

<h1 style="margin: 0; display: inline;">Intoxicating Liquor or Wine License Application</h1>					Page 1 of 8	
If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association or limited liability company, by the manager or managing officer.						
Section 1. License Information						
Type of license <input type="checkbox"/> On-sale intoxicating <input type="checkbox"/> Club <input type="checkbox"/> Brewer taproom on-sale <input type="checkbox"/> Off-sale intoxicating <input type="checkbox"/> On-sale wine (includes Sunday) <input type="checkbox"/> Cocktail room on-sale <input type="checkbox"/> On-sale 3.2 malt liquor <input type="checkbox"/> Brewer off-sale malt liquor <input type="checkbox"/> Distilled spirits off-sale <input type="checkbox"/> Off-sale 3.2 malt liquor <input type="checkbox"/> Brewpub off-sale					Optional license <input type="checkbox"/> On-sale sunday	
Type Of Applicant <input type="checkbox"/> Individual (see Section 2a) <input type="checkbox"/> Corporation, LLC, or other legal entity (see Section 2c) <input type="checkbox"/> Partnership (see Section 2b) <input type="checkbox"/> Club (see Section 2d)						
Licensee's legal name						
Licensee's address				City		State
				Zip		
Person completing form			Email address		Phone	
Business name (if different than licensee's legal name)					Business phone	
Address of premises to be licensed (if different than licensee's address)						
<input type="checkbox"/> If business is to be conducted under a designation, name, or style other than the name of the applicant, attach a certificated copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.						
Mn business tax ID number <small>(Per Minnesota Statute 270C.72)</small>			Federal business tax ID number		Applicant's social security number (if applicable)	
Proof Of Liquor Liability Insurance						
<input type="checkbox"/> Attach Certificate of Liquor Liability Insurance The insurance certificate must be in the exact corporate name of the entity, if the licensee is an entity, or in the individual(s) name if not incorporated. The dates of the insurance must also cover the license period completely and state that such insurance will not be canceled or terminated without 30 days prior written notice served upon the City Clerk. Cancellation or termination of such coverage shall be grounds for license revocation. A notation of "liquor liability insurance is continuous until cancelled" is sufficient to cover the license period.						
Proof Of Workers' Compensation Insurance Coverage						
<input type="checkbox"/> I am required to have workers compensation liability coverage and have attached a completed Workers Compensation Insurance Form					I am not required to have workers' compensation liability coverage because:	
Insurance company name					<input type="checkbox"/> I have no employees covered by the law <input type="checkbox"/> Other (specify below)	
Dates of coverage		Policy number/self-insurance permit number <small>(per Minnesota Statute 176.182)</small>				

Notice: You must apply for and obtain a Minnesota retailer's identification card (Buyer's Card) issued by the Minnesota Department of Public Safety, Liquor Control Division.

Section 2a. Applicant Information—Individual

Complete **ONLY** if you answered "Individual" for Type of Applicant on page 1. Then continue with Section 3.

☐ Attach **Part 2 Personal History** form.

Last name	First name	Middle name (full)
Residence address (street, city, Sstate, zip)		Phone
Business address (street, city, state, zip)		Phone

Section 2b. Applicant Information—Partnership

Complete **ONLY** if you answered "Partnership" for Type Of Applicant. Then continue with Section 3.

- ☐ Attach a copy of the partnership agreement.
☐ Attach a **Part 2 Personal History Form** from each general partner and each limited partner that owns more than 5% of the business.
☐ If limited partnership, attach Certificate of Formation and if formed in a state other than Minnesota attach Minnesota Statement of Qualification.

General Or Limited Partners

Last name	First name and middle name (full)	Interest %
Residence or registered address (street, city, state, zip)		Phone
Business address (street, city, state, zip)		Phone
Last name	First name and middle name (full)	Interest %
Residence or registered address (street, city, state, zip)		Phone
Business address (street, city, state, zip)		Phone

Section 2c. Applicant Information—Corporate/Other Organization

Complete **ONLY** if you answered "Corporate" or "Other Organization" for Type Of Applicant. Then continue with Section 3.

