



13190 Memorywood Drive
 Baxter, MN 56425
 (218) 454-5100

**APPLICATION FOR LICENSE RENEWAL
 INTOXICATING LIQUOR, WINE, 3.2 BEER, TAPROOM/GROWLER**

Thank you for your interest in obtaining a liquor license from the City of Baxter. All City application materials must be completed and received before your application can be processed. Upon receipt of your completed application, the Police Department will conduct an investigation.

This application requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for a license. Failure to provide the information may result in a denial of the license.

The license period is July 1-June 30. You will be notified if additional information is needed. If the Baxter City Council approves your license, your license will be mailed to the address provided in your application after Baxter City Council approval or final state approval. **PLEASE USE INK ONLY.**

Liquor License Type	Fee
Off-sale Intoxicating Liquor	\$310
On-sale Intoxicating Liquor	\$2,200
On-sale Sunday Liquor	\$200
On-sale Wine	\$500
On-sale 3.2 Beer	\$300
Off-sale 3.2 Beer	\$75
On-Sale Brewer's Taproom	\$500
Off-sale Growler	\$310
Investigation – In State (New License Only)	\$100
Investigation – Out-of-State (New License Only)	Actual cost not to exceed \$10,000

SPECIFY TYPE OF LICENSE: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Off-sale Intoxicating Liquor | <input type="checkbox"/> On-sale 3.2 Beer |
| <input type="checkbox"/> On-sale Intoxicating Liquor | <input type="checkbox"/> Off-sale 3.2 Beer |
| <input type="checkbox"/> On-sale Sunday Liquor | <input type="checkbox"/> On-sale Brewer's Taproom |
| <input type="checkbox"/> On-sale Wine | <input type="checkbox"/> Off-sale Growler |

STATE OF MINNESOTA LICENSE APPLICATION INFORMATION:

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number or social security number.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance or renewal of your license if you own the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Minnesota Tax ID Number : _____ Federal Tax ID Number: _____

APPLICANT INFORMATION:

Specify Type of Business:

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Individually Owned/Operated | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Other |

Licensee Name: _____

Trade Name of D/B/A: _____

License Location (full address): _____

Mailing Address: _____

Phone: _____

Email Address: _____

MANAGEMENT INFORMATION:

Complete the following information for Store Manager, MN Manager Officer, and each Officer or Partner: (attach additional sheets if necessary).

First, Middle, Last Name	DOB	Title	Percent Interest	Full Address

PREMISES INFORMATION:

For the purposes of City of Baxter liquor licensing regulations, the term “restaurant” is defined as an eating facility, other than a hotel, under the control of a single proprietor or manager, where meals are regularly prepared on the premises, where full table service is provided, where a customer orders food from printed menus and where the main food course is served and consumed while seated at a single location. An establishment which serves prepackaged food that receives heat treatment and is served in the package or frozen pizza that is heated and served, shall not be considered to be a restaurant for the purposes of this ordinance unless it meets the definitions of an establishment under M.S. 157.16. Restaurant status is required for a On-sale Sunday Liquor license.

Is the establishment for which the liquor license is requested a restaurant, as defined above?

Yes _____ No _____

Are any real estate taxes, special assessments, or other financial claims of the City of Baxter, County of Crow Wing or State of Minnesota current for the premises to be licensed?

Yes _____ No _____

Has the applicant, owner, partner, or corporate officer ever been convicted of any gross misdemeanor or felony or any law with regard to the manufacture, sale, distribution, or possession for sale or distribution alcoholic beverages.

Yes _____ No _____

Does the establishment have outdoor seating? _____ Yes _____ No

Are you a Brewer? ____ Yes ____ No

If yes, do you brew less than 250,000 barrels of malt liquor annually? ____ Yes ____ No

If yes, will the malt liquor sold for consumption on site be produced on the licensed premises? ____ Yes ____ No

If yes, do you or anyone with ownership interest in your brewery have ownership interest in another brewery? ____ Yes ____ No

If yes, please provide a copy of your MN malt beverage manufacturing license.

CORPORATION INFORMATION:

Date of Incorporation: _____ State of Incorporation: _____

If a subsidiary of any other corporation, provide name and purpose of incorporation:

If incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? ____ Yes ____ No

PERSONAL INFORMATION

This form must be completed by an individual owner, by each partner or officer, the Minnesota Managing Officer, and the Store Manager.

1. Complete Full Name (last, first, middle): _____
2. List any other names used: _____
3. Date of Birth: _____
4. Relation to the Applicant Business: ___ Individual Owner ___ Partner ___ Officer
___ MN Managing Officer ___ Store Manager
5. Home Street Address: _____
City, State, Zip: _____
Phone: _____
Email Address: _____
6. Have you ever been arrested or convicted for any liquor law violation in this or any other state? ___ Yes ___ No If yes, provide date and details _____

APPLICANT SIGNATURE:

“I certify that I have read all of the above questions and the answer are true and correct to the best of my knowledge and belief”.

Signature of Applicant and Title

Date

**DATA PRACTICES ADVISORY
PLEASE READ CAREFULLY BEFORE SIGNING:**

In accordance with the Minnesota Government Data Practices Act, the City of Baxter is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include:

1. Baxter Police Department Personnel
2. Crow Wing County Sheriff’s Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide Information relevant to determining your suitability to obtain a permit.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THAT INFORMATION ABOVE REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Signature of Applicant

Date

**~CERTIFICATION OF COMPLIANCE~
MINNESOTA WORKER'S 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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. 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 will be collected by the licensing agency and kept in their files.

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 or falsely stated, it may result in a \$1,000 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 Code: _____ Phone: (_____) _____

Signature: _____ Date: _____