



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

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

**Application for
 On Sale
 3.2 Percent Malt Liquor License**
 *Fee \$75.00

I, hereby make application for a Retailer's On 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 Establishment is located in

 Name of owner of premises that business is located in, if different from applicant

 Street address of Establishment where 3.2% malt liquor will be sold City, State, Zip

Located on which floor, if not ground _____

Engaged in the retail sale of Intoxicating Liquor: (check one) YES NO

If you have a liquor license or wine license check YES

.....
 The State of Minnesota requires that you have Dram Shop insurance if your total sales of ON Sale 3.2% malt liquor exceeded \$25,000 in the preceding year and/or if your total sales of OFF Sale 3.2% malt liquor exceeded \$50,000 in the preceding year. (Check correct statement)

I, hereby certify that the business listed above did not have sales that exceeded the limits listed above. Therefore, dram shop insurance is not required.

I, hereby certify that the business listed above is covered by dram shop insurance for liquor consumption and sales.

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 _____, Goodhue 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 been 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: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

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

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee 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 _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

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

Intoxicating liquor 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 as shown 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 past 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 _____
(title)

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): _____

Minnesota Tax Identification Number: _____

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: _____ Date: _____

**- 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 _____

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law
(these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times 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: _____