

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)

## Club On-Sale

### NEW LICENSE REQUIREMENTS

- City of Austin Application for Liquor License
  - Articles of Incorporation required
- Minnesota Department of Public Safety Application for Club On-Sale
- \$300 for corporate investigation. (one-time fee)
- Annual fee: May be pro-rated.
  - \$300 for a club under 200 members
  - \$500 for a club between 201 and 500 members
- Certificate of Liability Insurance for license year
- Buyer's Card form with \$20 check payable to Minnesota Department of Public Safety

OFFICE USE ONLY

License No. \_\_\_\_\_

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

Receipt No. \_\_\_\_\_



**City of Austin**  
**Application for Liquor License**  
City of Austin ♦ 500 4<sup>th</sup> 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



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507  
 FAX (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US



## APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

An officer of the club seeking a license shall complete this application. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least fifty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide guests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

**Workers Compensation Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Licensee's MN Sales and Use Tax ID Number** \_\_\_\_\_ *To apply for MN sales and use tax number call (651) 296-6181*  
**Licensee's Federal Tax ID #** \_\_\_\_\_

Corporation Name		Club Trade Name or DBA	
License Location (Street Address)		License Period FROM _____ TO _____	Business Phone ( ) _____
Municipality	County	State	Zip Code
Building Owner's Name		Building Owner's Address	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Club Manager's Name	
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
The Licensee must have one of the following: CHECK ONE			
<input type="checkbox"/> A. 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 OR <input type="checkbox"/> B. A Surety bond from a surety company with minimum coverage as specified above in A. OR <input type="checkbox"/> C. 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.			
Give Date of Club Charter If Veterans or Fraternal Organization		Date of Incorporation	Number of Years of Continuous Existence of the Club
Number of Years in Current Quarters      Members		Number of Club	Will the Club be issued a Lawful Gambling License? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Yes  No 1. Are any members, officer, agents or employees paid profits from the sale of beverages to club members?
- Yes  No 2. Are any employees paid salaries?
- Yes  No 3. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If yes, give names, dates, and final outcome. \_\_\_\_\_
- Yes  No 4. Does any wholesaler or manufacture of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? If yes, give details. \_\_\_\_\_
- Yes  No 5. 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  No 6. Will you serve liquor on Sunday? Amount of Sunday License Fee \_\_\_\_\_

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

Signature of Applicant

Date

**IF LICENSE 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 DEPARTMENT OR SHERIFF'S OFFICE**

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 s follows:

\_\_\_\_\_

\_\_\_\_\_

Police Department or Sheriff's Name

Title

Signature

**LICENSE APPROVAL OR DENIAL**

License  Granted  Denied

Signature City Clerk or County Auditor Date

**LICENSE APPROVAL OR DENIAL**

License  Granted  Denied

Signature Director Alcohol & Gambling Enforcement Date

**NOTICE**

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 attorneys fees. MS 604.113

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



DEPARTMENT OF PUBLIC SAFETY  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
444 Cedar Street Suite 222  
St. Paul, MN 55101-5133  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER
<i>(Office Use Only)</i>

**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	



**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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