

LIQUOR LICENSE INFORMATION

Does New Hope have any on-sale licenses available?	<p>Yes, we have three available. Code allows six and presently three are issued (Applebee's, Sunshine Factory, and New Hope Bowl).</p> <p>Restaurant Class I - Seating capacity must be a minimum of 30. Wine license – seating capacity must be a minimum of 25. Liquor sales cannot exceed 50 percent of the restaurant's gross yearly sales.</p>	
Does New Hope have any off-sale licenses available?	<p>No; code allows seven and seven are presently issued (New Hope Liquors; Coborn's Inc.; TC Craft Beer, Wine, & Spirits; Winnetka Liquors; Liquor and Tobacco World; Quebec Liquor; and Viking Liquor, Wine & Tobacco).</p>	
What are the fees?	<p>On Sale Liquor - Sunday Sales Off Sale Liquor On Sale Wine On Sale 3.2% Beer Off Sale 3.2% Beer</p>	<p style="text-align: right;">\$6,000 \$200 *\$380 \$2,000 \$500 \$100</p>
	<p style="text-align: center;">*fee may be reduced to \$280 if meet conditions of 14-12(2)1-3</p>	
	<p>License investigation: ■ within state ■ outside of state</p>	<p style="text-align: right;">\$500 up to \$10,000</p>
Can a restaurant operation sell strong beer?	<p>An on-sale wine licensee who is also licensed for on-sale 3.2% malt liquor and whose gross receipts are at least 60% attributable to the sale of food may also sell intoxicating malt liquor without any additional licenses.</p>	
Where can liquor businesses be located?	<p>Our Building Official, Roger Axel, can advise you of the zoning classification for the proposed business location and whether the business operation would be an allowed use. Mr. Axel's phone number is 763-531-5122.</p>	



RESTRICTED HOURS OF OPERATION

Restricted Hours of Operation for "On Sale" Intoxicating Liquor Establishments

a) Monday through Saturday	No sales between 2:00 a.m. and 8:00 a.m.
b) Sunday	No sales after 2:00 a.m., except establishments having a "Special License for Sunday Liquor Sales" may sell between the hours of 10:00 a.m. Sunday and 2:00 a.m. Monday.
c) Holiday	No sales between 8:00 p.m. on December 24 and 8:00 a.m. on December 25.

Note: No licensee may sell intoxicating liquor or 3.2 percent malt liquor on-sale between the hours of 1:00 a.m. and 2:00 a.m. unless the licensee has obtained a permit from the commissioner per Minnesota Statutes 340A.504 subd. 7.

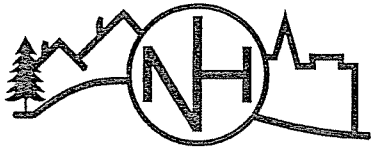
Restricted Hours for "Off Sale" Intoxicating Liquor Establishments

a) Sunday	No off sale
b) Monday through Saturday	No off sale before 8:00 a.m. and after 10:00 p.m.
d) Holidays	No off sales on Thanksgiving Day and Christmas Day or after 8:00 p.m. on December 24.

Note: Off Sales may be open on Election Day, New Years Day, 4th of July, Labor Day, and Memorial Day unless otherwise prohibited by subsection (a) of this section

Restricted Hours for "Beer" License Holders

Hours of Operation are same as those for Intoxicating Liquor	Per city code 10-19
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LIQUOR LICENSE

At time of application, applicant shall furnish:

1. Completed application form
2. Payment of non-refundable investigation fee \$500 (in-state investigation)
 - applicant may be required to reimburse City up to \$10,000 if the investigation occurs outside the State of Minnesota
3. Copy of certificate certified by the Secretary of State regarding partnership or corporation status.
4. On-sale license applicants for new buildings shall attach floor plan of dining room(s) with dimensions and seating capacity in accordance with code 10-43(6).

Payment of License Fee:

The initial license fee is due after approval of license. The City Council will consider the application at a public hearing. If the City Council approves the application, the City Clerk will submit the application to the State of Minnesota which must also approve the license. The license year is January 1 - December 31st. The City pro-rates the fees on a monthly basis to mid-year applicants for **On Sale intoxicating liquor, wine licenses and On Sale Beer licenses**. The **Sunday Sales** fee is pro-rated on a quarterly basis. No other mid-year liquor licenses are pro-rated.

