

**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**

- Liquor – On Sale
- Liquor – Sunday
- Liquor – Off Sale
- Club Liquor – On Sale
- Wine

**TYPE OF BUSINESS**

- Restaurant
- Hotel
- Bowling Center
- Club
- Exclusive Liquor Store

Type of Applicant:  Natural Person (individual)  Corporation  LLC  
 Partnership  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**

**CLUB**

If the applicant is a **club**, state name of club \_\_\_\_\_

Date that club was first incorporated \_\_\_\_\_ Present number of members \_\_\_\_\_

Place of such organization \_\_\_\_\_

Full names of all officers, executive committee members and members of board of directors.

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Full Name \_\_\_\_\_ Position \_\_\_\_\_

Full name of the manager, assistant manager, food manager, beverage manager and any other individual with management responsibilities for the club'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 THE ARTICLES OF INCORPORATION AND BYLAWS OF THE CLUB**

**A sworn statement that the Club has been in existence at least three years must be submitted by a person who has personal knowledge of the facts stated herein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.**

No manufacturer or wholesaler will own or control, or has any financial interest in, the business of selling intoxicating liquors at retail on said premises, nor power to exact or require, by contract, understanding or otherwise, said applicant to handle or sell only the products of such manufacturer or wholesaler.

No other retailer's license has been issued, directly or indirectly, to said applicant or for said premises; no license of a class other than hereby applied for has been issued to any person at said premises; said premises are neither owned or controlled by any person to whom no license could be issued.

Applicant agrees that any license granted pursuant hereto shall be non-transferable; that said license shall not be effective until a permit shall be issued under the laws of the United States in case such permit is required under said laws; and that applicant will keep said license posted in a conspicuous place in said premises.

This application is made pursuant and subject to all the laws of Minnesota, the laws of the United States, the ordinances and regulations of said municipality, and the regulations of the Liquor Control Commissioner of Minnesota, relating to the sale and places of sale of intoxicating liquors, all of which are hereby made a part hereof, and which applicant hereby agrees to observe and obey.

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: \_\_\_\_\_