

CITY OF SHAKOPEE
129 Holmes Street South
Shakopee, MN 55379
952-233-9300

APPLICATION FOR A LICENSE TO SELL ALCOHOLIC BEVERAGES

PART I – GENERAL INFORMATION

TYPE OF LICENSE

- | | |
|---|--|
| <input type="checkbox"/> 3.2% Malt Liquor – On Sale | <input type="checkbox"/> 3.2% Malt Liquor – Off Sale |
| <input type="checkbox"/> Taproom – On Sale | <input type="checkbox"/> Brewer – Off-Sale |

-
- Type of Applicant:
- | | | |
|--|--------------------------------------|------------------------------|
| <input type="checkbox"/> Natural Person (individual) | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Association | |

Name of applicant (name of individual, partnership, corporation or association) _____

Business Name _____

Business Address _____ Phone _____

Minnesota Tax ID # _____ Federal Tax # _____

If business is to be conducted under a designation, name or style other than the name of the applicant, attach a copy of the Certificate of Assumed Name under provisions of Chapter 333, Minnesota Statutes, certified by the Secretary of State's Office

Proof of Workers' Compensation Insurance Coverage:

Insurance company name _____

Dates of coverage _____

Self-insurance permit number _____

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

- I have no employees covered by the law Other (specify on the reverse side)

During the past year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802

- Yes No If Yes, attach a copy of summons.

State the exact legal description of the premises to be licensed. (Applicants must also submit a plot plan showing dimensions, location of buildings, street access, and parking facilities.)

How are the premises zoned under the Shakopee zoning ordinance? _____

Full names, addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant.

Full Name _____

Residence Address _____ Phone _____

Business Address _____ Phone _____

Full Name _____

Residence Address _____ Phone _____

Business Address _____ Phone _____

Where the building is owned by other than the applicant, state in summary the conditions of lease arrangement, such as, term of lease, monthly rental, renewal privileges, etc. (Attach a copy of the lease).

If the building is owned by the individual applicant, partnership, corporation or association, state:

Date purchased _____

Name and address of person purchased from _____

Purchase price _____ Amount of down payment _____

Who currently holds the mortgage? Name and Address _____

Amount of contract for deed _____

Who currently holds the contract for deed? Name and Address _____

Term of mortgage _____ Rate of interest on mortgage _____

Term of contract for deed _____ Rate of interest on contract for deed _____

State the monthly payment at which the mortgage and/or contract for deed is being liquidated _____

Are the payments on the mortgage and/or contract for deed up to date? _____

State the amount of the investment that the applicant has in the business premises, fixtures, furniture, stock in trade, etc.

(Attach supporting proof of the source of such money)

Give full names, addresses and telephone number of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. (This shall include, but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

Full Name _____ Phone _____

Address _____

Nature of Interest, etc. _____

Full Name _____ Phone _____

Address _____

Nature of Interest, etc. _____

Full Name _____ Phone _____

Address _____

Nature of Interest, etc. _____

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON FILE WITH THE CITY OF SHAKOPEE BUILDING DEPARTMENT, NO ADDITIONAL PLANS NEED BE FILED WITH THIS APPLICATION.

State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in said rooms.)

What permits required by the Federal Government have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit?

What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Shakopee delinquent or unpaid for the premises to be licensed?

Yes _____ No _____ If yes, give details _____

If the premises is a restaurant that serves liquor on Sunday, open to the general public, are there provisions for seating a minimum of 30 guests at one time and appropriate facilities for the serving of meals? Yes _____ No _____

NATURAL PERSON (INDIVIDUAL)

If applicant is a **natural person (individual)**, state full name and telephone number.

Full Name _____ Phone _____

Full name of the agent in charge of the individual owner's premises at such time as the owner is absent.

Full Name _____

Full name of the assistant manager, food manager and beverage manager.

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

(A Part II – "Personal Information" form must be filled out and attached for each of the individuals listed above.)

PARTNERSHIP

If the applicant is a **partnership**, state full names of each member of the partnership.

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Managing Partner _____

Full name of the assistant manager, food manager, beverage manager and any other individual with management responsibilities for the partnership's premises to be licensed:

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

(A Part II – "Personal Information" form must be filled out and attached for each of the individuals listed above.)

IF THE APPLICATION IS FOR A PARTNERSHIP, ATTACH TWO COPIES OF THE PARTNERSHIP AGREEMENT AND TWO COPIES OF THE CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE CLERK OF DISTRICT COURT.

CORPORATION / ASSOCIATION / LLC

If the applicant is a **corporation, association or LLC**, give the name of corporation or association, home office address and phone number.

Name _____

State of Inc. or Assoc. _____

Home Office Address _____

Home Office Phone _____

Full names of all officers of said corporation or association.

President _____ Vice President _____

Secretary _____ Treasurer _____

Full names of all persons who singly or together with their spouse and his or her parents, brothers, sisters or children, own or control an interest in said corporation or association in excess of five percent.

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full Name _____ Interest _____ %

Full name of the manager, assistant manager, food manager, beverage manager and any other individual with management responsibilities for the corporation's or association's premises to be licensed:

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

Full Name _____ Position _____

(A Part II – “Personal Information” form must be filled out and attached for each of the individuals listed above.)

ATTACH: 1. Certificate of Incorporation, 2. Articles of Incorporation or Association Agreement, 3. By-Laws to the application, 4. Foreign corporations shall attach Certificate of Authority, as described in M.S.A. Chapter 303

I declare that the information I have provided in the application, to the best of my knowledge, is true and accurate.

I authorize the City of Shakopee and/or its agents and/or representatives to investigate the information contained in the application and contact the persons named therein.

DATA PRIVACY NOTICE:

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have read the Data Privacy Notice above and understand that the data is necessary to process the application.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LIQUOR LICENSE.

Signature of Applicant

Date

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

My Commission expires on: _____