



Dear Liquor License Applicant,

Attached is the On-Sale Liquor License application packet for the City of Sauk Rapids. The fees for a liquor license depend on what type of liquor license that the Applicant might be seeking. All restaurants in the City of Sauk Rapids currently have an On-Sale Liquor License, which allows them to sell strong, beer wine, mixed drinks, etc.

There is also a Beer and Wine License option, which I can go over in more detail with you should you choose to go that route versus a regular On-Sale Liquor License. The Beer and Wine license does require the State's Alcohol and Gambling Enforcement Division to sign off on and inspect prior to licensure. There is also a number of seats requirement for the Beer and Wine license.

Attached is additional information regarding obtaining an On-Sale Liquor License in the City of Sauk Rapids as well as the fee schedule as it pertains to liquor licensing. Please review the documents and get back to me with any questions that you may have. All liquor licenses require a public hearing at the City Council level, so I always tell people to apply at least a month prior to their wanting to open or offer liquor sales. For most restaurants in the City of Sauk Rapids who hold an On-Sale Liquor License, the following fees apply:

\$3,000—On-Sale Liquor License

\$200-Special Sunday Liquor License

\$200 Seasonal Outdoor Liquor License---(If you plan to have an outdoor patio where liquor will be served)

\$500- Investigation Fee

\$50-Annual Inspection Fee

Total=\$3, 950

The liquor licenses typically run on a July 1st through June 30th liquor license cycle. A Certificate of Liquor Liability Coverage as well as Workers Comp coverage will need to be submitted with your completed application. The Certificates of Insurance must include the physical address of the location as well as the dates for the entire licensure period. One of the applications included in the attached packet is for a Buyer's Card through the State of Minnesota. That form and the payment for the Buyer's Card will go directly to the State and not the City of Sauk Rapids.

I look forward to working with you!

A handwritten signature in blue ink, appearing to read "Dana", with a long horizontal flourish extending to the right.

Dana Furman

City Clerk

City of Sauk Rapids

(320) 258-5303

E-mail: Dfurman@ci.sauk-rapids.mn.us



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7500 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: (check 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)

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Business Trade Name _____ Business Address _____ City _____

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:

Home Address _____ City _____ Licensee's MN Tax ID # _____

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.

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.

**City of Sauk Rapids
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:
On-Sale Wine Intoxicating Sunday
Club (must abide by "Club" laws as governed by State Statute)
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 _____

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

1. Licensee 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. Licensee 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. Licensee 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.

Applicant Signature: _____ **Date:** _____

FORM SP:C1 LICENSE APPLICANT

Pursuant to Minnesota Statute 270C.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 your name)

Business Address: _____

City, State, Zip: _____ Phone: _____

Signature: _____ Date: _____

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) **ENTIRE FORM MUST BE COMPLETED OR APPLICATION
WILL NOT BE ACCEPTED**

| | | | |
|---------------------------------------------------|-------------------|--------------------|---------------------|
| NAME: | Full First | Full Middle | Full Last |
| TITLE: | | | MAIDEN NAME: |
| DATE OF BIRTH: | | | SS NUMBER: |
| CURRENT ADDRESS: | | | |
| PREVIOUS ADDRESSES: | | | |
| SIGNATURE: | | DATE: | |
| DRIVER'S LICENSE NUMBER & STATE ISSUED | | | |



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 133
St. Paul, MN 55101-5133
Phone (651) 296-6979 TDD (651) 282-6335
Fax (651) 297-6259

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 | |

PS 9135 (12/98)

Licenses and Permits

Liquor:

| | | | |
|------------------------------------|-------|--------------------------------------------------------------------------------------|------------------|
| <u>3.2 Beer License</u> | 4.05 | Minn. Stat. Chpt. 340A | |
| On-Sale | | | \$225/Year |
| Off-Sale | | | \$100/Year |
| Temporary On-Sale | | For up to 7 consecutive days | \$75 |
| <u>Intoxicating Liquor License</u> | | | |
| On-sale | 4.18A | Minn. Stat. Chpt. 340A | |
| Wine | | | \$1,500/Year |
| Club | | Under 200 members | \$300/Year |
| | | Between 201 and 500 | \$500/Year |
| | | Between 501 and 1000 | \$650/Year |
| | | Between 1001 and 2000 | \$800/Year |
| | | Between 2001 and 4000 | \$1000/Year |
| | | Between 4001 and 6000 | \$2000/Year |
| | | Over 6000 | \$3000/Year |
| Restaurant | | 100 seats/food service required | \$3,000/Year |
| Special Event | | \$250 plus \$500 per day for police services Deposit (clean-up & police services) | |
| Outdoor Sales (12/2008) | | | \$200 |
| Special Sunday | | Food service required | \$200/Year |
| Temporary | | Clubs & non-profits up to 4 days | \$200 |
| Seasonal Non-Profit | | | \$350 |
| Investigation fee | | Intoxicating liquor only | \$500 (in-state) |
| Annual On-Sale Inspection Fee | | | \$50 |

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2023-12-11