Along with the license fee, the applicant must provide:

- Certificate of insurance per code 10-57(c) (provide insurance coverage effective through Dec. 31)
- Minnesota tax identification number form LIC-003
- Certificate of compliance - Minnesota workers' compensation insurance form LIC-007

Applicant should review Minnesota Statute 340A -website:www.dps.state.mn.us/alcgamb/alcenf/alcenf.html

Restricted Hours of Operation for "On Sale" Intoxicating Liquor Establishments (code 10-54):

a) Monday through Saturday	No sales between 2:00 a.m. and 8:00 a.m.
b) Sunday	No sales after 2:00 a.m., except establishments having a "Special License for Sunday Liquor Sales" may sell between the hours of 10:00 a.m. Sunday and 2:00 a.m. Monday.
c) Holidays	No sales between 8:00 p.m. on December 24 and 8:00 a.m. on December 25.

Note: No licensee may sell intoxicating liquor or 3.2 percent malt liquor on-sale between the hours of 1:00 a.m. and 2:00 a.m. unless the licensee has obtained a permit from the commissioner per Minnesota Statutes 340A.504 subd. 7.

Restricted Hours for "Off Sale" Intoxicating Liquor Establishments:

a) Sunday	No off sale
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c) Holidays	No off sales on Thanksgiving Day and Christmas Day or after 8:00 p.m. on December 24.

Note: Off Sales may be open on Election Day, New Years Day, 4th of July, Labor Day, Memorial Day unless otherwise prohibited by subsection (a) of this section

Applicant - submit form to city. If approved locally, it will be forwarded to the state by the city. Thank you.



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651) 296-6979 FAX (651)297-5259 TTY(651)282-6555
 WWW.DPS.STATE.MN.US



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

Workers compensation insurance company. Name _____ Policy # _____

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____	Applicant's Home Phone #	
City	County	State	Zip Code
Name of Store Manager	Business Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

- If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
- Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____
- Name and address of building owner: _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome. _____
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

This licensee must have one of the following:

(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

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.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title

Signature of Applicant

Date

REPORT BY POLICE/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 or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department

Title

Signature

PS 9136-(2006)

County Attorney's Signature

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 (651)726-0220



4401 XYLON AVENUE NORTH
 NEW HOPE, MINNESOTA 55428-4898
 PHONE: 763-531-5100
 FAX: 763-531-5136

APPLICATION FOR SALE OF INTOXICATING LIQUORS

10-42 The truth of all statements made in every application for a license to sell intoxicating liquor shall be sworn to before a notary public or other officer authorized to take an oath

10-43(1) TYPE OF BUSINESS: Corporation Partnership Individual

SALES AND USE TAX IDENTIFICATION NUMBER: _____ (to apply for a sales tax #, call 651-296-6181)

10-43(2)	TYPE OF LICENSE:	1. <input type="checkbox"/> On Sale Restaurant, Class One Seating Capacity: _____ <input type="checkbox"/> Special License for Sunday Liquor	3. <input type="checkbox"/> On Sale Bowling Center <input type="checkbox"/> Special License for Sunday Liquor
		2. <input type="checkbox"/> On Sale Restaurant, Wine Seating Capacity: _____ <input type="checkbox"/> Special License for Sunday Liquor	4. <input type="checkbox"/> Off Sale

NAME OF BUSINESS (ATTACH SECRETARY OF STATE CERTIFICATION)	
NAME OF BUSINESS:	
DBA OR TRADE NAME:	BUSINESS ADDRESS:

10-43(3) NAME OF APPLICANT			
(FIRST, FULL MIDDLE, LAST):			SOCIAL SECURITY #:
STREET ADDRESS:		CITY:	STATE/ZIP CODE:
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married (*) <input type="checkbox"/> Divorced (*)		MAIDEN NAME:	REGISTERED VOTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE NUMBER:	WORK PHONE NUMBER:	DATE OF BIRTH:	PLACE OF BIRTH:
(*) IF MARRIED, SPOUSE'S FULL NAME AND ADDRESS:			
(*) IF DIVORCED, FULL NAME AND ADDRESS OF FORMER SPOUSE:			

