



2017 LIQUOR LICENSE APPLICATION

<u>TYPE OF LICENSE</u>	<u>ANNUAL FEE</u>	
_____ ON SALE LIQUOR	\$2,500.00	
_____ ON SALE LIQUOR - SUNDAY	\$ 200.00	
_____ ON SALE 3.2% MALT LIQUOR*	\$ 275.00	*Includes Sunday
_____ OFF SALE 3.2% MALT LIQUOR*	\$ 275.00	*Includes Sunday
_____ WINE*	\$ 200.00	*Includes Sunday
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 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 received a copy of the Fergus Falls City Code, Chapter 11 (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 renewal form
- _____ City of Fergus Falls 2017 liquor license application
- _____ Tax Identification Form
- _____ Minnesota Worker’s Compensation Law Certificate of Compliance
- _____ 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”.
- OR
- _____ 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 PD Approved _____
Date Council Approved _____	Date Sent to State _____
Date of State Approval _____	Date License Mailed _____

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)	CITY	STATE	ZIP CODE

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
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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)

**WAIVER OF LIQUOR LIABILITY
AFFIDAVIT**

State of Minnesota
County of Otter Tail

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

- 3.2% on sale malt were less than \$25,000
- 3.2% off sale malt liquor were less than \$50,000
- on sale wine were less than \$25,000

I am therefore exempt from providing proof of financial responsibility imposed by City Code §11.12.

I also understand that the City has the right to ask for documentation and make inspection of records showing my total sales.

Business Name

Signature of Applicant

Signed before me this ____ day of _____, 20__.

Notary Public

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 **30 days'** 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 Olson at 218-332-5404 or email at lynne.olson@ci.fergus-falls.mn.us