

INSTRUCTIONS TO APPLICANT FOR ON-SALE WINE LICENSE

The following forms are to be completed by the individual making application for on-sale wine license:

- 1. Application form for wine license (City and State Applications) (attached).
- 2. Tennessee Warning for private and confidential information (attached).
- 3. Certificate of Compliance Dept. of Revenue Information (attached).
- 4. Certificate of Compliance Workers' Compensation Law (attached).
- 5. Criminal History Consent Release (attached). Needed from corporate officer making application and from operating manager.
- 6. Financial Inquiry Authorization (attached).
- 7. Retailer's Buyer Card for Liquor (info. attached). Do not return to City.
- 8. Certificate of General Liability Insurance.
- 9. Certificate of Workers Compensation Insurance.
- 10. Certificate of Liquor Liability Insurance or Dram Exemption (attached).
NOTE: The insurance must completely cover the license period of July 1 through June 30.

- 11. Evidence that the property taxes are current. This statement can be obtained at the Hennepin County Government Center, Public Service Level Tax Desk.

These forms are to be submitted with the following fees:

Wine License Fee:	\$2,000
3.2 Malt Liquor-on Sale Fee:	\$100
Investigation Fee:	\$500

The licensing year is July 1 through June 30.

Review and Approval Process

Please check zoning requirements with the Medina Planning Division before submitting your application. The completed application and fee shall be submitted to the City Clerk. The application will be referred to the Building Division for inspection, and the Police Department for investigation. A vote before the City Council will be scheduled, and a recommendation will be submitted to the City Council for approval or denial. Upon approval of the application, a license will be issued by the City Clerk.

**City of Medina
2052 Co Rd. 24
Medina, MN 55340
763-473-4643**

Business Trade Name: _____
Address: _____
_____ *[City]* _____ *[State]* _____ *[Zip]* _____ *[Phone]*

Minnesota Tax Identification Number: _____
Federal Tax Identification Number: _____
Federal Retail Liquor Dealer's Tax Stamp Number: _____

This business is a (circle one):

<input type="radio"/> Corporation	<input type="radio"/> Partnership	<input type="radio"/> Individual Ownership
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If Corporation, provide name of corporation: _____
State of incorporation: _____
and date of incorporation: _____
If State of incorporation is not Minnesota, is corporation authorized to do business in this state? YES
NO
Indicate number of Certificate of Authority: _____

Provide name, address, and date of birth for each officer of the corporation:

If Partnership, provide name, address, and date of birth for each member of the partnership:

List names of any individuals listed above who are not United States citizens. If any person is naturalized, indicate date and place of naturalization:

List full name, address, birth date, and birth place of spouse of applicant. If partnership, provide information on spouse of each partner; If corporation, provide information on spouse of each officer:

List name, address, and phone of Operating Manager: _____

Have you, individually or otherwise, been the subject of a bankruptcy proceeding? YES NO
If yes, please explain: _____

Are there any unsatisfied judgments against you? YES NO

If yes, please explain: _____

Have you, or anyone named in this application, been the subject of any criminal actions? YES NO

If yes, please explain: _____

Have you, or anyone named in this application, ever held a license in Medina before? YES NO

If yes, please explain: _____

Have you, or anyone named in this application, ever had a license revoked? YES NO

If yes, please explain: _____

Have you, or anyone named in this application, or the partner or spouse of anyone named in this application, ever been convicted of any violation of any municipal liquor law or any felony or crime in this state or any other state relating to liquor since January 6, 1934? YES NO

If so, please explain: _____

Are you, or anyone named in this application, a member of the governing body of Medina? YES NO

If so, in what capacity? _____

Do you, or anyone named in this application, have an interest in or control of any building located in Medina that houses a business engaged in the sale of liquor or wine? _____

Owner of Premise to be Licensed: _____
 (Name)

(Address)

(Phone)

Indicate any person, other than applicant, who has any right, title, or interest, directly or indirectly, in the furniture, fixtures, inventory or equipment in the premises for which the license is applied: _____

Indicate any person, other than applicant, who will share directly or indirectly in any profits or is in any manner connected financially with the licensed business. _____

State name of person or firm that does the bookkeeping or accounting for the licensed business: _____

On what floor is the establishment to be located? _____

Describe area to be licensed for the sale of liquor: _____

State shortest distance in feet, from licensed premises to nearest school: _____

Will any off-duty City employees be working for your business? **YES** **NO**

If yes, please explain: _____

I hereby state:

That I am a citizen of the United States and over 21 years of age, and of good moral character and repute. I have not been convicted of any law of the United States, or of the State of Minnesota, or of any local ordinance, with regard to the manufacture, sale, distribution, or possession for distribution of intoxicating liquors, and that no license issued to me has ever been revoked;

That no other retailer's license has been issued, directly or indirectly, to me or said premises; that no license of a class other than hereby applied for has been issued to any person at said premises; and that said premises are neither owned or controlled by any person to whom no license could be issued.