LIST ANY OTHER NAME (ALIASES USED BY APPLICANT):		
NAME (FIRST NAME, FULL MIDDLE NAME, LAST NAME):		
DATES NAME USED:	NAME USED:	REASON FOR USING ALTERNATE IDENTIFICATION:

APPLICATION FOR SALE OF INTOXICATING LIQUORS

LIST THE ADDRESSES WHERE APPLICANT HAS LIVED FOR THE PAST TEN YEARS			
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	DATES YOU LIVED HERE:
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	DATES YOU LIVED HERE:
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	DATES YOU LIVED HERE:
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	DATES YOU LIVED HERE:
STREET ADDRESS:	CITY:	STATE/ZIP CODE:	DATES YOU LIVED HERE:

LIST APPLICANT'S OCCUPATIONAL HISTORY FOR THE PAST TEN YEARS	
NAME OF COMPANY:	TYPE OF BUSINESS:
YOUR OCCUPATION:	DATES EMPLOYED HERE:
NAME OF COMPANY:	TYPE OF BUSINESS:
YOUR OCCUPATION:	DATES EMPLOYED HERE:
NAME OF COMPANY:	TYPE OF BUSINESS:
YOUR OCCUPATION:	DATES EMPLOYED HERE:
NAME OF COMPANY:	TYPE OF BUSINESS:
YOUR OCCUPATION:	DATES EMPLOYED HERE:

IF MARRIED, LIST SPOUSE'S OCCUPATIONAL HISTORY FOR THE PAST TEN YEARS	
NAME OF COMPANY:	TYPE OF BUSINESS:
SPOUSE'S OCCUPATION:	DATES EMPLOYED HERE:
NAME OF COMPANY:	TYPE OF BUSINESS:
SPOUSE'S OCCUPATION:	DATES EMPLOYED HERE:
NAME OF COMPANY:	TYPE OF BUSINESS:
SPOUSE'S OCCUPATION:	DATES EMPLOYED HERE:

APPLICATION FOR SALE OF INTOXICATING LIQUORS

If applying as an individual, skip page 3 and continue with page 4.

If business is a partnership, attach partnership agreement; if corporation, attach "Certificate of Incorporation" from the Secretary of State's office.

LIST ALL NAMES OF PARTNERS OR OFFICERS			
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:
FIRST NAME, FULL MIDDLE NAME AND LAST NAME:	TITLE:	RESIDENT TELEPHONE NUMBER:	PERCENT OF INTEREST:
RESIDENT STREET ADDRESS:	CITY:	STATE:	ZIP CODE:

ATTACH ADDITIONAL SHEET IF NECESSARY

LIST OCCUPATIONAL HISTORY OF PARTNERS OR OFFICERS FOR THE PAST TEN YEARS		
NAME OF PERSON:	NAME OF BUSINESS:	
OCCUPATION:	EMPLOYMENT DATES:	TYPE OF BUSINESS:
NAME OF PERSON:	NAME OF BUSINESS:	
OCCUPATION:	EMPLOYMENT DATES:	TYPE OF BUSINESS:
NAME OF PERSON:	NAME OF BUSINESS:	
OCCUPATION:	EMPLOYMENT DATES:	TYPE OF BUSINESS:
NAME OF PERSON:	NAME OF BUSINESS:	
OCCUPATION:	EMPLOYMENT DATES:	TYPE OF BUSINESS:

ATTACH ADDITIONAL SHEET IF NECESSARY

APPLICATION FOR SALE OF INTOXICATING LIQUORS

Has applicant, spouse, parent, brother, sister, or child of either of you ever been convicted of a felony, crime or violation of any ordinance other than a traffic ordinance?

