

City of Austin



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

## **CLUB ON-SALE LICENSE**

*This license is for an on-sale liquor license for clubs. The club must have been in existence for at least three years, have more than 50 members, have owned or leased a building for more than a year, and be conducted by a board of directors.*

### **NEW LICENSE REQUIREMENTS**

- City of Austin Application for Liquor License
  - Subd. 7. *Local manager or agent required.* If the license holder does not reside within 50 miles of the City of Austin, the licensee must provide the City with a local manager or agent that resides within 50 miles of Austin who can take full responsibility for the conduct of the licensed premises and can serve as an agent for service of notices and other processes related to the license. The manager or agent must be a person who, by reason of age, character, reputation or other attributes, could qualify individually as a licensee.
- Articles of Incorporation required
- Minnesota Department of Public Safety Application for Club On-Sale
- Minnesota Department of Public Safety Release Authorization
- Minnesota Department of Public Safety Application for Retailer's (Buyer's) Card with \$20 check made payable to: **Minnesota Department of Public Safety**
- General Liability Insurance Certificate *with liquor liability for entire year and exact licensee name*
- Annual fee - May be prorated
  - \$300 for a club under 500 members
  - \$500 for a club over 500 members
- \$300 for corporate investigation (one-time fee)
  - Must provide Certificate of Incorporation, Articles of Incorporation or Association Agreement and Bylaws & documentation showing all officer names
- After fees are 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. **Address: 201 1st Street NE**

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## **SUNDAY ON-SALE LICENSE**

### **NEW LICENSE REQUIREMENTS**

- Minnesota Department of Public Safety Application for Club On-Sale, noting Sunday license
- \$200 annual fee – May be prorated

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 [ ] Renewal [ ] Transfer [ ]

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

Table with 8 columns listing license types and fees: 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 On-Sale Wine \$150, On-Sale 3.2 Beer, Club under 500 members \$300, 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, Club over 500 members \$500.

SECTION B. Applicant information

Applicant First Name: Applicant Middle Name: Applicant Last Name:

Applicant's ID/Driver's License Number: Date of Birth:

DBA/ Trade Name: Email Address:

Business/Legal/ Licensee 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 [ ] LLC [ ]

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

SECTION C. Corporations, LLCs and partnerships must complete this section

Corporation Name: Corporate Phone:

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?<br>Yes    No |
| <b>SECTION D. Building and Restaurant (if applicable)</b>                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                     |
| Name of Building Owner:                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Owner's Address:                                                                                         |                                                                     |
| Are property taxes delinquent?<br>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?<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                   | Will food service be the principal business?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |                                                                     |
| <b>SECTION E. Background information</b>                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                     |
| 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?                                                                                                                                                                                                                                                                                              |                                                                                                          |                                                                     |
| <b>SECTION F. Manager Information - <i>Must live within 50 miles of the City of Austin</i></b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                          |                                                                     |
| Manager Name:                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Personal Phone:                                                                                          |                                                                     |
| 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. For 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: |
| Business Name:                                                   |                        |                         |      |
| Business 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