That said premises are not within any area within which the sale of intoxicating liquors is prohibited by the laws of Minnesota, or the provisions of City Charter or City Code.

That I agree that any license granted shall be nontransferable; that said license shall not be effective until a license is issued by the City, and that the business will keep said license posted in a conspicuous place in the establishment.

That this application is made pursuant and subject to all the laws of Minnesota, the laws of the United States, the ordinances and regulations of said City, and the regulations of the Liquor Control Commissioner relating to the sale and places of sale of liquors, all of which I agree to observe and obey.

*That I am the applicant for a wine (**and on-sale 3.2 malt liquor**) license, that I have read and understand all questions on this application and my rights and obligations with regards to licensing and workers' compensation coverage, that I have answered all questions in a true and correct manner to the best of my knowledge and belief, and that I consent to the release of data contained on this form to the appropriate City officials for the processing of my application.*

Date

Applicant's Signature

STATE OF _____
COUNTY OF _____

Subscribed and sworn to before me
this _____ day of _____, 20____.

(SEAL)

Notary Public

**City of Medina
2052 Co. Rd. 24
Medina, MN 55340
763-473-4643**



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 444 Cedar Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
 (Not to exceed 14% of alcohol by volume)

Print Form

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____
 Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Applicants Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code

Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner	License Period From _____ To _____
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If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN

CORPORATIONS

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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If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner		Owner's address	
Are property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED

- Yes No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

The licensee must have one of the following:

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.

A surety bond from a surety company with minimum coverage as specified above in.

A 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.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

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

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

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, except as follows:

Signature

Department and Title

Date

IMPORTANT NOTICE

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

The City of Medina

NOTIFICATION FOR LICENSE INVOLVING PRIVATE OR CONFIDENTIAL INFORMATION (Includes Tennessee Warning)

In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Medina.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. **The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.**
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.

Date

Signature

The City of Medina
CERTIFICATE OF COMPLIANCE
DEPARTMENT OF REVENUE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your **Minnesota business tax identification number** and the **social security number of each license applicant (person signing the application)**.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the license authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. **Failure to supply this information may jeopardize or delay the processing of your license issuance.**

Please supply the following information and return along with your application:

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED: _____

PERSONAL INFORMATION:

Applicant's Name: _____

Applicant's Address: _____

[City] [State] [Zip]

Social Security Number: _____

BUSINESS INFORMATION:

Business Name: _____

Business Address: _____

[City] [State] [Zip]

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Date

Signature and Position (Officer, Owner, Partner)

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to 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 Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

**The City of Medina
Police Department**

BACKGROUND INVESTIGATION CONSENT RELEASE

As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, and that my refusal to so consent shall not be the basis for denying my application. (For applicant information, attached is a copy of the background investigation form that will be used in this process.)

LICENSE TYPE: _____

OPERATING MANAGER: _____
[First Name] [Full Middle Name] [Last Name]

[Address] [City] [State] [Zip]

Home Telephone: () _____ **Business Telephone:** () _____

Date of Birth: _____ **Place of Birth:** _____

Drivers License Number: _____ **State:** _____

Physical: Sex ____ Race ____ Ht ____ Wt ____ Eyes ____ Hair ____

Aliases: _____

Have you ever been convicted of a crime relating to this type of license? Yes No

If yes, state jurisdiction, type of violation and disposition: _____

APPLICANT'S SIGNATURE: _____ **DATE:** _____

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.

The City of Medina
FINANCIAL INQUIRY AUTHORIZATION

Date: _____

To Whom It May Concern:

I hereby authorize the Medina Police Department to make inquiry into my personal or business financial accounts and I authorize representatives from the below-listed agencies to provide the information as requested:

Agency (Bank, Business Firm, Individual, etc.)

Address

City State

Account Number

Type of Account

Applicant Signature

Applicant Address



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

**APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	