- ☐ Attach a copy of the Certificate of Incorporation and By-Laws or Operating Agreement; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.
☐ Attach a **Part 2 Personal History Form** from **each** officer and **each** person who owns or controls an interest in excess of 5 percent.

Name of corporation/other organization	State of incorporation/association
Golden Valley address (street, zip)	Phone
Home office address (street, city, state, zip—if different than above)	Phone

Officers Of Corporation/Other Organization

President/Managing member last name	First name	Middle name (full)
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Residence address (street, city, state, zip)	Phone
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Vice President Last name	First name	Middle name (full)
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Residence address (street, city, state, zip)	Phone
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Secretary Last name	First name	Middle name (full)
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Residence address (street, city, state, zip)	Phone
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Treasurer Last name	First name	Middle name (full)
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Residence address (street, city, state, zip)	Phone
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All persons who singly or together with their spouse and parents, brothers, sisters, or children, own or control an interest in said corporation or other organization in excess of 5 percent.

Last name	First name	Middle name (full)	Percent
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Residence address (street, city, state, zip)	Phone
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Last Name	First name	Middle name (full)	Percent
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Residence address (street, city, state, zip)	Phone
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Section 2d. Applicant Information—Club

Complete ONLY if you answered "Club" for Type of Applicant on page one. Then continue on to Section 3.

- ☐ **Attach a copy of Articles of Incorporation** and a **copy of by-laws of the club.**
- ☐ **A sworn statement** that the club has been in existence for at least three years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

Club name	Number of members
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Date club was first organized	Place of such organization	Date club was first incorporated
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Name of establishment or serving club	Date established
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Officers, Executive Committee Members, And Board Of Director Members

Last name	First name	Middle name (full)	Position
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Residence address (street, city, state, zip)	Phone
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Last name	First name	Middle name (full)	Position
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Residence address (street, city, state, zip)	Phone
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Last name	First name	Middle name (full)	Position
Residence address (street, city, state, zip)			Phone

*****ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS*****

Section 3. Persons In Charge Of Licensed Premises

☐ Attach a **Part 2 Personal History form** from **each** person in this section who is a general manager, food/beverage manager, or other individual in charge of the licensed premises.

Last Name	First name	Middle Name (Full)	Position
Residence address (street, city, state, zip)			Phone

Last name	First name	Middle name (full)	Position
Residence address (street, city, state, zip)			Phone

Last name	First name	Middle name (full)	Position
Residence address (street, city, state, zip)			Phone

Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee? ☐ Yes ☐ No

Section 4. Building Ownership — All applicants complete this section

Is building where licensed business will be located owned by applicant (individual, partnership, corporation, or other organization)?

☐ Yes ☐ No

If building is not owned by applicant, complete the following:

Date purchased	Purchase price	Down payment
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Name of person purchased from

Above person's address	City	State	Zip
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Is there a mortgage? ☐ Yes ☐ No

Mortgage holder	Mortgage amount
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Address	City	State	Zip
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Term of mortgage	Rate of interest
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Is there a contract for deed (C.D.)? ☐ Yes ☐ No

C.D. holder	C.D. amount
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Address	City	State	Zip
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Term of C.D.	Rate of interest
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Amount of the monthly payment at which mortgage and/or C.D. is being liquidated

Are the payments on the mortgage and/or C.D. up-to-date? ☐ Yes ☐ No

If building is not owned by applicant, complete the following:

Full name

Residence address	City	State	Zip
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Business address	City	State	Zip
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☐ **Attach a copy of the lease agreement.**

Is Applicant in good standing under its lease/mortgage/contract for deed, having the right to occupy the licensed premises during the term of the license? ☐ Yes ☐ No

NOTICE: The City may contact any landlord/mortgage holder/contract for deed holder listed above to confirm Applicant is in good standing under the terms of its lease/mortgage/contract for deed and reserves the right to request additional information from you relating to Applicant's financing during the City's

List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture, or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Last name	First name	Middle name (full)	Relationship to applicant
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Residence address	City	State	Zip
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Phone number

Nature and amount of ownership, terms for payment or reimbursements

Last name	First name	Middle name (full)	Relationship to applicant
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Residence address	City	State	Zip
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Phone number

Nature and amount of ownership, terms for payment or reimbursements

→ continued

Section 5. Premises

If the premises is planned, under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Inspections Department, no additional plans need be filed.

