



CITY OF DULUTH
CITY CLERK'S OFFICE
 330 City Hall • 411 West First Street
 Duluth, Minnesota 55802-1189
 Phone (218) 730-5500
 Fax (218) 730-5923

FOR OFFICE USE ONLY	
DATE _____	
LICENSE # _____	

LICENSE APPLICATION

Type in your information by tabbing through the boxes below. Print, sign & submit to the address listed above.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

LICENSE	FEE
MICRODISTILLERY COCKTAIL ROOM =	\$ 300.00
MICRODISTILLERY OFF SALE =	\$ 250.00
INVESTIGATION FEE (ONE TIME) =	\$ 31.00
TOTAL =	\$

LICENSEE CORP NAME/BUSINESS ADDRESS:

D/B/A or TRADE NAME: _____

CELL OR BUSINESS PHONE NO. _____

OWNER OF BUSINESS PREMISES:

MANAGER'S NAME & ADDRESS & PHONE #

LICENSE PERIOD: Ending August 31, _____

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

 Signature of Applicant

MAILING ADDRESS:

EMAIL: _____

Would you like notifications via email? YES ___ NO ___



CITY OF DULUTH APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership, corporation or association) that owns the business to be licensed:

2. Trade Name: _____

3. Address of place to be licensed: _____

4. Designated Serving Areas (i.e. round floor, second, deck, etc.) _____

5. Name and address of owner of building: _____

Any connection with applicant? _____ Who receives the rent? _____

6. Who will direct the operation of the business or serve as manager on the premises?
List name, address & title: _____

7. If partnership, give name of each partner and percentage of ownership, and, if limited partnership, give details:

8. If corporation, list all stockholders, directors, officers and the percentage of stock or number of shares owned by each:

9. State approximate distance of this establishment from the nearest academy, college, university, church or school:

10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail.

Failure to answer all questions truthfully on this application and Affidavit "A," which is made a part thereof, will be just cause for revocation of your license.

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol, Gambling and Tobacco Commission and City Council. I (we) have read the foregoing questions and answers to said questions are true of my (our) knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations of their amendments.

Signature: _____ Date: _____

Signature: _____ Date: _____

CITY CLERK'S OFFICE
330 CITY HALL
DULUTH, MN 55802

AFFIDAVIT "A"

**ALCOHOLIC BEVERAGE
LICENSE APPLICATION**

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, **fill out items 1-4, and 11 & 12 of this application. Items 5-10** need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant

_____ (Individual, Partnership, Corporation or Club)

2. Address of licensed premises _____

3. Your Name _____
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address _____
(Address) (City) (County) (State) (Zip)

5. Other home addresses in last 10 years:

6. Other names you are, or have been known by, including maiden name: _____

7. Your position in the business: _____
(Owner, partner, president, treasurer, manager, etc.)

8. (a) Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No _____

(b) Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes _____ No _____

(c). If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. _____

9. Furnish the names and addresses of at least three business references, including one bank reference:

- (1) _____
(2) _____
(3) (Bank) _____

10. (a). Have you or any corporation in which you held more than 10% stock, ever been denied a license to sell liquor or beer? Yes _____ No _____
If yes, why? _____

(b). Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes _____ No _____
If yes, why? _____

11. Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes _____ No _____

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. _____

12. Have you read and do you understand the laws, rules and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages? Yes _____ No _____

I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.

(WITNESS)

(DATE)

(APPLICANT'S SIGNATURE)



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 222, St. Paul, MN 55101
Telephone 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

MUST BE A LICENSED MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE

Certification of an On Sale Micro Distiller Cocktail Room License

This license only authorizes the on sale of Liquor produced by the distiller for consumption on the premises

Cities and Counties: You are required by law to complete and sign form to certify the issuance of the following License types:
City issued Micro Distiller's Cocktail Room and Sunday Liquor Licenses

City or County Issuing Liquor License: _____ License Period From: _____ To: _____

Circle One: New License Transfer _____ Suspension _____ Revocation _____ Cancel _____
(Former Licensee Name) (Give Dates)

Fees: On Sale Cocktail Room License Fee: \$ _____ Sunday License Fee: \$ _____ Food License Type _____
(If Applying for Sunday Liquor)

City or County Email Address: _____

License 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 _____ Zip Code _____

Business Email _____

Licensee's MN Tax ID # _____ Licensee's Federal Tax ID # _____

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

Partner/Officer Name (First Middle Last) DOB Social Security # Home address

Partner/Officer Name (First Middle Last) DOB Social Security # Home address

On Sale Cocktail Room 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 of the location listed 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 last 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 _____

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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.

License applied for or renewed: _____

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____

Applicant's Address: _____

Social Security Number: _____

Business Information (if applicable)

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

Federal Tax Identification Number: _____

If a MN Tax I.D. is not required, please explain:

Signature _____

Date _____

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)		
DBA ("doing business as" or also known as an assumed name) (if applicable)		
BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE ZIP CODE
COUNTY	E-MAIL ADDRESS	

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- 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: _____

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.

PRINT NAME

APPLICANT SIGNATURE (required)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.