



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

# Liquor License Application

## License information

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, with training	\$4,000
<input type="checkbox"/>	Intoxicating liquor on-sale, wine	\$1,000
<input type="checkbox"/>	Intoxicating liquor on-sale, veterans' organization	\$300
<input type="checkbox"/>	Intoxicating liquor on-sale, Sunday sales	\$200
<input type="checkbox"/>	Intoxicating liquor off-sale	\$200
<input type="checkbox"/>	3.2% liquor on-sale	\$150
<input type="checkbox"/>	3.2% liquor off-sale	\$50
<input type="checkbox"/>	Intoxicating liquor, banquet	\$25
<input type="checkbox"/>	Intoxicating or 3.2% liquor, special event	\$10
<input type="checkbox"/>	New license – investigation fee	\$200
<input type="checkbox"/>	Transfer license	\$200

## Applicant information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone number: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

## Business information

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Business phone number: \_\_\_\_\_



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

Legal description of property: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Name, address, and phone number of legal entity that owns the premises where business will be conducted:

Name	Address	Phone number

Information about managers, assistant managers and other individuals with management responsibilities on premises. Attach additional sheet if needed.

Name	Address	Phone number

### Special event information

Additional information required for 3.2% liquor, special event

Organization name: \_\_\_\_\_

Organization address: \_\_\_\_\_

Organization phone number: \_\_\_\_\_ Date of event: \_\_\_\_\_

Event location: \_\_\_\_\_

General description of the event and purpose: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you requesting the city waive the fee? \_\_\_\_\_



Shoreview Administration  
4600 Victoria Street North  
Shoreview, Minnesota 55126  
651-490-4600 | shoreviewmn.gov

## Partnership information

Additional information required if license will be issued in the name of a partnership

Partnership name: \_\_\_\_\_

Partnership address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

Date of partnership formation: \_\_\_\_\_

MN Tax ID: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Partner information – attach additional sheet if needed			
Name	Address	Phone number	Date of birth

## Corporation information

Additional information required if license will be issued in the name of a corporation

Corporation name: \_\_\_\_\_

Corporation address: \_\_\_\_\_

Business phone number: \_\_\_\_\_ Date of incorporation: \_\_\_\_\_

MN tax ID: \_\_\_\_\_ Federal tax ID: \_\_\_\_\_

Is the corporation authorized to do business in Minnesota? \_\_\_\_\_

Corporation officer information – attach additional sheet if needed			
Name	Address	Phone number	Date of birth



Shoreview Administration  
 4600 Victoria Street North  
 Shoreview, Minnesota 55126  
 651-490-4600 | shoreviewmn.gov

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

---



---

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

- Completed and verified license application forms
- For new licenses - scale drawing of floor plan of premises to be licensed showing its relationship to boundaries of property on which the premises is located
- Certificate of insurance (for all intoxicating liquor on-sale, intoxicating liquor on-sale wine, and intoxicating liquor off-sale)
- Certificate of compliance for workers' compensation
- 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)
- Appropriate fee (listed on page 1)

By signing this application, I swear:

- All the information above is true to the best of my knowledge
- I am at least 21 years old
- I will notify the City of Shoreview if any facts in the application change
- I have received a copy of Section 800 of the Shoreview City Code
- I understand the conditions set forth for liquor licenses

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

**For office use**

- \_\_\_\_\_ Received appropriate fee (listed on page 1)
- \_\_\_\_\_ Received proof of liquor insurance covering entire license period
- \_\_\_\_\_ Completed background checks



Shoreview Administration  
 4600 Victoria Street North  
 Shoreview, Minnesota 55126  
 651-490-4600 | shoreviewmn.gov

**Consent for the release of information in accordance with MSA 13.05, subd. 4(d) – must be filled out by all managers, please copy as needed**

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

**Applicant information:**

Full name: \_\_\_\_\_

Other names you have had or are known by (maiden name, names from previous marriages, or aliases): \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Issuing state: \_\_\_\_\_

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 rejecting my license.

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

\_\_\_\_\_  
 Signature of applicant      Date



Shoreview Administration  
 4600 Victoria Street North  
 Shoreview, Minnesota 55126  
 651-490-4600 | shoreviewmn.gov

## Application for Reduced Intoxicating Liquor License, On-Sale

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: \_\_\_\_\_

Program date: \_\_\_\_\_

The following items need to be attached:

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

\_\_\_\_\_  
 Signature of applicant

\_\_\_\_\_  
 Date

Liquor License - Employee Training Resources	
TIPS (Training for Intervention Procedures)	1-800-GET-TIPS   <a href="http://www.gettips.com">www.gettips.com</a>
Minnesota Licensed Beverage Association	1983 Sloan Place, Suite 15 St. Paul, MN 55117 651-772-0910   <a href="http://www.mlba.com">www.mlba.com</a>
Minnesota Municipal Beverage Association	P. O. Box 32966 Minneapolis MN 55432 763-572-0222   <a href="http://www.municipalbev.com">www.municipalbev.com</a>
Capitol Beverage Sales, L.P.	295 State Street St. Paul, MN 55107 (651) 298-0800
The Century Council	<a href="http://www.centurycouncil.org">www.centurycouncil.org</a>