

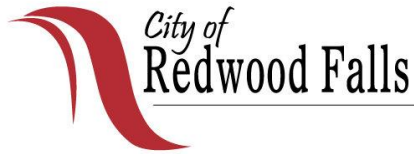
Deputy City Clerk's Office
333 S. Washington Street, PO Box 526
Redwood Falls, MN 56283
507-637-5755
Email: akerkhoff@ci.redwood-falls.mn.us

Procedure for Temporary On-Sale Liquor License

- ☐ 1. Complete City Form "Application for Liquor License".
- ☐ 2. Complete State Form "Application and Permit for a 1-Day to 4-Day Temporary On-Sale Liquor License".
- ☐ 3. Complete "Certificate of Compliance – Minnesota Workers' Compensation Law" form.
- ☐ 4. Applicant must supply the City a "Certificate of Liability Insurance" showing premise/area in which sales will occur and alcohol consumed is covered by liquor liability with State limits. City of Redwood Falls must be listed as Certificate Holder/Additional Insured: "City of Redwood Falls, PO Box 526, 333 South Washington Street, Redwood Falls, MN 56283". (See: State Statute 340A.409 on back)
- ☐ 5. Applicant pays an application fee of **\$125/day** payable to the City of Redwood Falls.
- ☐ 6. Upon receiving completed Application, Fee and Certificate of Insurance, the Application will go before the City Council for consideration. Upon approval by the City Council, the Application will be forwarded to the State's Alcohol and Gambling Enforcement Division for consideration. Upon the State's approval, the Application will be signed and returned and will be used as the license for the event. Until the State's approval is received, there is no license.

Enclosures:

City Form "Application for Liquor License"
State Form "Application and Permit for a 1 Day to 4 Day Temporary On-Sale Liquor License"
"Certificate of Compliance – Minnesota Workers' Compensation Law"
State Statute 340A.409 "Liability Insurance"
City Code – Chapter 5.52 "Temporary Liquor License"



Deputy City Clerk's Office
333 South Washington Street, PO Box 526
Redwood Falls, MN 56283
507-637-5755
Email: akerkhoff@ci.redwood-falls.mn.us

Application for Liquor License

LICENSE REQUESTED: (if applying during the middle of the year, the fees will be prorated, provided that, for licenses where the fee is \$100 or less, a minimum license fee is not less than one-half of the annual license.)

- | | |
|---|--|
| <input type="checkbox"/> On-Sale Liquor = \$2,750/yr. + \$109.75 Background Fee | <input type="checkbox"/> On-Sale Sunday Liquor = \$200/yr. (add on to On-Sale Liquor) |
| <input type="checkbox"/> 3.2% On-Sale Malt Liquor = \$250/yr. + \$109.75 Background Fee | <input type="checkbox"/> 3.2% Off-Sale Malt Liquor = \$175/yr. + \$109.75 Background Fee |
| <input type="checkbox"/> Wine = \$275/yr. + \$109.75 Background Fee | <input type="checkbox"/> Temporary 3.2% On-Sale Malt Liquor = \$30 |
| <input type="checkbox"/> Temporary On-Sale Liquor = \$125 | |

APPLICANT INFORMATION:

Name:

First

Full Middle Name

Last Name

Applicant Current Address:

City, State, Zip:

Telephone: Home:

Work:

Cell:

E-Mail Address:

Date of Birth:

Social Security #:

BUSINESS INFORMATION:

Business Name:

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Corporation ☐ Other

Trade Name or DBA:

Address of Business:

City State, Zip:

Mailing Address (if different from above):

Federal Employer Identification No.:

Minnesota Business ID No.:

Business Phone:

Alternate Number:

Manager of Business:

Address of Manager:

If the above named licensee is a Corporation, Partnership, or LLC, complete the following for each partner/officer:

Owner #1:

First

Full Middle Name

Last Name

Current Address:

City, State, Zip:

Telephone: Home:		Work:	Cell:
E-Mail Address:	Date of Birth:	Social Security #:	
Owner #2:			
<i>First</i>	<i>Full Middle Name</i>	<i>Last Name</i>	
Current Address:			
City, State, Zip:			
Telephone: Home:		Work:	Cell:
E-Mail Address:	Date of Birth:	Social Security #:	

PREMISES DESCRIPTION	
Premise Location:	
Does business have inside access to another business establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Will licensed area include any outdoor attachment such as a patio or deck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is area fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please describe in detail and attach drawing)	
Days of Operation/Event:	Hours of Operation:

Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your license. If answering yes to any of these questions, please attach additional information to this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the sale of alcoholic beverages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the control, manufacture or storage of alcoholic beverages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously operated in another city or state under a license or permit which was denied, suspended, revoked or disciplined in any manner by federal, state or local entities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant, or any partner, officer, director or manager own, control or manage any portion of any other establishment maintaining or applying for an alcohol license?