NO YES - If yes, furnish information below (time, place, and offense; and final disposition):

DOES APPLICANT HAVE PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY? YES NO

If yes, indicate business name, address, and dates:

DO ANY OF APPLICANT'S RELATIVES HAVE PRIOR EXPERIENCE IN THE LIQUOR INDUSTRY: YES NO

If yes, indicate business name, address, and dates:

HAS APPLICANT EVER SERVED IN THE MILITARY? YES NO

If yes, please explain: _____

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO

If yes, please provide information: _____

PLEASE PROVIDE COMPLETE BANKING INFORMATION FOR THE PAST FIVE YEARS

NAME OF INSTITUTION:		ADDRESS OF INSTITUTION:		PHONE NUMBR OF INSTITUTION:	
CHECKING ACCOUNT NUMBER:	DATE ACCOUNT OPENED:	SAVINGS ACCOUNT NUMBER	DATE ACCOUNT OPENED		
NAME OF INSTITUTION:		ADDRESS OF INSTITUTION:		PHONE NUMBR OF INSTITUTION:	
CHECKING ACCOUNT NUMBER:	DATE ACCOUNT OPENED:	SAVINGS ACCOUNT NUMBER	DATE ACCOUNT OPENED		
NAME OF INSTITUTION:		ADDRESS OF INSTITUTION:		PHONE NUMBR OF INSTITUTION:	
CHECKING ACCOUNT NUMBER:	DATE ACCOUNT OPENED:	SAVINGS ACCOUNT NUMBER	DATE ACCOUNT OPENED		

ATTACH ADDITIONAL SHEET IF NECESSARY

APPLICATION FOR SALE OF INTOXICATING LIQUORS

NAME OF MANAGER/PROPRIETOR/AGENT IN CHARGE OF PREMISES TO BE LICENSED			
(FIRST, FULL MIDDLE , LAST):		SOCIAL SECURITY #:	
STREET ADDRESS:		CITY:	STATE/ZIP CODE:
MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced		MAIDEN NAME:	REGISTERED VOTER: <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME PHONE NUMBER:	WORK PHONE NUMBER:	DATE OF BIRTH:	PLACE OF BIRTH:

10-43(6) PREMISES:

- Applicant must submit the exact legal description of the premises to be licensed, together with a plot plan of the area showing dimensions, location of buildings, street access, parking facilities and the locations and distances of the nearest church building and school grounds (10-50(b)).

LEGAL ADDRESS: _____

LEGAL DESCRIPTION: _____

DISTANCE TO NEAREST CHURCH: _____ DISTANCE TO NEAREST SCHOOL: _____

- Applicant must submit the floor number and street number where the sale of intoxicating liquors is to be conducted and the rooms where liquor is to be sold or consumed. An applicant for an "on sale" license shall submit a floor plan of the dining room(s), which shall be open to the public, shall show dimensions and shall indicate the number of persons intended to be served in each of said rooms.
- Whenever the application for an "on sale" license to sell intoxicating liquor, or for a transfer thereof, is for premises either planned or under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or design are on file with the Community Development Department, no plans need to be filed with the City Clerk.

10-43(7) FINANCIAL INVESTMENT:

Indicate the amount of your investment in this business, building, premises, fixtures, furniture, stock in trade, etc., and provide proof of the sources of such money:

APPLICATION FOR SALE OF INTOXICATING LIQUORS

DEBTS:

Provide the names, addresses, account numbers, and balances of all debts, including any mortgages, lessors, lenders, lien holders, trustees, the persons who have cosigned notes or pledged security for any indebtedness of the application:

REFERENCES:

Provide the names, residence addresses, business addresses, and phone numbers of three persons who are not related to the applicant, nor who are financially interested in the premises or business being licensed:

1)

2)

3)

TAX PAYMENT:

Have all real estate and personal property taxes for the premises to be licensed been paid?

Yes No If not, indicate the years and amounts which are unpaid:

10-43(8) FEDERAL PERMIT:

Is a permit required from the Federal Government? Yes Not Applicable

If yes, indicate the name in which the permit was issued, and the nature of the permit:

10-43(9) SUNDAY SALES:

Is applicant applying for a Special License for Sunday Liquor Sales? Yes No

“Special License for Sunday Sales” is a license for sale of liquor by a hotel, restaurant, bowling center or club between the hours of 12 o’clock noon and 12 o’clock midnight on Sundays, in conjunction with the serving of food.

