



# Intoxicating Liquor, Wine, or 3.2 Percent Malt Liquor License Application – Renewal

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, by the manager or managing officer.

## Section 1. License Information

Type of License			Optional License
<input type="checkbox"/> On-Sale	<input type="checkbox"/> On-Sale Club	<input type="checkbox"/> 3.2 Percent On-Sale	<input type="checkbox"/> On-Sale Sunday
<input type="checkbox"/> Off-Sale	<input type="checkbox"/> On-Sale Wine (includes Sunday)	<input type="checkbox"/> 3.2 Percent Off-Sale	

Type of Applicant	<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Club
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Other organization	

Legal Name Of Proposed Licensee (the "Applicant")

Registered Legal Address	City	State	ZIP
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Email Address	Phone	Cell Phone
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Driver's License Number & State	Date of Birth (MM/DD/YYYY)
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Business Name (if different than legal name)	Phone
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Daily Business Address (if different than above)	City	State	ZIP
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State Of Minnesota Buyers Card Number (does not apply to bottle club)

MN Business Tax ID Number <small>(Per Minnesota Statute 270C.72)</small>	Federal Business Tax ID Number	Applicant's Social Security Number
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### Proof Of Liquor Liability Insurance

**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 <b>Workers Compensation Insurance Form</b>		I am <b>not</b> required to have workers' compensation liability coverage because <input type="checkbox"/> I have no employees covered by the law <input type="checkbox"/> Other (specify below)
Insurance Company Name		
Dates Of Coverage	Policy Number/Self-Insurance Permit Number <small>(Per Minnesota Statute 176.182)</small>	

**Section 2. Building/Premises**

Since the license was last issued, have there been any changes in the ownership of the building where the licensed establishment is located?  Yes  No

If yes:

Building owner \_\_\_\_\_ Phone \_\_\_\_\_

Business address (Street, City, State, ZIP)

Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.

**Attach** a drawing, if necessary.

Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes	Yes	No	State withholding taxes	Yes	No
Real estate taxes	Yes	No	City utility bills	Yes	No
Special assessments	Yes	No			

During the past license year, has a summons been issued under the Liquor Civil Liability (Dram Shop) Law?  Yes  No

If yes, **attach** a copy of the summons pursuant to Minnesota State Statute 340A.802.

Are there any changes in (a) finance or interest in premises; (b) contracts between the applicant and any persons, partnerships, corporations; or (c) any new loans since the license was last issued?  Yes  No

If yes, explain.

If necessary, where do you store the intoxicating liquor/wine off the licensed premises?

List warehouses and addresses in Golden Valley and any other municipality.

What were combined sales of food, including non-alcoholic beverages, and alcoholic beverages for the most recent fiscal year ending prior to this application? (Does not apply to club or off-sale.)

Fiscal year from \_\_\_\_\_ to \_\_\_\_\_:

	Gross sales	Percentage
<b>Food</b>	_____	_____
<b>Liquor/wine</b>	_____	_____
<b>Total</b>	_____	100%

**Attach** a financial statement signed by your **independent** certified public accountant to verify these figures.

Each officer, managing partner, owner, general manager, or any other individual with an interest in the licensed premises shall submit with this application a **political contribution form** if a contribution valued in excess of \$50 has been made to any candidate elected to municipal office in Golden Valley during the past year, pursuant to Golden Valley City Code.

→ **continued**

**Section 3. Employees (this section must be thoroughly completed every year even if data remains the same from prior years)**

A **Part 2 Personal History form** must be completed for *each* person listed in this section *who has not previously submitted one*.

**General manager, food/beverage manager, managing partner, individual in control of the licensed premises, person or entity with controlling interest in the applicant, and any person/entity who has (directly or indirectly) an ownership interest in excess of 5%**

Last Name		First Name		Middle Name (Full)	
Residence Address (Street, City, State, ZIP)			Interest In/Position With Applicant		
Driver's License Number & State			Date of Birth (MM/DD/YYYY)		
Email Address			Phone	Cell Phone	
Last Name		First Name		Middle Name (Full)	
Last Name		First Name		Middle Name (Full)	
Residence Address (Street, City, State, ZIP)			Interest In/Position With Applicant		
Driver's License Number & State			Date of Birth (MM/DD/YYYY)		
Last Name		First Name		Middle Name (Full)	
Last Name		First Name		Middle Name (Full)	
Residence Address (Street, City, State, ZIP)			Interest In/Position With Applicant		
Driver's License Number & State			Date of Birth (MM/DD/YYYY)		

Does the current manager have management duties at any other establishment?  Yes  
*If yes, list name and address of establishment.*  No

Do you provide awareness training for your staff on responsible alcohol service techniques?  Yes  
**If yes, how often is training provided and who provides training?**  No

**Section 4a. Applicant Information—Partnership**  
 Complete ONLY if you answered "Partnership" for Type of Applicant on page one. Then continue on to Section 5.

