

**City of Sauk Rapids**  
**Application for Retailer On-Sale or Off-Sale**  
**3.2 BEER LICENSE**

City or County where license approved: \_\_\_\_\_

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

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

Licensed Location Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_

License Fees: Off-Sale 3.2 Beer \$100 On-Sale 3.2 Beer \$225 Temporary 3.2 Beer \$75  
(Temporary license is valid up to 7 consecutive days)

If Temporary, Dates for Licensure: \_\_\_\_\_

Three references, including a bank, with which you have had business relations.  
(Name Address, Phone)

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

Applicant's signature on this application confirms the following: Failure to report any of the following will result in fines.

1. License confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. License confirms that it has never had a liquor license rejected by any city, township/county in the state of Minnesota. If ever rejected, please give details on the back of this form, then sign below.
3. License confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this form, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this form, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.
7. Licensee acknowledges pursuant to Minnesota Statute 340A.415 that upon finding a license or permit holder has conducted or permitted the conduct of gambling on the licensed premises in violation of the law a liquor license may be revoked or suspended.

Licensee Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature certifies all above information to be correct)

City Clerk Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature certifies that 3.2 Beer license has been approved by the city by resolution)

Police Chief Signature \_\_\_\_\_ Date \_\_\_\_\_  
(signature certifies licensee or associates have not been cited during the past five years for any state/local liquor law violations(criminal/civil). Report violations on the back.

**Additional Information/Requirements to be Provided with Application:**

\_\_\_\_\_ **Permit Fee**  
\$75.00 Temporary (up to 7 consecutive days)  
\$100.00 Off-Sale 3.2 Beer  
\$225.00 On-Sale 3.2 Beer

\_\_\_\_\_ **Proof of Insurance**

\_\_\_\_\_ **Authorization Form for Criminal Background Check for those listed on Line 7 of the Application**

.....  
**\*For Administration Office Use Only\***

I confirm that all appropriate paperwork has been submitted for the submission of the requested permit.

\_\_\_\_\_  
**Dana Furman, City Clerk**

\_\_\_\_\_  
**Ross Olson, City Administrator**

\_\_\_\_\_  
**Perry Beise, Police Chief**

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**Sauk Rapids Government Center  
250 Summit Avenue North  
Sauk Rapids, Minnesota 56379  
(320) 258-5300 Phone  
(320) 258-5359 Fax**

**BUSINESS INFORMATION**

**Please complete the following information for our records:**

**Licensee Name(s)** \_\_\_\_\_

**Trade Name or DBA** \_\_\_\_\_

**Business Address** \_\_\_\_\_  
Street City State Zip

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

Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Type of License Requested:

Intoxicating  
On-Sale Sunday Club  
3.2 Beer  
On-Sale Off-Sale

If a Partnership or Corporation, List the name and address of each partner or officer.

1. Name \_\_\_\_\_  
Address \_\_\_\_\_

2. Name \_\_\_\_\_  
Address \_\_\_\_\_

3. Name \_\_\_\_\_  
Address \_\_\_\_\_

4. Name \_\_\_\_\_  
Address \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### FORM SP:C1 LICENSE APPLICANT

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of license, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. 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 MN Dept. of Revenue Delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, under the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the IRS.

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

**Please supply the following information and return along with your application to the agency issuing the license.**

License Applied for or Renewed: \_\_\_\_\_

Licensing Authority: (Example: City, County, State): \_\_\_\_\_

License Renewal Date: \_\_\_\_\_

**Personal Information (If applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Business Information (If applicable):**

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

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

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

(If a MN Tax I.D. is not required, please explain on the reverse side of this form.)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**-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 MSS 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.

This information is required by law, 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 \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: \_\_\_\_\_  
(NOT the insurance agent)

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

Dates of Coverage: \_\_\_\_\_ to \_\_\_\_\_  
(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 (these include: Spouse, Parents, Children and certain farm employees)

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

Name: \_\_\_\_\_  
(last, first, middle)

Doing Business As: \_\_\_\_\_  
(business name if different than yours)

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

### **GENERAL AUTHORIZATION RELEASE AND POLICE BACKGROUND CHECK**

I, \_\_\_\_\_, hereby authorize and grant my informed consent to permit you, the City of Sauk Rapids, to release to and make available to the Sauk Rapids Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. I further authorize the Sauk Rapids Police Department to release and make available to the City of Sauk Rapids and/or its agents and/or representatives data classified as private presently in its possession and/or obtained through a criminal background check.

The data which I authorize to be released consists of private data, as defined by Minn, Stat. 13.02, Subd, 12, and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives; and has been collected by the Sauk Rapids Police Department and other criminal justice agencies during the course of their operations. The information authorized to be released includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency; and all data which has been collected, created, received, retained or disseminated in whatever form by the Sauk Rapids Police Department.

I understand that I am not legally required to authorize the release of this data; however, failure to do so is grounds for denial of License Application.

I understand that the purpose of permitting the City of Sauk Rapids and the Sauk Rapids Police Department to have access to this information is to conduct a criminal background check in furtherance of the City's effort to determine my suitability as a License Holder.

The information I provide may be shared with the staff and/or representatives of the City of Sauk Rapids, Sauk Rapids Police Department and persons who require this information to fulfill specifically related responsibilities of their positions.

I further agree to release, indemnify, and hold harmless the City of Sauk Rapids, or any entity, their employees, agents or officers from any claims or causes of action, present or future, which may arise as a result of releasing any information about myself.

**(PLEASE PRINT)**

NAME:	Full First	Full Middle	Full Last
TITLE:	MAIDEN NAME:		
DATE OF BIRTH:	SS NUMBER:		
CURRENT ADDRESS:			
PREVIOUS ADDRESSES:			
SIGNATURE:		DATE:	

**Office Use Only:**

RECOMMENDATIONS		
Signature	Title	Date