



## RENEWAL OF LIQUOR LICENSE APPLICATION

License Year Runs December 31, 2022 to December 31, 2023

### 1. LICENSE INFORMATION

**Type of License (Check all that apply)**

- |  |   |
|--|---|
| <input type="checkbox"/> On Sale Intoxicating    | <input type="checkbox"/> Off Sale 3.2 Malt Liquor |
| <input type="checkbox"/> On Sale Wine            | <input type="checkbox"/> Sunday Sale              |
| <input type="checkbox"/> On Sale 3.2 Malt Liquor | <input type="checkbox"/> 2 A.M. Close             |
| <input type="checkbox"/> Off Sale Intoxicating   |   |

**Type of Applicant**    Individual       Partnership       Corporation, LLC or other legal entity

### 2. LOCATION

Licensee's Legal Name: \_\_\_\_\_

Licensee's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Name (if different than Licensee's name) \_\_\_\_\_

Premise Address (If different than Licensee's address): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### 3. PERSON COMPLETING THE APPLICATION

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### 4. BUILDING/PREMISES

Since the license was last issued, have there been any changes in the ownership of the building where the licensed establishment is located?    **Yes**     **No**

If yes, please list Building Owner: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Owner's Business Email: \_\_\_\_\_

Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.

5. Do you serve liquor outdoors?    **Yes**     **No**    If yes, your Certificate of Insurance must include area .

### 6. BUSINESS OWNERS/OFFICERS/ON-SITE MANAGERS

**If Individual Proprietor:**

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**If Partnership or Corporation (List ALL Partners, Officers, Directors, use additional sheets as needed):**

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Title/% Ownership: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Title/% Ownership: \_\_\_\_\_

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Title/% Ownership: \_\_\_\_\_

**Please list any and all other businesses the owner(s) holds an interest in that have been issued a liquor license (use separate sheet if needed):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**On-Site Manager**

Legal Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Work Shift/Daily Hours: \_\_\_\_\_

**7. LIQUOR VIOLATIONS**

1. Has the applicant, owners, manager, or their spouse ever been convicted of a misdemeanor or felony in relation to the manufacture, sale, distribution, or possession for distribution of liquors? If yes, please state the crime, location, and date of conviction below:  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant, owners, manager, or their spouse ever had a liquor license revoked? If so, state the date, name of establishment, and location where the license was revoked.  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT OATH**

I hereby state:

- I am a citizen of the United States.
- I am over 21 years of age, and of good moral character and repute.
- If applicant is a corporation, I have been given proper authority to sign on behalf of the corporation.
- The answers and statements given by me are true and accurate to the best of my knowledge and belief.
- I understand that providing false information in this application may result in revocation of any and all licenses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
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.
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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
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COUNTY	EMAIL ADDRESS
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**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
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POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**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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**LIQUOR LICENSE  
INDEMNIFICATION AGREEMENT**

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*The following agreement must be signed and notarized by the applicant, owner, authorized partner, or authorized officer of the company.*

**I. OBSERVANCE OF LICENSE AND ALL LAWS**

In consideration for the grant of this license by the City of Credit River, the undersigned licensee agrees as follows: The undersigned shall faithfully observe, keep, and obey all terms and conditions of the license, and all laws, rules, and ordinances of the City relating to the license now in effect, including any amendments thereto. The undersigned shall also faithfully observe, keep and obey all laws, rules, and regulation of any other governmental entity including county, state, and federal regulations which may apply to the license.

**II. VIOLATION OF TERMS**

Upon the violation of any of the terms and conditions of the license, or any other law, regulation, or ordinance, the undersigned understands that it may be subject to criminal or civil penalties, including, but not limited to, the suspension or revocation of the license.

**III. INDEMNIFICATION**

The undersigned shall save and protect, hold harmless, indemnify and defend the City, its Council, officers, agents, employees, and volunteer workers against any and all liability, causes of action, claims, losses, damages or costs, and expenses arising from, allegedly arising from, or resulting directly or indirectly from any acts of the licensee or any of its officers, employees, independent contractors or agents done in the performance or operation under this license, or any act done under pretended authority of this license. The agreement to indemnify and hold the City harmless shall include any incurred by the City in defending any action involving an act by the licensee or any of its officers, employees, independent contractors or agents, and shall include any attorney's fees incurred by the City.

**IV. NOTARIZED SIGNATURE**

IN WITNESS WHEREOF, the undersigned has executed this License Agreement as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Business Name (please print)

\_\_\_\_\_  
Signature of Applicant, Owner, Partner, or Officer

STATE OF \_\_\_\_\_  
ss.

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_\_ by \_\_\_\_\_, the \_\_\_\_\_, of

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
Notary Public Signature  
My Commission Expires on \_\_\_\_\_, 20\_\_\_\_.

## **TENNESSEN WARNING**

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In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City.
2. You are not legally obligated to supply the requested information and may refuse to provide some or all of the requested information.
3. The known consequence of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequence of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Some of the information you provide will be released to the Minnesota Department of Revenue. Other governmental agencies necessary to process your application are authorized by law to receive the information provided. The City may also release the information provided if required by Court order, or if authorized by other state or federal law.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and agrees of the Tennessee Warning and its application.

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Signature of Applicant

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Date