

On-Sale Beer License Renewal

_____ Application for Renewal On-Sale Beer license, signed and notarized

_____ State Form 9093 – “Renewal of Liquor, Wine, Club or 3.2% Licenses”

_____ Insurance - MN Statutes 340A.Subd. 1 provides that no retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regards to liability imposed by Section 340A,801. Proof of financial responsibility may be given by filing:

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- (a) A certificate that there is in effect an insurance policy or pool providing the following minimum coverage’s:
 - (1) \$50,000 because of bodily injury to any one person in any one occurrence and, subject to the limit for one person, in the amount of \$100,000 because of bodily injury to two or more persons in any one occurrence, and in the amount of \$10,000 because of injury to or destruction of property of others in any one occurrence.
 - (2) \$50,000 for loss of means of support of any one person in any occurrence and, subject to the limit for one person, \$100,000 for loss of means of support of two or more persons in any one occurrence; or
- (b) A bond of surety company with minimum coverage’s as provided in Clause (A) above, or
- (c) A certificate of the State Treasurer that the licensee has deposited with the State Treasurer \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000. However City of Brainerd Ordinance No. 803 provides that all license holders must demonstrate financial responsibility and not just those with sales exceeding \$10,000 per year. Therefore, a liability insurance certificate must accompany your application, showing the City of Brainerd as the certificate holder. All liquor liability insurance coverage shall completely cover the license period. The date of coverage must run from July 1 to June 30. The liability policy must include a provision that the insurer may not cancel coverage without ten (10) days written notice to the City and Commissioner of Public Safety

_____ Proof of Workers Compensation Insurance Coverage form

_____ Authorization and Release form

_____ Tax Clearance Information form

_____ \$200 license fee (*receipt to 101-32115*)

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
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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.

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 _____
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Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

City _____	State _____	Zip Code _____
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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.) _____
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