

# Liquor License Application Procedures

*The following is a guideline of documents and procedures required for completing your license process*

- Application form(s) fully completed and signed by applicant for each license applied for. **APPLICATIONS WILL NOT BE APPROVED IF THEY ARE SUBMITTED TO OUR OFFICE INCOMPLETE.**
- Completed application supplements and **Fingerprints** (all owners, officers, managers)
- Liquor liability insurance certificate that covers your license period completely. Do not submit insurance company applications or invoices as proof of liquor liability. These documents are not proof of insurance. We must have a certificate of liquor liability insurance. The minimum limits of the policy are \$100,000 and a \$300,000 aggregate per policy year per.
- Workers Compensation insurance if you have employees, or if no employees a statement to that effect.
- Township consent form, approved and signed by township
- Must be a resident of Beltrami County or agent
- There cannot be delinquent property tax, assessments, disposal fees or other financial claims of the County
- Approval from the County Sheriff-investigation process will be completed
- Approval from the County Attorney
- Approval from the County Board
- If your establishment is brand new and never before been licensed for the type of license you are applying for, your establishment will need to be inspected by the state inspectors. State Inspector: 651-775-5286

## Additional Information

To obtain a buyers card application thru the State of Minnesota Alcohol and Gambling Division:

[www.dps.state.mn.us](http://www.dps.state.mn.us) 651-201-7510

Contact MN Department of Revenue at 651-296-6181 to apply for a Sales and Use Tax Permit Number

Contact the Bureau of Alcohol, Tobacco, and Firearms at 1-800-937-8864 to apply for a Special Occupational tax Stamp. (We do not need proof of this being done).

\*\*We do not have 2 pm closing

\*\* If this is an **off sale** license, special notification and a county board public meeting is needed

Beltrami County Auditor/Treasurer, 701 Minnesota Ave NW, Bemidji, MN 56601, 218-333-8448



**BELTRAMI COUNTY**  
**AUDITOR/TREASURER'S OFFICE**

Leala Roth

701 Minnesota Ave NW Suite #100

Bemidji, MN 56601

218-333-4104 218-333-8352 Fax

leala.roth@co.beltrami.mn.us

**License Application Supplement**

**Applicant Information:**

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle

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

City/State/Zip \_\_\_\_\_

List any previous out of state address/es you have had \_\_\_\_\_

Are you currently a resident of Beltrami County? \_\_\_\_\_  
(If no please see Section V, (h) of the liquor ordinance)

Hm Ph #: \_\_\_\_\_ Bus Ph # \_\_\_\_\_

D.O.B. \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Driver's Lic# \_\_\_\_\_

Age \_\_\_\_\_ Place of Birth \_\_\_\_\_

Give a complete list of any convictions whether alcohol related or not.

Type of License/s Applying for: \_\_\_\_\_

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

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

E-mail: \_\_\_\_\_

Your Title: \_\_\_\_\_  
manager, director, principal operator or Agent  
affect voting control please see Sec V, b, 11 of liquor ordinance)

To be filled out by each owner, partner, officer,  
(The county must be notified of any change of ownership that would

Have applicants ever engaged in a similar business and, if so, give location and the date when so engaged?

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Does applicant or immediate family member of applicant (spouse, parents, siblings, or decedents) have a five percent interest or more in another liquor establishment in Beltrami County? \_\_\_\_\_

Give a complete and detailed description of the nature of the business operation to be conducted on the premises.

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If this is a corporate application list all other persons not listed on the front of this form that have any interest in the corporation and the extent of the interest. The list shall include all shareholders and the number of shares held.

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**Business Location Map**

Please provide a map showing the exact location of the property. Show the location where the building structure is located and a complete site plan including the dimensions of the lot and location of the building on the lot, the location and dimensions of all parking facilities, lighting for the parking area, details to the entrance and exits to the site from existing roadways, entrances and exits from the building to the parking lot areas, size and location of all signs, and a complete and detailed floor plan of the building.

Real estate tax parcel # \_\_\_\_\_

## Fingerprinting

Fingerprinting is performed at the Judicial Center building located at 600 Minnesota Ave NW, Bemidji. Please contact the Bailiff Division at 218-333-8477 to make an appointment before going. You will be required to show a valid photo ID and the fee is \$25 cash only. Also note that you cannot bring a cell phone into this building

## 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 information will be collected by the licensing agency and retained in their files.

