

CITY OF SHOREVIEW LIQUOR LICENSE APPLICATION

This license application will not be processed until the following applicable information is provided, along with the necessary attachments and fees:

1. Type(s) of Liquor License(s) for which application is submitted:

- | | |
|--|---------|
| <input type="checkbox"/> Intoxicating Liquor On Sale | \$5,000 |
| <input type="checkbox"/> Intoxicating Liquor On Sale w/Training | \$4,000 |
| <input type="checkbox"/> Intoxicating Liquor On Sale Wine | \$1,000 |
| <input type="checkbox"/> Intoxicating On Sale Vet. Organization | \$ 300 |
| <input type="checkbox"/> Transfer | \$ 200 |
| <input type="checkbox"/> Intoxicating Liquor Off Sale | \$ 200 |
| <input type="checkbox"/> Intoxicating Liquor Sunday Sale | \$ 200 |
| <input type="checkbox"/> 3.2 Percent Liquor On Sale | \$ 150 |
| <input type="checkbox"/> 3.2 Percent Liquor Off Sale | \$ 50 |
| <input type="checkbox"/> Intoxicating or 3.2 Percent Liquor
Special Event | \$ 10 |

2. Person making application:

Name _____
 Address _____
 Telephone _____ Date of Birth _____

3. Partnership application (information required in addition to Number 2 where license is to be issued in the name of a Partnership).

Name of partnership _____
 Address _____
 Telephone number _____
 Date of partnership formation _____
 MN Tax ID _____ Federal Tax ID _____
 Name, address, telephone number, and date of birth of all partners:

Name	Address	Telephone	Date of Birth

4. Corporation application (information required in addition to Number 2 where license is to be issued in the name of a Corporation).

Name of corporation _____
 Address _____
 Telephone number _____
 Date of incorporation _____
 MN Tax ID _____ Federal Tax ID _____
 Is Corporation authorized to do business in Minnesota? _____
 Name, address, telephone number, and date of birth of all shareholders and officers:

Name	Address	Telephone	Date of Birth

5. Application for **3.2 PERCENT LIQUOR SPECIAL EVENT LICENSE**. (information is required in addition to Number 2 where application is for 3.2 Percent Liquor Special Event).

Name of organization _____
 Address _____
 Telephone number _____
 Date _____
 Place of special event _____
 General description of the special event and purpose: _____

 Are you requesting the City waive the investigation fee? _____

6. **BUSINESS NAME** to be used in connection with the liquor license? _____

7. Property on which **Business** will be conducted:

Post office address _____
 Legal description _____

 Name, address, and telephone number of legal entity which owns the premises on which the business will be conducted:

NAME	ADDRESS	TELEPHONE

8. List the full name, addresses and telephone numbers of the manager(s), assistant manager(s), and any other individual with management responsibilities for the premises to be licensed:

NAME	ADDRESS	TELEPHONE

9. Describe, generally, the type of business to be conducted, the services to be offered, and the items to be sold on the licensed premises:

10. State the total cost of assets acquired to start this business including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. (If acquired from predecessor, attach purchase agreement):

11. Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business:

12. The following items must be attached and submitted with this application, along with all required fees:

- Completed and verified license application form as prescribed by the Commissioner of Public Safety (for all licenses except 3.2 Percent Liquor Special Event-SV Code 801.040(B).
- Scale drawing of floor plan of premises to be licensed showing its relationship to boundaries of property on which the premises is located (for all initial license applications-SV Code 801.040(D).

- Certificate of Insurance (for all Intoxicating Liquor On Sale, Intoxicating Liquor On Sale Wine, and Intoxicating Liquor Off Sale-SV Code 801.040(F).
- Filed copy of Articles of Incorporation (for Corporate applications only).
- Executed copy of Partnership Agreement (for Partnership applicants only).
- Copy of lease (where applicant does not own property or premises on which business will be conducted).
- \$200.00 investigation fee (for all new applications or for liquor license transfers where authorized-SV Code 801.040(A).

Dated this _____ day of _____, 200_____

I, hereby, under oath, state that the information contained in this Application is true and correct to the best of my knowledge; that I have received a copy of the Shoreview Liquor Ordinance; and that I will notify the City of Shoreview as soon as any of the facts in this Application change. I further acknowledge that the falsification of any information contained in this Application will be cause for denial of the License Application or for revocation of a license which has been issued.

Individual Making Application

City of Shoreview
Consent for the Release of Information
In Accordance with MSA 13.05, subd. 4(d)

I, _____, authorize the Ramsey County Sheriff's Office to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Deputy Clerk for the City of Shoreview. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the Ramsey County Sheriff's Office to the Deputy Clerk for the City of Shoreview.

This consent for the release of data is for the purpose of obtaining a permit or license with the City of Shoreview. This information cannot be used for any other purposes.

This authorization may be revoked in writing by me at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

Please complete the following information:

Full Name (please print) _____
First full middle name last

Home Address _____

Date of Birth _____ Sex _____

Driver's License state & number _____

Please list any other names you are or have been known by: _____

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my permit or license.

I hereby authorize the City of Shoreview to use this information to determine my suitability for obtaining a license or permit.

Signature of Applicant

Date

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____

(**NOT** the insurance 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)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Applicant's Name: _____

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

**APPLICATION FOR REDUCED
ON SALE INTOXICATING LIQUOR LICENSE**

Name of Person Making Application: _____

Name of Business: _____

Shoreview City Code states:

"The annual fee for On-Sale Intoxicating Liquor may be reduced if the applicant provides evidence satisfactory to the City Manager which indicates that applicant has adopted and is enforcing an alcoholic awareness training program for applicant and applicant's employees."

Training Program presented by:

Date(s) of Program: _____

The following items need to be attached:

- A brief description of the training program
- Name of the employees trained and their test scores

Signature

Date

Liquor License Employee Training Resources

TIPS (Training for Intervention Procedures)

1-800-GET-TIPS or www.gettips.com

Minnesota Licensed Beverage Association

1983 Sloan Place, Suite 15

St. Paul, MN 55117

651-772-0910 or www.mlba.com

Minnesota Municipal Beverage Association

P. O. Box 32966

Minneapolis MN 55432

763-572-0222 or www.municipalbev.com

Capitol Beverage Sales, L.P.

295 State Street

St. Paul, MN 55107

(651) 298-0800

The Century Council

www.centurycouncil.org

Since its inception, The Century Council has worked with experts across many disciplines to develop effective tools to help educators, members of law enforcement, legislators, parents and retailers in the fight against drunk driving and underage drinking. And, with few exceptions, The Century Council's materials are available free of charge.