



ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar St., Suite 133, St. Paul, MN 55101-5133

Fax (651)297-5259

(651)201-7510 TTY (651)282-6555

WWW.DPS.STATE.MN.US



APPLICATION FOR COUNTY ON-SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received by MN Liquor Control.

Workers Compensation Insurance Company _____ Policy # _____
 Workers Comp dates of Coverage _____ LICENSEE'S FEDERAL TAX ID # _____
 LICENSEE'S SALES & USE TAX ID # _____ To apply for MN sales tax number call 651-296-6181

Applicant's name (Business, partnership, LLC, Corporation)		DOB	Social Security #	DBA or trade name
License address			Business phone	Applicant's home phone
City	County	State	Zip Code	License period From _____ To _____

Give name, residence, DOB, Social Security #, title and age for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.

Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State
Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State
Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Purpose of corporation	If a subsidiary of another corporation, give name
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1. Describe premises to which license applies another word where liquor is allowed be specific (first floor, entire bldg, patio etc...). Draw map if necessary

Floor establishment is located on	Seating capacity	Hours food will be available	Number of people restaurant employs
Number of months per year establishment will be open		Name of manager	

- If this restaurant is in conjunction with any other business (resort, etc.), describe the business.
- Name the nearest municipality in which On Sale licenses are issued.
- Has applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? Yes No If yes, give date, charges and final outcome.
- Is the applicant or any of the associates in this application a member of the County Board in which the license will be issued? Yes No If yes, in what capacity? _____ (If the applicant for this license or any of the associates is the spouse of a member of the governing body or where a family relationship exists, the member shall not vote on this application.)
- Yes No 6. Have the applicants any interest, directly or indirectly, in any other liquor establishment in the county or any city in the county issuing this license. If yes, give the name and address of the establishment.

- Yes No 7. 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 No 8. Will you serve liquor on Sunday? **Amount of Sunday License Fee (\$200)**
- Yes No 9. Is this establishment located in an organized township? **If so, attach township approval.**
- ف Yes ف No 10. Has a restaurant license been issued by the state or local health department for this establishment?
- I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.

Name of applicant (please print or type)

Applicant's signature

Date

The Licensee must have one of the following:

Check one

- A. 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. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- or
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$10,000 or \$100,000 in cash or securities.

REPORT BY COUNTY ATTORNEY

I certify that to the best of my knowledge the applicants named above are eligible to be licensed. Yes No If no, state reason

Signature County Attorney

County

Date

REPORT BY SHERIFF

I certify that to the best of my knowledge, the applicants named above have not been convicted within the last five years for any violations of state law or municipal ordinance relating to the sale of liquor, except as follows:

Signature Sheriff

County

Date

Indicate Investigation cost over and above \$100.00 fee _____

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 800-937-8864

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

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.

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.

Name of building owner _____ state whether any other person has any right, title or interest in the equipment or establishment in which the license is applied and if so, give name and details _____

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 # _____

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: JODEE TREAT
701 MINNESOTA AVE NW #220
BEMIDJI, MN 56601
218-333-4104**



BELTRAMI COUNTY
AUDITOR/TREASURER'S OFFICE
JoDee Treat
701 Minnesota Ave NW 220
Bemidji, MN 56601
218-333-4104 218-333-4246 Fax

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

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

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: _____