Law requires this information, 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: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_

**MUST PROVIDE CERTIFICATE OF INSURANCE**

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

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

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

Doing Business As: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWNSHIP CONSENT FORM**

**OWNER:** \_\_\_\_\_

**D B A:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**TYPE OF LICENSE(S):** \_\_\_\_\_

**STATE OF MINNESOTA)  
(SS  
COUNTY OF BELTRAMI)**

**TOWN OF:**  
\_\_\_\_\_

**IT IS HEREBY CERTIFIED THAT THE TOWN BOARD OF:**  
\_\_\_\_\_ **IN SAID COUNTY AND STATE,**  
**BY RESOLUTION ON THE** \_\_\_\_\_ **DAY OF** \_\_\_\_\_, **20** \_\_\_\_\_  
**DID CONSENT TO THE ISSUANCE OF THE ABOVE LICENSE, FOR**  
**STATED OWNER AND BUSINESS.**

**DATED** \_\_\_\_\_, **20** \_\_\_\_\_

**THE TOWN BOARD OF:**

**ATTEST:** \_\_\_\_\_

**CLERK**

\_\_\_\_\_  
**BY:** \_\_\_\_\_

**CHAIRMAN**

**PLEASE RETURN SIGNED FORM TO:  
BELTRAMI COUNTY AUDITOR/TREASURER  
ATTN: LEALA ROTH  
701 MINNESOTA AVE NW #100  
BEMIDJI, MN 56601  
218-333-4104**

**Beltrami County Law Enforcement Center  
613 Minnesota Ave. NW  
Bemidji, MN 56601**

**APPLICATION FOR LIQUOR LICENSE**

This form was prepared by the County of Beltrami, for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control or any ordinance of the County of Beltrami regarding the issuance of liquor licenses. *Failure to provide information requested may result in denial of the application.*

(Must be filled out by Resident Manager of Corporation or owner of license)

FULL NAME OF LICENSEE \_\_\_\_\_  
(Business/Corporate Name)

Business Address \_\_\_\_\_

Trade Name \_\_\_\_\_ Phone No. \_\_\_\_\_

License Type (circle all that apply): *On-Sale Intoxicating*      *Sunday Liquor*      *Off-Sale*  
*3.2% On-Sale*      *Club On-Sale*      *2 A.M.*  
*Wine On-sale*  
*Other (please specify)* \_\_\_\_\_

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**CORPORATION or LLC:**

Corporate Name \_\_\_\_\_

Corporate Address \_\_\_\_\_  
(City, State, Zip)

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_

List Officers: (***first, middle and last name***), titles, date & place of birth, and home address:

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

List Directors (***first, middle & last name***), date & place of birth and home address:

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List Stockholders (***first, middle & last name***), date & place of birth and home address on a separate sheet of paper. (Please attach list to this application.)

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**PARTNERSHIP:**

Partnership Name \_\_\_\_\_

Partnership Address \_\_\_\_\_  
(City, State, Zip)

Business/Partnership Phone No. \_\_\_\_\_

List Partners (***first, middle & last name***), date & place of birth and home address:

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List Person/s (other than owner, stockholder, director or resident manager) having any financial interest in the business (***first, middle & last name***, date & place of birth and home address):

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**RESIDENT MANAGER:** *(Person responsible for day-to-day management of business)*

\_\_\_\_\_ **First, Middle, & Last Name** \_\_\_\_\_ **Driver's License No.** \_\_\_\_\_

\_\_\_\_\_ **Home Address – Street** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

a. Residence Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

b. Addresses for past ten years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Current employment \_\_\_\_\_

d. Previous employment (five years): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

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1. Type of Application: \_\_\_\_\_ **New** \_\_\_\_\_ **Renewal** \_\_\_\_\_ **Transfer**

a. Has the applicant ever held or now hold a liquor license and/or does he now have any financial interest in a liquor license? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

b. Has applicant ever been involved in revocation or suspension of a liquor license? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, state when and where \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Has applicant ever been turned down for a liquor license? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If yes, state when and where \_\_\_\_\_

2. Describe premises to which license applies (such as 1<sup>st</sup> floor, 2<sup>nd</sup> floor, basement, entire building): \_\_\_\_\_  
\_\_\_\_\_