The City of Redwood Falls reserves the right to request additional information to assist in the evaluation of this application. The City Council shall have at least 30 days from and after receipt of the complete application for review prior to granting or denying issuance of a license.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Redwood Falls, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license.

Signature of Applicant: _____ Date: _____

Print Name: _____
First Middle Last



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 222, St. Paul, MN 55101
651-201-7500 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1
DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date organized		Tax exempt number	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Address		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Name of person making application		Business phone		Home phone	
<input type="text"/>		<input type="text"/>		<input type="text"/>	
Date(s) of event		Type of organization			
<input type="text"/>		<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	
Organization officer's name		City	State	Zip Code	
<input type="text"/>		<input type="text"/>	Minnesota	<input type="text"/>	

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license	Date Approved
Fee Amount	Permit Date
Date Fee Paid	City or County E-mail Address
	City or County Phone Number

Signature City Clerk or County Official

Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

- ☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. **I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- ☐ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

340A.409 LIABILITY INSURANCE.

Subdivision 1. **Insurance required.** (a) No retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regard to liability imposed by section 340A.801. The issuing authority must submit to the commissioner the applicant's proof of financial responsibility. This subdivision does not prohibit a local unit of government from requiring higher insurance or bond coverages, or a larger deposit of cash or securities. The minimum requirement for proof of financial responsibility may be given by filing:

(1) a certificate that there is in effect for the license period an insurance policy issued by an insurer required to be licensed under section 60A.07, subdivision 4, or by an insurer recognized as an eligible surplus lines carrier pursuant to section 60A.206 or pool providing at least \$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, \$50,000 for other pecuniary loss of any one person in any one occurrence, and \$100,000 for other pecuniary loss of two or more persons in any one occurrence;

(2) a bond of a surety company with minimum coverages as provided in clause (1); or

(3) a certificate of the commissioner of management and budget that the licensee has deposited with the commissioner of management and budget \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000.

(b) This subdivision does not prohibit an insurer from providing the coverage required by this subdivision in combination with other insurance coverage.

(c) An annual aggregate policy limit for dram shop insurance of not less than \$310,000 per policy year may be included in the policy provisions.

(d) A liability insurance policy required by this section must provide that it may not be canceled for:

(1) any cause, except for nonpayment of premium, by either the insured or the insurer unless the canceling party has first given 60 days' notice in writing to the insured of intent to cancel the policy; and

(2) nonpayment of premium unless the canceling party has first given ten days' notice in writing to the insured of intent to cancel the policy.

(e) In the event of a policy cancellation, the insurer will send notice to the issuing authority at the same time that a cancellation request is received from or a notice is sent to the insured.

(f) All insurance policies which provide coverage with regard to any liability imposed by section 340A.801 must contain at least the minimum coverage required by this section.

Subd. 2. **Market assistance.** The market assistance plan of the Minnesota Joint Underwriting Association shall assist licensees in obtaining insurance coverage.

Subd. 3. **Minnesota Joint Underwriting Association.** (a) The Minnesota Joint Underwriting Association shall provide coverage required by subdivision 1 to persons rejected under this subdivision.

(b) A liquor vendor shall be denied or terminated from coverage through the Minnesota Joint Underwriting Association if the liquor vendor disregards safety standards, laws, rules, or ordinances pertaining to the offer, sale, or other distribution of liquor.

Subd. 3a. **Notification by insurer of status of claim.** Upon the request of the insured, an insurer who is providing coverage required by subdivision 1 shall inform the insured of the status of any claims made under the policy. The information must include:

- (1) the employees of the insured that may be involved and the nature of their involvement;
- (2) any amount the insurer is holding in reserve for payment of a claim or has paid in the disposition of the claim; and
- (3) any amount paid in the defense of the claim.

