

City of Austin



500 Fourth Avenue NE
Austin, Minnesota 55912-3773
Phone: 507-437-9940
www.ci.austin.mn.us

EACH OFFICER AND MANAGER MUST HAVE A BACKGROUND CHECK COMPLETED FOR A LIQUOR LICENSE

- Each Officer and Manager needs a City of Austin - Application for Liquor License
- Section **B, C, E, F & G** must be filled out
- After application is completed (the clerk's office will keep a copy) & the investigation fee is paid at City Hall:
 - Take your application to Mower County Jail at the **Mower County Justice Center** for fingerprinting – no additional charge; let them know it is for the City of Austin. They will give you the finger prints. **Address: 201 2nd Avenue NE**
 - Take the fingerprints and application to Austin Police Department at the **Government Center** for background check – no additional charge; let them know it is for the City of Austin. They will keep the application and finger prints. The Austin Police Department will forward the application back to City Hall once the background check is completed. **Address: 201 1st Street NE**

OFFICE USE ONLY

Receipt No. _____

Date: _____

iWorq Entry: _____



City of Austin
Application for Liquor License
City of Austin ♦ 500 4th Avenue NE
507-437-9940
www.ci.austin.mn.us
Submit to licensing@ci.austin.mn.us

New License <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/>								
SECTION A. Type of License Requested (circle all that apply)								
Off-Sale Liquor \$560	Off-Sale 3.2 Beer \$5	Hard Liquor On-Sale \$2250	Sunday Liquor On-Sale \$200	On-Sale Wine \$1125	Sunday Wine \$150	On-Sale 3.2 Beer	Club under 500 members \$300	Club over 500 members \$500
Brew Pub On-Sale \$2250	Sunday Brew Pub On-Sale \$200	Brew Pub Off-Sale \$100	Sunday "Growler" Brewpub/Taproom Off-Sale \$25	Small Brewer Off-Sale \$100	Tap Room (with Sunday) \$300			
SECTION B. Applicant information								
First Name:			Middle Name:			Last Name:		
DBA/ Trade Name:				Email Address:				
Business/Legal/ Licensee Name:								
Business Address:				Business Phone:		Personal Phone:		
City:				County:		State:		Zip Code:
Indicate type of ownership: Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>								
US Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>		Naturalized? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, give date & place:		Social Security Number:		Date and Place of Birth:		
SECTION C. Corporations, LLCs and partnerships must complete this section.								
Corporation Name:								
Corporate Address:				City:		State:		Zip:
Officer Full Name & Title:				Home Address:				
Officer Full Name & Title:				Home Address:				

Officer Full Name & Title:		Home Address:	
Date of Incorporation:	State of Incorporation:	Certificate No.:	Is corporation authorized to do business in Minnesota?
SECTION D. 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 business 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 principal business? Yes <input type="checkbox"/> No <input type="checkbox"/>	
SECTION E. 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 offense 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 F. Manager Information			
Manager Name:			
Address:		City:	State: Zip:

EACH OFFICER AND MANAGER MUST BE INVESTIGATED

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 _____