



2024 LIQUOR LICENSE APPLICATION

<u>TYPE OF LICENSE</u>	<u>ANNUAL FEE</u>
_____ ON SALE LIQUOR	\$2500.00
_____ ON SALE 3.2% MALT LIQUOR	\$ 275.00
_____ OFF SALE 3.2% MALT LIQUOR	\$ 275.00
_____ WINE	\$ 200.00
_____ BREWER LICENSE	\$ 275.00
_____ TAPROOM	\$ 275.00
_____ GROWLER	\$ 275.00
TOTAL DUE	\$ _____

Checks made out to City of Fergus Falls

Licensee Name _____
(Corporation, Partnership, LLC or Individual)

DBA Business Name _____

Business Physical Address _____

Business Mailing Address _____

Business Phone _____ Email _____

Manager Name _____
First Full Middle Maiden (if applicable) Last

Manager Home Address _____

Manager's DOB _____ Manager's Cell Phone _____

I hereby certify the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I have read the Fergus Falls City Code, Section XI: Business Regulations, Chapter 115 (Alcohol Beverage Ordinance) and will familiarize myself with the provisions contained within it.

I authorize the investigating agency, the Fergus Falls Police Department, access to all information, including financial and other, regarding the ownership of said premises and to make whatever inquiries are necessary to verify the information provided. I understand police officers of the city may enter the premises wherein such liquor is sold and my failure to comply with all ordinances of the city relating to such license will constitute grounds for revocation of liquor license.

Signature of Applicant

Date

Items that must be included for this license to be valid:

- _____ State of Minnesota 2024 renewal form
- _____ City of Fergus Falls 2024 liquor license application
- _____ Consent form for manager background check
- _____ Minnesota Worker’s Compensation Law Certificate of Compliance
- _____ Tax Identification Form
- _____ Liquor Liability Insurance Certificate
State law requires the certificate to be in the exact licensee corporate name, if incorporated, or individual name(s), if not incorporated. The address listed on the certificate must match the same physical location as the licensed premise. The insurance must also cover the entire license period and run through December 31 of the current year OR the certificate of insurance can state “Continuous until cancelled”.
- _____ Waiver of Liquor Liability Affidavit (criteria based on previous year sales)
3.2% on sale malt liquor sales were less than \$25,000
3.2% off sale malt liquor sales were less than \$50,000
On sale wine sales were less than \$25,000
- _____ Fee with check made out to the City of Fergus Falls

For Office Use Only

Date Paid _____ Receipt # _____

Date Sent to PD _____ Date Council Approved _____

Date Sent to State _____ Date Sent to Licensee _____


This application has been checked out by the Police Department and found to be satisfactory.

Signed _____ Date _____

Notes from Police Department:

Release Type 1 Form- Fergus Falls Police Department Record Checks-Licensing

General Authorization and Release-MN Statute 13.05 Subd. 4- MN Data Practices Act

 <p>CITY OF FERGUS FALLS 112 W WASHINGTON AVENUE FERGUS FALLS MN 56537 (218) 332-5400</p>	BUSINESS NAME:
	APPLICANTS FIRST/MIDDLE/LAST NAME:
	MAIDEN NAME/OTHER NAMES:
	HOME ADDRESS:
	CITY/STATE/ZIP:

I, _____ hereby authorize and grant my informed consent to permit you, the City of Fergus Falls Police Department to release to and make available to the City of Fergus Falls and/or their agents and/or their representative's data classified as private which concerns me and which may be in your possession. The data which I authorize to be released consists of private data, as defined by MS 13.02 and has been collected by you as a result of my contacts and associations with you and/or your agents and representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with you or your agency. I understand that the purpose of permitting the Fergus Falls Police Department to have access to this information is to determine my suitability for licensing within the City of Fergus Falls.

I understand that criminal history information, Predatory Offender Registration information and driver's license information is obtained through DVS or the BCA will be obtained through this release.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing a written notice to the department or to you of that fact. A photocopy of this authorization will be treated in the same manner as the original.

Signature:	Date:
Date of Birth:	

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required 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 Service:
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Name of Applicant _____

Social Security Number _____

(For individual business owner only, not partnership, corporation, etc.)

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Signed by _____ Date _____

Print Name of Person Signing: _____

If a Minnesota Tax Identification Number is not required, please explain below.

