

CITY OF WINNEBAGO
140 MAIN STREET SOUTH, PO BOX 35
WINNEBAGO, MN 56098

APPLICATION FOR LIQUOR LICENSE

All Persons, Partnerships, Corporations and the like must complete the attached application before consideration of such a license will be given.

- All Applicants must complete Page 2
- Partnerships, Corporations and the like must complete Page 3
- On Sale Applicants must complete Page 4
- Off Sale Applicants must complete Page 5-6
- All Applicants must provide the information requested on Page 7
- All Applicants must sign Page 8

Whoever shall knowingly and willfully falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

Date: _____ Requested Licensing Period: From _____ To _____

Application: New _____ Renewal _____ Transfer _____

Application for (Select all that apply): _____ On-Sale Intoxicating _____ Off Sale Liquor

_____ On Sale 3.2% Beer _____ On Sale Wine _____ Off Sale 3.2% Beer

_____ Set Up and Display _____ Sunday Liquor

Trade Name: _____

Workers Compensation Insurance Company _____

Policy Number _____

Licensee's Sales & Use Tax ID # _____ Federal Tax ID # _____

Applicant Full Name (First Middle Last):

Date of Birth: _____ Social Security Number _____

Home Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Home Phone: _____

Minnesota Resident: Yes/No If No, in what state do you reside: _____

Business/License Address: _____

Type of Business ___ Restaurant ___ Bowling Center ___ Hotel ___ Exclusive Liquor Store

___ Other (please describe) _____

Legal Description of Property: _____

Are the taxes, assessments, and other claims of the City on the property delinquent?

Yes _____ No _____

For Partnerships or Corporations

Corporate/Partnership Title and Address: _____

Give name, residence, DOB, Social Security #, title and age for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.				
Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State
Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State
Name	Social Security #	Title	DOB	Percent stock or partnership interest
Address		City		State
Date of Incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes No	
Purpose of corporation		If a subsidiary of another corporation, give name		

If this application is for a new corporation, include a certified copy of the articles of incorporation and by laws

If this application is for a renewal of a license, state whether any changes have been made in the articles of incorporation and bylaws since the last issue of license:

For all On Sale Licenses and Set Up And Display

List all areas of the establishment will liquor be served or located: (include patios, parking lots, etc.) _____

Number of Months per year establishment will be open: _____

Name of Manager: _____

If this business is in conjunction with any other business (resort, etc.) describe the other business.

Has applicant, partners Officers, or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere, including State Liquor Control Penalties? Yes No
If Yes give dates, charges and final outcomes on separate sheet of paper.

Is the applicant or any of the associates in this application a member of the City Council in which the license will be issued? Yes / No If yes, in what capacity? _____

Have the applicants any interest, directly or indirectly, in any other liquor establishment in this city or any other city or county issued license within Minnesota? Yes / No
If yes give the name and address of the establishment(s).

State name and address of owner of building and any connection directly or indirectly with the applicant:

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

Will you serve liquor on Sunday? Yes / No

Has a restaurant license been issued by the state or local health department for this establishment? Yes / No Attach copy

For all Off Sale Licenses

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, 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. Yes / No

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.

Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other establishment? Yes / No

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

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

State Number of Employees _____

For all Off Sale Licenses (Continued)

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.

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.

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.

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.

All Applicants Must Complete

Insurance

This licensee must have **one** of the following: (Circle one)

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

ATTACH CERTIFICATE OF INSURANCE TO THIS FORM

License Fees

All appropriate License Fees must be submitted with application.

Liquor licenses, annual

On Sale	\$1,000.00
Off Sale	\$240.00
Sunday liquor	\$200.00
Wine license/3.2 combo	\$200.00
On Sale 3.2	\$50.00
Off Sale 3.2	\$50.00
Set Up and Display	\$25.00

APPLICATION WILL NOT BE PROCESSED WITHOUT THE NECESSARY INSURANCE CERTIFICATION AND NECESSARY LICENSE FEES BEING PAID.

Applicant, and any associates in this application, will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality, and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I hereby authorize the City of Winnebago to conduct a criminal background check. I will pay the specified annual license fee before the license is issued as required by ordinance. I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.

I also understand that I may withdraw this application at any time before the license is issued, but the license will not be issued until the City Clerk receives the proper documentation and specified annual fee.

Signature of Applicant

Date

Signature of Applicant

Date

FOR CITY USE ONLY

Report of the City Administrator-Clerk-Treasurer

I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, attach additional sheets.

Signature City Administrator-Clerk-Treasurer

Date

Report of the Chief of Police

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 liquor, except as follows:

Signature Police Chief

Date