

City of Austin



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

Small Brewer Off-Sale License

For small brewers without a restaurant on-sale license. Liquor must be sold in 64-ounce growlers. Total sales cannot exceed 500 barrels annually. Only one small brewer off-sale license per brewer.

- City of Austin Investigation Form for Liquor
 - \$100 for sole proprietorship
 - \$200 for partnership *or*
 - \$300 for corporation
 - Articles of Incorporation required for corporation
- Minnesota Department of Public Safety Application for Brewer Off-Sale
- \$100 annual fee
- General Liability Insurance Certificate *with liquor liability for entire year and exact licensee name*

OFFICE USE ONLY

License No. _____

Date: _____

Receipt No. _____



City of Austin
Application for Liquor License
City of Austin ♦ 500 4th Avenue NE
507-437-9940(p) ♦
www.ci.austin.mn.us

New License [] Renewal [] Transfer []

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

Table with 9 columns: 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 To 200 members, Club 201-500 members. Row 2: Brew Pub On-Sale, Sunday Brew Pub On-Sale, Brew Pub Off-Sale, Sunday Growler Off-Sale, Small Brewer Off-Sale, Tap Room.

SECTION B. 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 C: 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 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 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 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 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 F. 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 G: 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 H: 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 I – 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 J: 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
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 (651) 201-7531 TDD (651) 282-6555
 FAX (651) 297-5259

PrintForm

APPLICATION FOR BREWER OFF SALE INTOXICATING LIQUOR LICENSE

Must be a licensed brewer in order to apply for this license

Fees: Brewer Off Sale Fee: \$ _____ Sunday License: YES NO Sunday License Fee: \$ _____
 Workers Comp. Ins. Co. _____ Policy Number _____

Minnesota Tax ID Number _____ Federal Tax ID Number _____

Licensee's Name (business, partnership, LLC, corporation)		DOB	Social Security Number	DBA or Trade Name
Business address			Phone Number	Fax Number
City	State	Zip Code	License Period From	To
Name of Store Manager			Phone Number	DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation _____, state incorporate in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No
 if yes state approximate distance. _____

4. Name and address of building owner: _____

Has owner of building any connection, directly or indirectly, with applicant? Yes No

5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be Granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be Granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. _____
1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____
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2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
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3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor penalties? Yes No If yes, give dates, charges and final outcome. _____
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4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons. _____

This licensee must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

Check one

- 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.
- A surety bond from a surety company with minimum coverage as specified in A.
- A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Print name of applicant and title	Signature of applicant	Date
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REPORT BY POLICE/SHERIFF'S DEPARTMENT

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 as follows:

Police/Sheriff's Department	Title	Signature
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County Attorney's Signature

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220