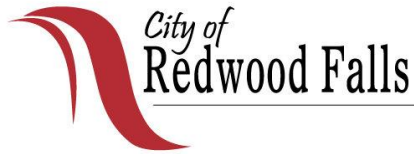


Deputy City Clerk's Office
333 S. Washington Street, PO Box 526
Redwood Falls, MN 56283
507-637-5755
Email: akerkhoff@ci.redwood-falls.mn.us

Procedure to Apply for a 3.2 On Sale Malt Liquor License

1. Complete City Form "Application for Liquor License".
2. Complete State Form 9011 "Certificate of an On Sale Liquor License, 3.2% On Sale Liquor License, or Sunday Liquor License" included with this pack.
3. Complete "Affidavit of Sales of 3.2 Malt Liquor, Beer or Wine Sales". If you anticipate a larger volume, we will require a Certificate of Insurance for liquor liability coverage through December 31 of the current year. If the 3.2 On Sale Liquor application is being submitted with a Wine License Application, we must have a Certificate of Insurance.
4. Complete "3.2 On Sale Malt Liquor License Qualifying Form". (*if Restaurant, attach Dept of Health Restaurant License)
5. Complete *Certificate of Compliance – Minnesota Workers' Compensation Law* form with this pack.
6. Complete Background Check form. One form must be completed for each person or officer on your application. This form may be copied as needed.
7. Remit \$250.00 payable to the City of Redwood Falls for the license application. This is an annual fee (calendar year). Should you be applying during the middle of the year, your fee will be prorated on the basis of 1/12 for each calendar month for the current licensed year.
8. Remit \$109.75 payable to the City of Redwood Falls for each background check.
9. The materials with a box in the left margin (#1-8) should be returned to: Amy Kerkhoff
City of Redwood Falls
333 South Washington St., PO Box 526
Redwood Falls MN 56283
10. Upon receiving all completed and required materials and fees and completion of successful background check(s), the application will be on the City Council agenda to consider approval of issuance of the license. When the City Council has approved the issuance of the license, we will then forward your approved application to the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division. The City of Redwood Falls will send you the license that must be posted at your licensed premise.
11. The City of Redwood Falls will send you a renewal notice each fall for the next year for any licenses that have been in place.
12. Should you have any questions regarding this application process, please contact Amy Kerkhoff at 507-637-5755.

Enclosures: City Form "Application for Liquor License"
Form 9011 – "Certificate of an On Sale Liquor License, 3.2% On Sale Liquor License, or Sunday Liquor License"
"Affidavit of Sales of 3.2 Malt Liquor, Beer or Wine Sales"
"3.2 On Sale Malt Liquor License Qualifying Form"
"Certificate of Compliance – Minnesota Workers' Compensation Law"
"Background Check Form"
City Code – Chapter 5 "Alcoholic Beverages Licensing and Regulation"



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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:		
<i>First</i>	<i>Full Middle Name</i>	<i>Last Name</i>
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: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Corporation <input type="checkbox"/> 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:		
<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 #:	
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 <i>(Please describe in detail and attach drawing)</i>	
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 (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

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

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



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

AFFIDAVIT OF SALES OF 3.2 MALT LIQUOR, BEER OR WINE SALES

I, _____, as _____
(Print Name of Person Signing) (Individual Owner, Officer or Partner)

for and in behalf of _____
(Name of Licensee)

(Address of Licensed Premises)

Hereby certify that said Licensee is exempt from the provisions of Minnesota Statutes 340A.409 Subdivision 4 to demonstrate proof of financial responsibility with regard to liability imposed by Minnesota Statutes 340A.801 because said Licensee's sales for the preceding year were or will be:

[] Less than \$25,000 of malt liquor and beer for an ON-Sale License.

[] Less than \$50,000 of 3.2 malt liquor and beer for an OFF-Sale License.

[] Less than \$25,000 of wine for an ON-Sale Wine License.

I certify that this information is true and correct and based on the records of said licensee in my possession.

DATED: _____

BY: _____
(Signature)

(Print Licensee Name)

**This form must be returned with your license renewal or application to show you are not required to have proof of insurance. If you have applied for a Wine and 3.2 Application, a Certificate of Insurance will be required.

