

## SUNDAY ON-SALE LIQUOR LICENSE CHECKLIST

\_\_\_\_\_ City application form fully completed, signed and notarized.

\_\_\_\_\_ \$150 license fee payable to the City of Brainerd.

\_\_\_\_\_ All On-Sale Liquor documents completed.

# City of Brainerd

## Application for Sunday Intoxicating Liquor License

The undersigned hereby makes this application for a special license to serve intoxicating liquor between the hours of 10:00 a.m. and 12:00 midnight on Sunday's. I am qualified to be issued said special license for the following reasons:

1. I presently operate a \_\_\_\_\_ (hotel, restaurant or club) as defined in Section 340.07 of the Minnesota Statutes.
2. My place of business, which operates under the trade name of \_\_\_\_\_, located at \_\_\_\_\_ Brainerd, Minnesota, is currently licensed under an On-Sale Liquor license to serve intoxicating liquors.
3. I have fully complied with all applicable laws and regulations and ordinances pertaining to intoxicating liquors and if granted the special license, I will continue to comply with all applicable laws, ordinances and regulations.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County

\$150.00 Fee



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133  
Telephone 651-201-7507 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: (circle 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)

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_  
(To Apply call 651-296-6181)

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:

| Partner/Officer Name (First Middle Last)            | DOB   | Social Security # | Home Address |
|---|-------|-------------------|--------------|
| _____<br>(Partner/Officer Name (First Middle Last)) | _____ | _____             | _____        |
| _____<br>(Partner/Officer Name (First Middle Last)) | _____ | _____             | _____        |

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.

Circle One: (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](http://www.dps.state.mn.us).**



DEPARTMENT OF PUBLIC SAFETY  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar Street Suite 222  
 St. Paul, MN 55101-5133  
 Phone (651) 201-7507 TDD (651) 282-6555  
 Fax (651) 297-5259

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 |                  |

# City of Brainerd

## Investigation for Off-Sale Intoxicating Liquor License

This form was prepared by the MN Bureau of Criminal Apprehension, Department of Public Safety for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of this application.

Licensee Name \_\_\_\_\_ Date \_\_\_\_\_  
Licensing Period \_\_\_\_\_ to \_\_\_\_\_

Type of Application \_\_\_\_\_ New \_\_\_\_\_ Renewal \_\_\_\_\_ Transfer \_\_\_\_\_

Full Name of Applicant \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Address of Business Location \_\_\_\_\_

Legal Description \_\_\_\_\_

List Owners of Building or Premise to be Licensed

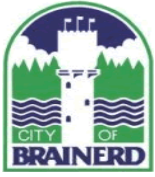
Corporate or Partnership Title \_\_\_\_\_

Corporate or Partnership Address \_\_\_\_\_

List all Partners, Officers or Directors, if Corporation:

| Name | Address | Date of Birth |
|------|---------|---------------|
|------|---------|---------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |



# CITY OF BRAINERD

## AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, 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.

### Please complete the following information:

Full Name (please print): \_\_\_\_\_  
First Middle Last

Date of Birth: \_\_\_\_\_

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address City State Zip

Previous Address: \_\_\_\_\_  
Street Address City State Zip

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

State of \_\_\_\_\_

County of \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ personally appeared before me to be the signer of  
Date Full Legal Name of Applicant

this document.

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
My Commission Expires

(SEAL)

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require 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, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest:
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 Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

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

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

|            |             |                |
|------------|-------------|----------------|
| City _____ | State _____ | Zip Code _____ |
|------------|-------------|----------------|

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

BUSINESS INFORMATION (If applicable):

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

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

|            |             |                |
|------------|-------------|----------------|
| City _____ | State _____ | Zip Code _____ |
|------------|-------------|----------------|

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

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

If Minnesota Tax Identification number is not required, please explain on the reverse side.

|                 |  |
|-----------------|--|
| Signature _____ | Position(Officer, Partner, Individual, Etc.) _____ |
|-----------------|--|

# 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) |       |          |
| DBA (doing business as name) (if applicable)                 |                                      |       |          |
| BUSINESS ADDRESS (PO Box must include street address)        | CITY                                 | STATE | ZIP CODE |

**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.



FOR OFFICE USE ONLY

POLICE DEPARTMENT

This is to certify that the information in this application, as pertains to the applicant, spouses, and/or associates, has been verified.

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Police Chief Signature

Date

FIRE DEPARTMENT

This is to certify that the premises herein described have been inspected and that the premises comply with our inspection standards relating to fire protection.

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Fire Chief Signature

Date

PLANNING DEPARTMENT

This is to certify that the premises have been inspected and are in compliance with the Brainerd Zoning Code.

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City Planner Signature

Date

BUILDING DEPARTMENT

This is to certify that the premises have been inspected and are in accordance with all local, state and federal building and safety codes.

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Building Official Signature

Date

Date of Council Action: \_\_\_\_\_ License Number: \_\_\_\_\_ Receipt Number: \_\_\_\_\_