APPLICATION FOR SALE OF INTOXICATING LIQUORS

Checklist of items required:

- Completed Application
- License Investigation Fee (city code 14-12(3))
 \$500 initial fee (within state) not to exceed \$10,000 (outside state)
- Certificate of Incorporation if the business is a corporation or Partnership Agreement if the business is a partnership
- Evidence of Liability Insurance on an Acord 25 Certificate of Insurance (city code 10-57)
- Minnesota Tax Identification number form LIC-003
- Certificate of Compliance – Minnesota workers' compensation insurance form LIC-007
- On-Sale license applicants for new buildings:
 attach a floor plan of dining room with dimensions and seating capacity (city code 10-43(6)).

I hereby submit application for a New Hope liquor license and attest that all reported information is true and accurate. I understand the data furnished consists of private data and authorize the City of New Hope to utilize this information to perform a background investigation in determining my eligibility for a liquor license:

 APPLICANT'S SIGNATURE

 DATE

FOR CITY USE ONLY

I certify that to the best of my knowledge the applicant(s) named above are eligible to be licensed: Yes No

If no, state reason: _____

License Investigation Conducted By:

New Hope Police Chief (Signature):

Date:

I CERTIFY THAT THIS LICENSE WAS APPROVED IN AN OFFICIAL MEETING BY THE CITY COUNCIL OF THE CITY OF NEW HOPE:

 City Clerk's Signature

 Date

NOTICE

Pursuant to laws of Minnesota, 1984, Chapter 502, Article 8, Section 2 (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.

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 or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing 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 OR RENEWAL APPLICATION.**

Please supply the following information and return along with your application to the licensing authority.

Applicant's Last Name:	First Name:	Middle Initial:
Applicant's Address:	City, State, Zip Code:	
Applicant's Social Security No.:	Position (Officer, Partner, Etc.)	
Business Name:		
Business Address:	City, State, Zip Code:	
MINNESOTA TAX IDENTIFICATION NUMBER:		

(Signature and Date)

10/91
LIC-003

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)
--

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)
--

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

I have no employees.

I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

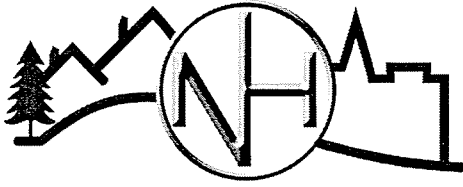
Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.



In order to comply with State and Federal regulations, the city of New Hope is required to ask the information indicated below. This form will be maintained separately from your application.

AUTHORIZATION AND RELEASE FOR APPLICANT(S)

The undersigned, having filed an application with the city of New Hope for a Liquor License, realizing that the city has need to investigate the background and history of the applicant in order to better evaluate his or her application for the above license, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the city or any of its representatives, and to permit said city or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned, which may be submitted to them by the city or its authorized representative. I fully understand that the information so obtained by the city may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Dated this _____ day of _____, 20____.

Signature of Applicant

First Name Middle Name Last Name Driver's License Number

Home Address City State Zip Code

Date of Birth Name of Organization or Business

Home Phone Number

Pre-License Inspections

Information Alcohol Inspectors and Counties They Cover

Pre-license inspections are required for a brand new establishment opening for the first time, such as a new off sale liquor store, new combination on and off sale, new wine establishment or new private club establishment. Brand new county board on sale establishments also need a pre-license inspection. However, new city issued on sales do not require an inspection. The exception to this is in the cities of Aurora, Biwabik, Chisholm, Ely, Eveleth, Gilbert and Virginia. On sales in these cities need a pre-license inspection for all brand new licenses. Inspections are not required for any of the above licenses for changes of ownership in a current establishment.

Licenses are not granted final approval until the pre-license inspection is done and all applications, licenses, insurance documents, \$20 buyers card application and check are submitted to the Alcohol and Gambling Enforcement Division. The \$20 check should be made payable to the Alcohol and Gambling Enforcement Division. Fees for liquor licenses are paid to the city or county where the license is applied for.

Alcohol Enforcement Agents and the Counties They Cover

C. Mike Polla
507-829-0632

Mr. Polla performs pre-license inspections and investigations in the following counties.