3. Legal Description: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_

4. List owners of building or premise to be licensed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Who owns the tavern fixtures? \_\_\_\_\_

\_\_\_\_\_

6. What vending or mechanical amusement device company has or will have machines on the licensed premise?

\_\_\_\_\_

\_\_\_\_\_

7. Will there be licensed a gaming operation conducted on the premise?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list name of licensee \_\_\_\_\_

8. Have you ever been convicted of violating Federal, State or Local liquor laws and/or regulations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain fully on a separate sheet of paper. \_\_\_\_\_

a. Has applicant ever been convicted or arrested for any crime or violation of any law (except minor traffic offenses)? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. If this is a transfer application give name, address of persons, partnership or corporation holding license for the past year.

\_\_\_\_\_

\_\_\_\_\_

10. **Financial Data:** *(New Applications Only)*

List on a separate sheet of paper all sources of capital used for purchase/acquisition of this business. Include the name and address of the financial institution(s), contact person, account numbers and other pertinent data. Copies of all loan applications and/or collateral must be attached.

11. **Supplementary Materials Required:** *(New Applications Only)*

The following information is to be provided to the Beltrami County Sheriff's Office, Investigation Division, as part of your license application:

- Proof of insurance or letter of intent from an insurance company that you are able to obtain the required insurance coverage for this purpose.
- Supporting documents for other assets used as collateral.
- Copy of the business plan with security considerations included.
- Copies of articles of incorporation displaying business name and partners/officers.

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Applicant, and his associates in this application, will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Minnesota Department of Public Safety - Alcohol & Gambling Enforcement Division; and all ordinances of the municipality; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I further understand that an investigation fee not to exceed \$500.00 shall be charged an applicant by the city or county if the investigation is conducted within the state, or the cost not to exceed \$10,000.00 if the investigation is required outside the state.

\_\_\_\_\_  
Signature *(Owner or Resident Manager)*

Date: \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

***Incomplete applications will be returned.***

**CONSENT FOR RELEASE  
(Tennessee Warning)**

I, \_\_\_\_\_  
Print Full Name (First) (Full Middle) (Last)

Residing at \_\_\_\_\_  
(Address) (City) (State) (Zip Code)

\_\_\_\_\_  
Driver's License/State Date of Birth

authorize the Beltrami County Sheriff's Office to disclose to the Beltrami County Board, all information collected as a result of the background investigation completed for the purpose of evaluating the attached license application.

I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

\_\_\_\_\_  
Signature of above individual authorizing release

\_\_\_\_\_  
Date of authorization consent

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

# FINANCIAL AUTHORIZATION

*(New Applications Only)*

To: \_\_\_\_\_  
*(Name of financial institution)*

YOU ARE HEREBY AUTHORIZED to release to \_\_\_\_\_  
of the Beltrami County Sheriff's Office any and all financial information concerning my  
dealings with your institution as a customer of the institution, said information to be given in  
connection with the investigation being conducted by the Beltrami County Sheriff's Office.

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Subscribed and sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_

Please photocopy this document if additional copies are needed for each financial  
institution listed.

## CERTIFICATION OF COMPLIANCE WITH THE MINNESOTA WORKER'S COMPESATION LAW

In accordance with Minnesota Statutes §176.182, every state or local licensing agency is required to withhold the issuance or renewal of a business license or permit until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement. Applicants are required to provide the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

Print Full Name \_\_\_\_\_

Doing Business As (Print Business Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business (for example: construction, trucking, logging) \_\_\_\_\_

Worker's Compensation Insurance Company Name \_\_\_\_\_

Policy No. \_\_\_\_\_ Date of Coverage \_\_\_\_\_ through \_\_\_\_\_

I certify that I am not required to carry worker's compensation insurance because (check one)

\_\_\_\_\_ I am a sole proprietor or partner and I have no employees.

\_\_\_\_\_ I have no employees who are covered by the worker's compensation law. (Only employees specifically exempted by statute are not covered by the worker's compensation law. These include: Spouse, Parent; Children, regardless of age; and farm labor employees of a family farm that spent less than \$8,000 for labor in the previous calendar year. All other workers whose work activity is controlled by the employer must be covered.)

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I certify that the information provided above is accurate and complete. I understand that this information will be verified by the Minnesota Department of Labor & Industry, and that I am subject to a \$2,000 penalty if the information provided is false.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_