

**CITY OF SHAKOPEE**  
**APPLICATION FOR RENEWAL OF**  
**INTOXICATING LIQUOR OR WINE LICENSES**  
**July 1, 2016 through June 30, 2017**

1. Name of Applicant \_\_\_\_\_  
(Name of individual, partnership, corporation or association)

2. Address of Applicant \_\_\_\_\_

3. Name of Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

4. **Address** of Establishment and **description** of the premises and areas where alcohol is to be sold or consumed (include any outside areas)

\_\_\_\_\_

\_\_\_\_\_

5. Type of Business:  
Restaurant \_\_\_\_\_ Hotel \_\_\_\_\_ Exclusive Liquor Store \_\_\_\_\_ Club \_\_\_\_\_

6. Type of Liquor License applied for:  
On Sale Intoxicating \_\_\_\_\_ On Sale Sunday \_\_\_\_\_ On Sale Club \_\_\_\_\_  
Off Sale Intoxicating \_\_\_\_\_ On Sale Wine \_\_\_\_\_

7. If renewing an On Sale Sunday Liquor License, what type of Food License do you hold from the Minnesota Department of Health?

Limited Food Menu \_\_\_\_\_ Small Establishment \_\_\_\_\_ Medium Establishment \_\_\_\_\_  
Large Establishment \_\_\_\_\_

8. If renewing a Wine License, do you offer strong beer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you derive at least 60% of your gross sales from the sale of food? Yes \_\_\_\_\_ No \_\_\_\_\_

9. If renewing an On Sale Sunday Liquor License or Wine License, do you have facilities for preparing meals and a seating capacity of not less than thirty guests at one time? Yes \_\_\_\_\_ No \_\_\_\_\_

10. Manager in Charge: Full Name \_\_\_\_\_

Residence Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Employment \_\_\_\_\_

Email \_\_\_\_\_

11. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State Sales Taxes Yes \_\_\_\_\_ No \_\_\_\_\_ State Withholding Taxes Yes \_\_\_\_\_ No \_\_\_\_\_

Real Estate Taxes Yes \_\_\_\_\_ No \_\_\_\_\_ City Utility Bills Yes \_\_\_\_\_ No \_\_\_\_\_

12. Minn. Tax ID Number (Sales & Use) \_\_\_\_\_ Fed. Tax Number \_\_\_\_\_

13. Have there been any changes in interest or finances, or contracts between applicant and any persons, corporations, partnerships, or any new loans since license was last issued or renewed?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain in detail \_\_\_\_\_

\_\_\_\_\_

14. List any of the persons, corporations, or partnerships who have a financial interest in this liquor license. (Use additional sheet if necessary)

Name	Address	% of interest
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

15. Describe any physical changes or additions to the premises (since last license issued or renewed), and any changes to the type of liquor service provided. \_\_\_\_\_

\_\_\_\_\_

16. List the names and additional information for all officers of the corporation or association:

President: Full Name \_\_\_\_\_ Telephone \_\_\_\_\_

Residence Address \_\_\_\_\_

Vice President: Full Name \_\_\_\_\_ Telephone \_\_\_\_\_

Residence Address \_\_\_\_\_

Secretary: Full Name \_\_\_\_\_ Telephone \_\_\_\_\_

Residence Address \_\_\_\_\_

Treasurer: Full Name \_\_\_\_\_ Telephone \_\_\_\_\_

Residence Address \_\_\_\_\_

17. Minnesota Corporation \_\_\_\_\_ Or Foreign Corporation \_\_\_\_\_ (Check one if applicable)

If foreign corporation (not Minnesota corporation) list following:

Statutory Agent \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Note: Foreign Corporations must attach a Certificate from the Secretary of State as to the currency of their "Certificate of Authority" as described in Chapter 303, Minnesota Statutes.**

18. If all liquor is not stored at the licensed establishment, identify storage location by address:

\_\_\_\_\_  
\_\_\_\_\_

The applicant must, if requested by the City, furnish the City of Shakopee or its agents, a profit and loss statement and balance sheet as of the end of any fiscal year, and/or upon request by the City or its agents, or the applicant's Federal and State income tax returns for any fiscal year.

*I declare that the preceding statements are true and correct and that this statement is executed with the knowledge that misrepresentation or failure to reveal information requested may be deemed sufficient cause for denial or revocation of a liquor license; that I am voluntarily submitting this application with full knowledge that Minnesota Law provides that "any person making false oath shall be guilty of perjury," and, further, that I will familiarize myself with the contents of the Shakopee City Ordinances and the Laws of the State of Minnesota, and agree, if licensed, to abide thereby.*

*I understand that the City of Shakopee may cause an investigation to be made of my background, both personal and financial, subsequently, I may be asked to answer questions in open public meetings of the Shakopee City Council.*

*I hereby authorize any and all persons having information concerning me, either of public record or otherwise, to furnish it to a duly authorized agent of the City of Shakopee.*

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Section 176.181, subdivision 2. 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 is collected by the City and put in the City's licensing file.

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 and/or falsely stated, it may result in a \$2,000 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: \_\_\_\_\_  
(Last, First, Middle)

Doing Business As: \_\_\_\_\_  
(Business name if different than your name)

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<p><b>DATA PRIVACY NOTICE:</b> The data you supply on this form will be used to assess your qualifications for the license. You are not legally required to provide this data, but the City will not be able to grant the license without it. The data requested is considered to be public data pursuant to the Minnesota Government Data Practices Act. The data you supply will constitute a public record, and copies may be obtained by anyone</p>
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## Form SP: C1 License Applicant

Pursuant to Minnesota Statute MS 270C.72 Tax Clearance : Issuance of licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and Social Security number of each applicant. Under Minnesota Government Data Practices Act and 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 MN Dept. of Revenue delinquent taxes, penalties or interest.
- 2 Upon receiving this information, the licensing authority will supply it only to the MN Dept. of Revenue. However, the Federal Exchange of Information Agreement, the Dept. of Revenue may supply this information to the I.R.S.
- 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 you application to the agency issuing the license.**

License applied for or renewed: \_\_\_\_\_

Licensing Authority: (Example: City. County, State) \_\_\_\_\_

License Renewal date: \_\_\_\_\_

### Personal Information (If applicable)

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### Business Information (If applicable)

Business Name: \_\_\_\_\_

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

Minnesota tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**(If a MN Tax I.D. is not required, please explain on the reverse side of this form)**

Signature \_\_\_\_\_ Date \_\_\_\_\_