Legal description of premises to be licensed

☐ **Submit survey** showing dimensions, building locations, street access, parking facilities, and location.

Describe premises to which license applies with the following information:

1. Floor Number, General Area, and all rooms where Intoxicating Liquor or Wine is to be sold, consumed and stored.
2. The square feet and dimensions of each area indicated on the floor plan.
3. The number of persons intended to be served in said rooms.
4. If outdoor seating – Identify fencing, barrier, gates/access points, etc.

Indoor seating

Number of seats _____

Outdoor seating

☐ No ☐ Yes Number of seats _____)

☐ **Attach a floor plan** showing above information.

How is the premises zoned under Golden Valley's zoning ordinance?

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the State, County, School District, or City of Golden Valley delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No

If yes, give years and unpaid amounts:

Notice: In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.

I have reviewed City Code Chapter 5 relating to Alcoholic Beverages Licensing and Regulation. ☐ Yes ☐ No

I understand I have an ongoing obligation to inform the City of any material changes in the right, title, or interest in the licensed premises, or of any change of the persons who will manage or control the licensed premises or Applicant. ☐ Yes ☐ No

Section 6. On-Sale Intoxicating Liquor License

Complete ONLY if applying for an on-sale intoxicating license.

If a hotel or motel, is there a dining room open to the general public with seating for a minimum of 30 persons, and a minimum of 25 guest rooms? ☐ Yes ☐ No

If a restaurant, is it open to the general public with seating for a minimum of 30 persons at one time? ☐ Yes ☐ No

Section 7. On-Sale Wine License

Complete ONLY if applying for an on-sale intoxicating license.

If a restaurant, is it open to the general public with seating for a minimum of 25 persons at one time? ☐ Yes ☐ No

Section 8. Off-Sale Intoxicating Liquor License

Complete ONLY if applying for an off-sale intoxicating license.

Do you hold an interest in any other liquor establishment in the State of Minnesota? ☐ Yes ☐ No
If **yes**, give name of establishment and location.

If necessary, where do you store the liquor off the licensed premises? List warehouses and addresses.

Is the premises located within 300 feet of any school as defined by Section 5.70 Subd. 8 of the City Code? *This distance is measured in a straight line from the lot on which the establishment is located to the nearest point of the lot on which the school is located. In shopping centers, the distance is measured from the main entrance of the business.* ☐ Yes ☐ No

Is the premises located within 100 feet of any place of worship as defined by Section 5.70 Subd. 8 of the City Code? *This distance is measured in a straight line from the lot on which the establishment is located to the nearest point of the place of worship's building.* ☐ Yes ☐ No

Section 2e. Applicant Information—Brewer License

Complete ONLY if you answered "Brewer" for Type of Applicant on page one.

Will the malt liquor sold for consumption on the site be produced on the licensed premises? ☐ Yes ☐ No

Will production be less than 3,500 barrels of malt liquor per year? ☐ Yes ☐ No

☐ Provide a copy of your MN malt beverage manufacturing license.

Data Practices Advisory Tennessee Warning - Licensing

CONSENT RELEASE: I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether this license 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, but refusal to so consent may be basis for denying this application.

TENNESSEN 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 or an applicant affiliated with you is eligible for a license from the City of Golden Valley.
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 the license application to be denied.
4. The known consequences of refusing to supply the requested information is that the application 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 Minnesota Department of Labor and Industry, the Minnesota Commissioner of Revenue and the Minnesota Department of Public Safety.

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.

Signature of authorized agent for the applicant

X

Date

Name of authorized agent for the applicant (please print, include title if any)

Name of business

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20 _____.

Commission expires on _____.

Notary signature



This document is available in alternate formats upon a 72-hour request. Please call 763-593-8006 (TTY: 763-593-3968) to make a request. Examples of alternate formats may include large print, electronic, Braille, audiocassette, etc.