**General Or Limited Partners**

Last Name		First Name		Middle Name (Full)	
Residence Address (Street, City, State, ZIP)				Phone	
Business Address (Street, City, State, ZIP)				Phone	
Driver's License Number & State			Date of Birth (MM/DD/YYYY)		

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Last Name	First Name	Middle Name (Full)
Residence Address (Street, City, State, ZIP)		Phone
Business Address (Street, City, State, ZIP)		Phone
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	

Last Name	First Name	Middle Name (Full)
Residence Address (Street, City, State, ZIP)		Phone
Business Address (Street, City, State, ZIP)		Phone
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	

**Section 4b. Applicant Information—Corporation/Club/Other Organization**  
 Complete ONLY if you answered "Club," "Corporation," or "Other Organization" for Type of Applicant on page one. Then continue on to Section 5.

**Attach** a list of directors, stockholders, members and officers (as applicable)

**Officers Of Corporation/Other Organization/Club (If Applicable)**

<b>President/Managing Member</b> Last Name	First Name	Middle Name (Full)
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	
Residence Address (Street, City, State, ZIP)		Phone

<b>Vice President</b> Last Name	First Name	Middle Name (Full)
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	
Residence Address (Street, City, State, ZIP)		Phone

<b>Secretary</b> Last Name	First Name	Middle Name (Full)
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	
Residence Address (Street, City, State, ZIP)		Phone

<b>Treasurer</b> Last Name	First Name	Middle Name (Full)
Driver's License & State	Date of Birth (MM/DD/YYYY)	
Residence Address (Street, City, State, ZIP)		Phone

Are you a Minnesota corporation? (if applicable)

Yes

No

If no:

Statutory Agent \_\_\_\_\_

Phone \_\_\_\_\_

Registered Address (Street, City, State, ZIP)

**Section 5. Wine Licenses**

Complete ONLY if renewing a wine license.

Are you currently licensed in Golden Valley for the on-sale of 3.2 percent malt liquor?

Yes

No

If yes, pursuant to the provisions of Golden Valley City Code, Section 13.37.02, do you plan to sell strong beer at this location?     Yes     No

**Section 6. Off Sale Intoxicating Liquor License**

Complete ONLY if renewing an off-sale intoxicating liquor license.

Are deliveries made?

Yes

No

If yes, state if delivery receipts are on file on the licensed premises and how long the receipts are kept.

Do you hold an interest of 10 percent or more in any other liquor establishment in the State of Minnesota?

Yes

No

If yes, give name of establishment and location.

**Section 7. On Sale Club License**

Complete ONLY if renewing a club liquor license.

How many members are in the club?

**→ continued**

**Data Practices Advisory  
Tennesen Warning - Liquor Licensing**

*You are being asked to answer questions and provide information pursuant to the liquor licensing and application process that is required by Minnesota state law and the City of Golden Valley, Minnesota City Code. The purpose and intended use of the requested data is to verify that each applicant meets the requirements of state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.*

*Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. A refusal to answer questions or provide the information requested will prevent the Golden Valley City Council from processing the liquor license for which you are applying. As a consequence of that action, no liquor license application will be forwarded to the Golden Valley City Council for its consideration.*

*The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):*

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action
3. Entire record concerning any disciplinary proceeding
4. License numbers and status

*The following data collected, created, or maintained is classified under the Act as private data (Minn. Stat. § 13.41, subd. 2):*

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. Record of disciplinary proceedings, except as limited by the provisions above

*The following data collected, created, or maintained is classified under the Act as confidential data (Minn. Stat. § 13.41, subd. 4):*

1. Active investigative data relating to complaints against any license

*The City of Golden Valley may make any data classified as private or confidential accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.*

**I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a liquor license from the City of Golden Valley.**

Signature of Authorized Agent for the Applicant <b>X</b>	Date
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Name of Authorized Agent for the Applicant (please print, include title if any)	Name Of Business
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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.

