Notary Public



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)	DOB	Social Security #	Home Address
_____	_____	_____	_____
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.