This subdivision does not require disclosure of otherwise nondiscoverable information to an adverse party in litigation.

Subd. 4. **Insurance not required.** Subdivision 1 does not apply to licensees who by affidavit establish that:

- (1) they are on-sale 3.2 percent malt liquor licensees with sales of less than \$25,000 of 3.2 percent malt liquor for the preceding year;
- (2) they are off-sale 3.2 percent malt liquor licensees with sales of less than \$50,000 of 3.2 percent malt liquor for the preceding year;
- (3) they are holders of on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year;
- (4) they are holders of temporary wine licenses issued under law; or
- (5) they are wholesalers who donate wine to an organization for a wine tasting conducted under section 340A.418 or 340A.419.

History: 1985 c 200 s 2; 1985 c 305 art 6 s 9; 1985 c 309 s 7-9; 1Sp1985 c 16 art 2 s 3 subd 1; 1Sp1986 c 3 art 1 s 38; 1987 c 107 s 1; 1987 c 152 art 1 s 1; 1988 c 534 s 1; 1991 c 249 s 31; 1994 c 485 s 61,62; 1997 c 129 art 1 s 5,6; 2003 c 112 art 2 s 50; 2009 c 101 art 2 s 109; 2010 c 255 s 4,5; 2010 c 384 s 96; 2017 c 40 art 1 s 110

City of Redwood Falls Requirements for Insurance Certificates

CERTIFICATE OF LIABILITY INSURANCE

**Certificate cannot be Pending,
Binder or TBA.**

**The Legal/Corporate Name
must match exactly
(word for word) to the
Approved Licensee Name
(including Inc, or LLC),
Trade Name (DBA),
and Premise address.**

PRODUCER Agency Address City, State, Zip	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. INSURERS AFFORDING COVERAGE INSURER A: _____ INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____
INSURED _____	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ _____ FIRE DAMAGE (Any one fire) \$ _____ MED EXP (Any one person) \$ _____ & ADV \$ _____ \$ _____ \$ _____
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED A <input type="checkbox"/> SCHEDULED A <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON - OWNED A <input type="checkbox"/> _____ <input type="checkbox"/> _____				COMBINED SINGLE LIMIT (Ea accident) \$ _____ BODILY INJURY (Per person) \$ _____ BODILY INJURY (Per accident) \$ _____ PROPERTY DAMAGE (Per accident) \$ _____
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - (Ea Accident) \$ _____ OTHER THAN AUTO ONLY: EA ACC \$ _____ AGG \$ _____
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION				EACH OCCURRENCE \$ _____ AGGREGATE \$ _____ \$ _____ \$ _____ \$ _____
A	WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY				X/WC STATUTORY LIMITS / OTHER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER / ADDITIONAL INSURED: INSURER LETTER

CANCELLATION 10-Day Notice for Non-Payment of Premium

City of Redwood Falls
333 S. Washington St., PO Box 526
Redwood Falls, MN 56283-0526

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Original Signature or stamp of Agent.

Applications will be returned if requirements are not complete.

§ 5.52 TEMPORARY LIQUOR LICENSE

Subd. 1. *License Authorized.* Notwithstanding any provision of the City Code to the contrary, the Council may issue a license for the temporary on-sale of liquor in connection with a social event sponsored by the licensee. The license may provide that the licensee may contract with the holder of a full-year on-sale license, issued by the city, for liquor catering services.

Subd. 2. *Applicant.* The applicant for a license under this section must be a club or charitable, religious or other non-profit organization in existence for at least three years.

Subd. 3. *Terms and Conditions of License.*

- A. No license is valid until approved by the Commissioner.
- B. No license shall be issued for more than four consecutive days.
- C. No (temporary) license shall issue until the city is furnished with written proof that the licensee has dram shop coverage in the amount provided for in this chapter and that the coverage is in force on the premises where liquor is to be served.
- D. All licenses and licensees are subject to all provisions of statutes and the City Code relating to liquor sale and licensing except those relating to financial responsibility and insurance, and except those which by their nature are not applicable.
- E. Licenses may authorize sales on premises other than those owned or permanently occupied by the licensee.

(Am. Ord. 28, Fourth Series, passed 10-16-2012)