

# 3.2 Percent Malt Liquor License Application Part One – General Page 1 of 7

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 or limited liability company, by the manager or managing officer.

## Section 1. License Information

Type Of License	<input type="checkbox"/> On-Sale	<input type="checkbox"/> On-Sale Club	<input type="checkbox"/> Off-Sale
Type Of Applicant	<input type="checkbox"/> Individual (See Section 2a)	<input type="checkbox"/> Corporation (See Section 2c)	<input type="checkbox"/> Club (See Section 2d)
	<input type="checkbox"/> Partnership (See Section 2b)	<input type="checkbox"/> Other organization (See Section 2c)	

Legal Name Of Licensee *(the "Applicant")*

Business Name	Phone
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Driver's License Number & State	Date of Birth (MM/DD/YYYY)
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Street Address	City	State	ZIP
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If business is to be conducted under a designation, name, or style other than the name of the applicant, **attach** a certificated copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.

**Attach** a list of owners and their respective percentages totaling 100 percent.

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>	

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**NOTICE:** You must apply for and obtain a federal liquor dealer's Special Tax Stamp issued by the U.S. Bureau of Alcohol, Tobacco and Firearms.

### Section 2a. Applicant Information—Individual

Complete **ONLY** if you answered "Individual" for Type of Applicant above. Then continue on with Section 3.

Attach **Part 2 Personal History** form.

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)
Email Address		Cell Phone

### Section 2b. Applicant Information—Partnership

Complete **ONLY** if you answered "Partnership" for Type of Applicant. Then continue on with Section 3.

- Attach a copy of the partnership agreement.  
 Attach a **Part 2 Personal History form** from each general partner.

#### General Or Limited Partners

Last Name	First Name	Middle Name (Full)
Business Contact Address (Street, City, State, ZIP)		Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)
Registered Legal Address or Resident Address If An Individual (Street, City, State, ZIP)		Phone
Last Name	First Name	Middle Name (Full)
Business Contact Address (Street, City, State, ZIP)		Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)
Registered Legal Address or Resident Address If An Individual (Street, City, State, ZIP)		Phone

### Section 2c. Applicant Information—Corporate/Other Organization

Complete **ONLY** if you answered "Corporate" or "Other Organization" for Type of Applicant. Then continue on with Section 3.

- Attach a copy of the Certificate of Incorporation and By-Laws or Operating Agreement; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.  
 Attach a **Part 2 Personal History form** from **each** officer and **each** person who owns or controls the applicant or owns an interest (directly or indirectly) in excess of 5 percent.

Name Of Corporation/Other Organization	State Of Incorporation/ Association
Business Contact Address (Street, ZIP)	Phone
Registered Legal Address (Street, City, State, ZIP)—if different than above	Phone

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**Officers Of Corporation/Other Organization**

<b>President/Managing Member</b> Last Name	First Name	Middle Name (Full)	
<b>Vice President</b> Last Name	First Name	Middle Name (Full)	
<b>Secretary</b> Last Name	First Name	Middle Name (Full)	
<b>Treasurer</b> Last Name	First Name	Middle Name (Full)	

**All persons who (directly or indirectly) own or control an interest in applicant in excess of 5 percent**

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

**Section 2d. Applicant Information—Club**

Complete ONLY if you answered "Club" for Type of Applicant on page one. Then continue on to Section 3.

- Attach** a copy of Articles of Incorporation and a copy of by-laws of the club.
- A sworn statement** that the club has been in existence for at least three years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

Club Name		Number Of Members
Date Club Was First Organized	Place Of Such Organization	Date Club Was First Incorporated
Name Of Establishment Or Serving Club		Date Established

**Officers, Executive Committee Members, And Board Of Director Members**

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

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

**\*\*\* ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS \*\*\***

**Section 3. Persons In Charge Of Licensed Premises**

Attach a **Part 2 Personal History form** from *each* person in this section who is a **general manager, food/beverage manager, or other individual in charge of the licensed premises**

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

Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee?  Yes  No

**Section 4. Building Ownership**

**Is building where licensed business will be located owned by applicant?**

No (complete this column ↓)

Yes (complete this column ↓)

Owner's Full Name	Cell Phone	<b>Mortgage Information</b> <input type="checkbox"/> <b>No Mortgage</b> Mortgage holder _____ Address _____ Phone _____
Residence Address	Residence Phone	
Business Address	Business Phone	<b>Contract For Deed Information</b> <input type="checkbox"/> <b>No C.D.</b> C.D. holder _____ Address _____ Phone _____
Driver's License Number & State	Date of Birth (MM/DD/YYYY)	
Email Address		
<input type="checkbox"/> <b>Attach</b> a copy of the lease agreement.		

Is Applicant in good standing under its lease/mortgage/contract for deed, having the right to occupy the licensed premises during the term of the license?  Yes  No

*NOTICE: The City may contact any landlord/mortgage holder/contract for deed holder listed above to confirm Applicant is in good standing under the terms of its lease/mortgage/contract for deed and reserves the right to request additional information from you relating to Applicant's financing during the City's review of this application.*

**List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture, or stock in trade.** This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

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

Describe interest.

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

Describe interest.

**Section 5. Premises**

If the premises is planned, under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Inspections Department, no additional plans need be filed.

Legal Description Of Premises To Be Licensed

**Submit survey** showing dimensions, building locations, street access, parking facilities, and location.

Floor Number, General Area, And All Rooms Where Intoxicating Liquor Is To Be Sold And Consumed

**Attach a floor plan** showing dimensions and indicating number of persons intended to be served in the said rooms.

How is the premises zoned under Golden Valley's zoning ordinance?

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the State, County, School District, or City of Golden Valley delinquent or unpaid for the premises to be licensed?  Yes  No

*If yes, give years and unpaid amounts.*

**Notice:** In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.

Does the applicant currently hold an off sale intoxicating liquor license?  Yes  No

I have reviewed City Code Chapter 5 relating to Alcoholic Beverages Licensing and Regulation.  Yes  No

I understand I have an ongoing obligation to inform the City of any material changes in the right, title, or interest in the licensed premises, or of any change of the persons who will manage or control the licenses premises or Applicant.  Yes  No

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**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