3.2 On Sale Malt Liquor License Qualifying Form

I, _____, am applying for an annual 3.2 On Sale Malt Liquor License. Per City Code, I qualify and am applying for this license as indicated by an "X" below:

- Drug Store
- Restaurant (meals are regularly prepared – **Department of Health Restaurant License is attached**)
- Hotel (where food and lodging are regularly furnished to guests)
- Bowling Center
- Club or congressionally chartered veterans organization
- Establishment used exclusively for the sale of 3.2% malt liquor with the incidental sale of tobacco and soft drinks.

X _____
Signature of License Applicant

Doing Business As:

(This form must be returned with your new application or renewal application.)

§ 5.30 3.2% MALT LIQUOR LICENSE REQUIRED.

It is unlawful for any person, directly or indirectly, on any pretense or by any device, to sell, barter, keep for sale or otherwise dispose of malt liquor, as part of a commercial transaction, without a license therefor from the city. This section shall not apply to sales of manufactures to wholesalers or to sales by wholesalers to persons holding malt liquor licenses from the city. Annual 3.2% on-sale malt liquor licenses may be issued only to drug stores, restaurants, hotels, bowling centers, clubs and establishments used exclusively for the sale of 3.2% malt liquor with the incidental sale of tobacco and soft drinks. Any person licensed to sell liquor on-sale shall not be required to obtain a 3.2% on-sale malt liquor license and may sell 3.2% malt liquor on-sale without an additional license.

(Ord. 97, Third Series, passed 4-6-2004)

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
---	---------------------------	----------------------------

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.)

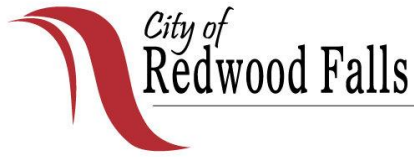
Explain why your employees are not required to be covered

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
--------------------------------	-------	------

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.



333 South Washington Street, PO Box 526
Redwood Falls MN 56283
507-637-5755

Background Check Form for License Applicants

Date: _____

The following named individual has made application with this agency for a

_____ license.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex M F

Social Security Number: _____

Driver's License Number: _____ **State of Issuance:** _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Redwood Falls Police Department for the purpose of conducting the statutorily required background check for the issuance of a liquor license pursuant to Minn. Stat. §340A.402.

I authorize the Redwood Falls Police Department to disclose all criminal history record information to the City of Redwood Falls City Administrator or his/her designee for the purpose of conducting the statutorily required background check for the issuance of a liquor license pursuant to Minn. Stat. §340A.402.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

FOR BACKGROUND USE ONLY:

Form to RFPD: _____

No Disqualifying History

Disqualifying History Exists

Completed by _____ Date Processed _____



Exhibit 7-1

**DATA PRACTICES ADVISORY
(Tennessee Warning)**

Some or all of the information you are asked to provide on the attached form is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is: _____

You are are not legally required to provide this information.

If you refuse to supply the information, the following may happen: _____

Other persons or entities authorized by law to receive this information are: _____

📖 **ALCOHOLIC BEVERAGES LICENSING AND REGULATION**

Section

General Provisions

- [5.01](#) Definitions
- [5.02](#) Applications and licenses under this chapter - procedure and administration
- [5.03](#) Renewal license applications
- [5.04](#) Delinquent taxes and charges
- [5.05](#) Conditional licenses
- [5.06](#) Limitation on ownership
- [5.07](#) Premises licensed
- [5.08](#) Unlawful acts
- [5.09](#) Conduct on licensed premises
- [5.10](#) Sale by employee
- [5.11](#) License condition and unlawful act
- [5.12](#) License fees and refunds
- [5.13](#) Financial responsibility of licensees
- [5.14](#) Insurance certificate requirements
- [5.15](#) Minors, as defined in § [5.01](#) - unlawful acts
- [5.16](#) Gambling prohibited
- [5.17](#) Consumption and possession of alcoholic beverages on city parks, city streets, public property and private parking lots to which the public has access
- [5.18](#) Alcoholic beverages in certain buildings and grounds
- [5.19](#) Alcoholic beverages - certain unlawful acts
- [5.20](#) Worker's compensation
- [5.21](#) Liqueur-filled candy