Big Stone, Brown, Chippewa, Cottonwood, Douglas, Grant, Jackson, Kandiyohi, LacQuiParle, Lincoln, Lyon, Martin, Murray, Nobles, Ottertail, Pipestone, Pope, Redwood, Renville, Rock, Stevens, Swift, Traverse, Watonwan, Wilkin, Yellow Medicine, Becker, Clay, Clearwater, Hubbard, Mahnomen, Norman, Polk, Red Lake, Wadena, Blue Earth, Waseca, Steele, Dodge, Olmstead, Winona, Faribault, Freeborn, Mower, Fillmore, Houston, Nicollet, Wabasha.

Michael McManus
651-775-5282

Mr. McManus performs pre-license inspections and investigations in the following counties:

Anoka, Chisago, Isanti, Kanabec, Mille Lacs, Pine, Ramsey, Sherburne, Washington, Aitkin, Carlton, Cook, Itasca, Koochicing, Lake, St. Louis.

Scott Mueller
651-775-5286

Mr. Mueller performs pre-license inspections and investigations in the following counties:

Carver, Hennepin, LeSueur, McLeod, Rice, Scott, Sibley, Kittson, Lake of the Woods, Marshall, Pennington, Roseau, Stearns, Morrison, Meeker, Todd, Wright, Cass, Crow Wing, Beltrami, Benton, Wright, Dakota, Goodhue.

For information contact:

MINNESOTA DEPARTMENT OF PUBLIC SAFETY**ALCOHOL & GAMBLING
ENFORCEMENT****Alcohol Enforcement Section**

Welcome to the Alcohol Enforcement section of the Division of Alcohol and Gambling Enforcement.

Mission Statement:

Alcohol Enforcement protects and serves the public through the uniform interpretation and enforcement of the State Liquor Act. It protects the health and safety of the state's youth by enforcing the prohibition against sales to underage people. It operates as a central source of alcohol licenses and violation records, ensuring availability of records to related agencies and the public. It acts to maintain balance and stability in the alcoholic beverage industry through management of liquor licensing, education, enforcement and regulatory programs.

To carry out this mission, Alcohol Enforcement monitors alcohol from the manufacturers to the public, issues licenses, defines and approves regulatory practices. It provides technical and field assistance to businesses and local units of government. It initiates enforcement actions, resolves and mediates complaints on liquor violations. It conducts formal hearings on violators, and provides forums for discussion and resolution of liquor issues as authorized by M.S. Chapter 340A.

Contents:

- [Minnesota Alcohol & Gambling Enforcement Introduction to Liquor Laws](#)
- [State of Minnesota Underage Compliance Check Grant Program Forms and Instructions](#)
- [Frequently Asked Questions About Alcohol Enforcement](#)
- [A Brief History of Alcohol Beverage Regulation in Minnesota](#)
- [Chapter 340A Liquor Laws](#) / Requests for 340A Liquor Laws in Book form, please contact Minnesota Bookstore
- [7515 Liquor Rules](#)
- [License Totals](#)
- [Alcohol Inspectors and Area They Cover For Pre-License Inspections](#)
- [Documents and Applications Available from Alcohol Enforcement](#)
- [Process of Applying for Liquor License - Form Names and Numbers](#)
- [Licensing Requirements and Forms Checklist](#)
- [Fetal Alcohol Syndrome](#)

Other Web Sites of Interest

- [United States Bureau of Alcohol, Tobacco, and Firearms](#)
- [Minnesota Labor Laws: Wages, Hours and Employment](#)
- [Minnesota Department of Revenue & Information for New Business in Minnesota](#)
- [D & S Reporting Services](#)

Send comments or suggestions to:

Marlene Kjelsberg, Supervisor, Alcohol Enforcement Section, 444 Cedar Street, Suite 133, St. Paul, MN 55101-2156
or Email Al.Erickson@state.mn.us

Telephone: (651) 296-6979; **TTY:** (651) 282-6555; **FAX:** (651) 297-5259

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URL <http://www.dps.state.mn.us/alcgamb/alcenf/alcenf.html>

