ON-SALE 3.2 PERCENT MALT LIQUOR APPLICATION

St. Louis County, Minnesota

Fee: Determined by License Type and License Period

TO THE COUNTY AUDITOR OF ST. LOUIS COUNTY, STATE OF MINNESOTA: For the purpose of obtaining a license under St. Louis County Ordinance No. 28, The undersigned respectfully makes application for such license and submits the following statement of facts as provided by law:

BUSINESS INFORMATION

Township or City (Where establishment is located)

Is this application: ☐ New ☐ Transfer

If Transfer, Name of Former Owner

Legal Organization
☐ Corporation ☐ LLC ☐ Partnership ☐ Sole-Proprietor ☐ Other (describe)

Date of Incorporation

State of Incorporation

If incorporated under the laws of another state, is the corporation authorized to do business in the state of Minnesota? ☐ Yes ☐ No

MN Secretary of State Issued Certificate Number:

Purpose of Corporation?

Is the corporation a subsidiary of any other corporation?
☐ Yes ☐ No

If yes, Name of Corporation

Applicant's Name (Business, Partnership, Corporation)

Trade or DBA Name

Business Address (Physical)

City (Physical)

State (Physical)

Zip (Physical)

Mailing Address

City (Mailing)

State (Mailing)

Zip (Mailing)

Business Phone Number

Business Fax Number

Parcel Code

Business e-mail

Contact e-mail

Minnesota Tax Identification #

Federal Tax Identification #

Name of Manager

The following information is required for all applicants, partners or corporate officers:

Attach additional sheet(s), if necessary.

Full Name (First, Middle, Last)		Resident Address		City	State	Zip
Date of Birth	Social Security #	Home/Cell Phone	Title	Percentage of Ownership	Number of Shares	
Full Name (First, Middle, Last)		Resident Address		City	State	Zip
Date of Birth	Social Security #	Home/Cell Phone	Title	Percentage of Ownership	Number of Shares	
Full Name (First, Middle, Last)		Resident Address		City	State	Zip
Date of Birth	Social Security #	Home/Cell Phone	Title	Percentage of Ownership	Number of Shares	

Is the applicant or any of the associates in this application a member of the County Board? ☐ Yes ☐ No

If yes, in what capacity?

Have the applicants any interests, directly or indirectly, in any other liquor establishments, be it manufacture, distribution, or retail? ☐ Yes ☐ No

If yes, please provide establishment name and address:

Has applicant, partners, officers or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere? ☐ Yes ☐ No	If yes, give name, dates, violations and final outcome details:
Has applicant or any associates in this application, ever had an application for a liquor license rejected by any municipality or state authority? ☐ Yes ☐ No	If yes, give details involving any license rejections:
Has applicant or any 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? ☐ Yes ☐ No	If yes, give date(s) and details:

APPLICATION QUESTIONS

Requested On-Sale effective date:	
Floor establishment is located on:	Number of months per year establishment will be open?
Describe designated sale / service area:	

CERTIFICATION OF COMPLIANCE OF MINNESOTA WORKERS' COMPENSATION LAW

Pursuant to Minnesota Statute Chapter 176.182: Every state or local licensing agency shall 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 section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of $2,000 payable to the commissioner for deposit in the assigned risk safety account, if the information is not reported or is falsely reported.

WORKERS' COMPENSATION INSURANCE

Are you required to have workers' compensation insurance? ☐ Yes ☐ No

If no, I am not required to have workers' compensation coverage because:

- ☐ I have no employees
- ☐ I am self-insured (a copy of your permit to self-insure is required)
- ☐ I have no employees covered by workers comp law (ie: spouse / parents / children / certain farm employees)

If yes, Insurance Company Name:	Policy #:
Effective Date:	Expiration Date:

LIABILITY INFORMATION

As a licensee, you must have one of the following (please check the appropriate option)

☐ Certificate of 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.

☐ Surety Bond from a surety company with minimum coverage as specified above.

☐ Certificate from the State Treasurer that the licensee has deposited with the state, trust funds having a market value of $100,000 or $100,000 in cash or securities.

☐ Affidavit of Exemption from proof of financial responsibility - Proof of liquor liability is not required if your preceding year's sales or estimated sales (initial applicants only) of On-Sale 3.2 percent malt liquor were **less than** $10,000.

During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802)? If yes, attach a copy of the summons. ☐ Yes ☐ No

STATEMENT OF UNDERSTANDING

As a license holder under St. Louis County Ordinance No. 28 and Minnesota Statutes, Chapter 340A, I understand that a liquor license is a privilege, granted by the St. Louis County Board of Commissioners. It is the license holder's responsibility to familiarize themselves and their employees of the laws governing the sale/service of alcohol.

I have read and agree to the statements above. ☐ **I agree**

ST. LOUIS COUNTY ORDINANCE NO. 28

I have read and understand St. Louis County Ordinance No. 28. I further understand that any sale of liquor in or from any place licensed under this Ordinance or any other act that violates this Ordinance by any clerk, barkeeper or other employee in such place shall be deemed the act of the employer as well as that of the person actually making the sale or committing the act. The licensee shall be liable for all penalties provided by this Ordinance for such sale equally with the person actually making the sale.

I have read and agree to the statements above. ☐ **I agree**

SIGNATURE

By submitting this application, I certify under the penalty of perjury that statements made in this application are true and inclusive to the best of my knowledge. I am authorized to execute the foregoing instrument for the purpose of obtaining a license under St. Louis County Ordinance No. 28. I acknowledge that the County of St. Louis, Minnesota, reserves the right to examine supporting documentation and information provided here. Incorrect or incomplete information is considered to be willfully fraudulent and is subject to legal recourse including fines and/or license suspension or revocation.

I have read and agree to the statements above. ☐ **I agree**

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, Municipal or County ordinances relating to intoxicating liquor.

☐ **I agree** ☐ **I disagree**

Applicant Signature:	Date: