

Goodhue County Finance & Taxpayer Services 509 West 5th Street Red Wing, MN 55066

Phone: (651) 385-3032 ffice Hours: 8:00am - 4:30 pm M-F www.co.goodhue.mn.us

Application for On & Off Sale 3.2 Percent Malt Liquor License *Fee \$125.00

I, hereby make application for a Retailer's On and Off Sale 3.2 percent malt liquor license. To sell such malt liquor under and pursuant to a resolution passed by the township board and Goodhue County board. Chapter 340, MN 1945 as amended, providing for licensing and regulating the sale of 3.2 percent malt liquor.					
First Name	Middle Name	Last Name	Birthdate		
Spouse:					
First Name	Middle Name	Last Name	Birthdate		
Residence Address	City, State, Zip		Township		
Name of Establishment		Township Estab	lishment is located in		
. Isociliue	ses that business is located the shadow where 3.2% malt lie	hat the Povin Board of th	icant City, State, Zip		
Located on which floor,	if not ground				
Engaged in the retail sale	of Intoxicating Liquor: (c	heck one) YES □ NO □	riledk of Town Bean		
If you have a liquor licen	se or wine license check	YES □			
Sale 3.2% malt liquor exercises ale 3.2% malt liquor exercises. ☐ I, hereby certify that t	equires that you have Dranceeded \$25,000 in the preceeded \$50,000 in the preceeding \$50,000 in the precedent \$50	teding year and/or if your teding year. (Check corrected not have sales that except	total sales of OFF ect statement)		
	lram shop insurance is not	w Junellygical Changle			
☐ I, hereby certify that t consumption and sales.	he business listed above is	covered by dram shop in	surance for liquor		

By signing this application you are stating that the following facts are true and correct. The taxes on the property are not delinquent. I have never been convicted of a felony nor of violating any National or State liquor law or local ordinance relating to the manufacture, sale or transportation, or possession for sale of transportation of intoxicating liquor. I have no agreement to transfer the license to another person. If I am licensed to engage in the sale of intoxicating liquor I will have a Federal Occupational Tax Receipt in accordance with the ordinance governing this license. I will comply strictly with the provisions of the ordinance relating to the sale of soft drinks for "mixing" purposes and will serve patrons in full view of the public I agree to waive my Constitutional Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance and or resolution providing for the granting of this license.

I, hereby solemnly swear that ALL statements FRONT & BACK are true and correct to

the best of my knowledge and that I agree to comply with all the provisions of the ordinance and or resolution under which this license is granted. Signature of applicant Date Notary signature Date **NOTARY SEAL** Township use only STATE OF MINNESOTA – COUNTY OF GOODHUE It is hereby certified that the Town Board of the Town of ___ County, by resolution dated ______, did consent to the issuance of the license applied for. Clerk of Town Board Date Chairman of Town Board Date County use only STATE OF MINNESOTA - COUNTY OF GOODHUE The undersigned, county attorney and sheriff of Goodhue County, hereby recommend the within application, it appearing to the best of our said knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2% malt liquor or intoxication liquor, and that if a violation has occurred it has bee corrected and therefore in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business. County Sheriff Date County Attorney Date



Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division (AGED)

444 Cedar Street, Suite 222, St. Paul, MN 55101-5133 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: license types:	You are required by law to 1) City issued on sale into 2) City and County issued	oxicating and Sun	day liquor licenses		ne following liquor
Name of City or Count	y Issuing Liquor License_		License Period	From:	_ To:
Circle One: New Lice	ense License Transfer_	(former licensee na	Suspension Suspension	n Revocation Can	(Give dates)
License type: (circle al	l that apply) On Sale Ir	toxicating	Sunday Liquor	3.2% On sale	3.2% Off Sale
Fee(s): On Sale Licens	e fee:\$ Sunday I	License fee: \$	3.2% On Sal	e fee: \$3.29	6 Off Sale fee: \$
Licensee Name:	poration, partnership, LLC, or Ir	DOB	Soc	cial Security #	
(cor	poration, partnership, LLC, or Ir	ndividual)			
Business Trade Name_		Business	Address	Cit	у
Zip Code Co	unty Busines	s Phone	Н	ome Phone	
Home Address		City		Licensee's MN Tax	ID#
Licensee's Federal Tax	: ID#			(To Apply c	all 651-296-6181)
Partner/Officer Name (First	t Middle Last)	DOB	Social Security #		Home Address
(Partner/Officer Name (Firs	st Middle Last)	DOB	Social Security #	= 9.1	Home Address
Partner/Officer Name (First	t Middle Last)	DOB	Social Security #		Home Address
must contain all of the	nsees must attach a certific following: nsee name (corporation, pa				
2) Cover completely the	ne license period set by the	local city or cour	nty licensing author	rity as shown on the	license.
Circle One: (Yes No)	During the past year has	a summons been is	ssued to the license	e under the Civil Lic	quor Liability Law?
Workers Compensation	n Insurance is also required	by all licensees:	Please complete th	ne following:	
Workers Compensation	n Insurance Company Nan	ne:		Policy #	
I Certify that this licens	se(s) has been approved in Auditor Signature	an official meetin	g by the governing	body of the city or	

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license 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 must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest: and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue service; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Goodhue County

License Information	
Name of license being applied for: License renewal date:	
Personal Information	
Applicant's Name (Last, first, middle initial): Applicant's Address (city, state, zip): Social Security Number:	
Business Information	
Business Name:	
Business Address (city, state, zip):	
☐ I do not conduct any business as a business entity and therefore do not have a	
Minnesota business identification number. Additional explanation, if necessary:	
Signature	

- CERTIFICATION OF COMPLIANCE - MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: (NOT the insurance agent)	
Policy Number:	
Dates of Coverage:	to
I am not required to have worke	(or) rs' compensation liability coverage because:
I have no employees	
I am self insured (include	le permit to self-insure)
	ho are covered by the workers' compensation law Parents, Children and certain farm employees)
I certify that the information pro will be kept in effect at all times	vided above is accurate and complete and that a valid workers' compensation policy as required by law.
Name:	
Doing Business As:	Business name if different than your name
Business Address:	
City, State, Zip:	
Telephone:	Including area code
Signature:	
Date:	