***2008 Minnesota Statutes**

270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.

Subd. 4.Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year. **History:** [2005 c 151 art 1 s 87](#)

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

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)
CODE

CITY

STATE

ZIP

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. MN LIC 04 (11/08)

The process for approving a liquor license:

All required forms for the annual renewal of liquor licenses are sent to license holders in October of each year by the City of Fergus Falls. A new license can be taken out at any time. Once your paperwork is complete, it needs to be returned to the City Administrator's office. Licenses must be approved by this office as well as the Police Department and the Fergus Falls City Council.

Liquor Liability Insurance

The Liquor Liability Insurance must be provided to the City of Fergus Falls **PRIOR** to us sending your license to the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division for their approval.

Please be aware of the following these guidelines:

The state requires the Certificate of Insurance for Liquor Liability to run the same time period as your license; in other words from January 1, current year, through December 31, current year. The state will not accept anything for insurance coverage other than what is listed above. Your insurance agent may include "Continuous until cancelled" in the description of operations section, but the term must run concurrent with the license term. *The only exceptions for insurance are the following:

- 3.2% on sale license holders if sales for preceding year are less than \$25,000
- 3.2% off sale license holders if sales for preceding year are less than \$50,000
- On sale wine license holders if sales for preceding year are less than \$25,000

If sales are less than these amounts, a waiver of liquor liability can be filled out.

Insurance Coverage

Insurance coverage must provide at least the following:

- \$50,000 of coverage because of bodily injury to any one person in any one occurrence
- \$100,000 because of bodily injury to two or more persons in any one occurrence
- \$10,000 because of injury to or destruction of property of others in any one occurrence
- \$50,000 for loss of means of support of any one person in any one occurrence
- \$100,000 for loss of means of support of two or more persons in any one occurrence

The insurance shall not be cancelled or terminated without a **30 day** notice to the City Administrator's Office at 112 West Washington, Fergus Falls, MN 56537.

The address of your licensed premises **must** appear on the Certificate of Insurance under Insured or under Description of Operations. The address listed must also match the same physical location as the licensed premises, meaning no home address or PO Box.

The **Insured** must read exactly as you stated on the 9011 Form for Licensee Name and Business Trade Name. For example: Jane Doe, dba Jane's Bar and Grill.

Please be sure that all information, signatures, and dates are filled in and complete. Incomplete paperwork will be returned to the licensee, which could result in a delay in issuing the license. If you have questions or concerns, please feel free to contact Lynne at 218-332-5404 or email at lynne.olson@fergusfallsmn.gov

ADDITIONAL INFORMATION FOR NEW LICENSES ONLY

Manager Information:

Have you or your partner(s) ever been engaged in operating a saloon, hotel, restaurant, café, tavern, or other business of a similar nature or been employed by any of the above? If so, please furnish information regarding dates, place, and length of time.

Please list names and addresses of applicant's and partner's employers and partners for preceding ten years.

Have you or your partner(s) ever been arrested or convicted of a felony, crime or violation of any ordinance other than traffic? If so, please list date, place, and nature of offense for convictions.

Please provide the name, address, and telephone numbers of three residents of the State of Minnesota not related to applicant or financially interested in premises or business, who may be contacted regarding applicant's and/or manager's character.

- Attach a floor plan of dining room(s) and lounge area which shall be open to the public. Give dimensions of each room and include number of persons intended to be served in each of said rooms.
- If application is for premises being planned or under construction or undergoing substantial alteration, application shall be accompanied by a set of preliminary plans showing design of proposed premises to be licensed.

**CITY OF FERGUS FALLS
WAIVER OF LIQUOR LIABILITY AFFIDAVIT**

Business Name _____

Doing Business As _____

I, _____, do hereby certify that in 20__ my business' total alcoholic beverages sales of:

_____ 3.2% on sale malt liquor were less than \$25,000

_____ 3.2% off sale malt liquor were less than \$50,000

_____ On sale wine sales were less than \$25,000

I am therefore exempt from providing proof of financial responsibility imposed by City Code 115.04. I also understand the City of Fergus Falls has the right to ask for documentation and inspection of records showing my total sales.

Applicant Name _____ Signature _____

Signed before me this _____ day of _____, 20__

Notary Public

Date Commission Expires