



Minnesota Department of Public Safety
LIQUOR CONTROL DIVISION
 444 Cedar St., Suite 100 I., St. Paul, MN 55101-2156
 Fax (612)297-5259
 (612)296-6434 TTY (612)282-6555



APPLICATION FOR COUNTY ON-SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received by MN Liquor Control.

Workers Compensation Insurance Company _____ Policy # _____
 LICENSEE'S SALES & USE TAX ID # _____ To apply for sales tax number, call 296-6181 or 1-800-657-3777

Applicant's name (Business, partnership, corporation)		DBA or trade name		
License address		Business phone		Applicant's home phone
City	County	State	Zip Code	License period From _____ To _____

Give name, residence, title and age for all partners, or the officers and directors of a corporation. Also, state the partnership interest of each partner and for a corporation the percent of stock held by each officer.

Name		Title	DOB	Percent stock or partnership interest	
Address		City			State
Name		Title	DOB	Percent stock or partnership interest	
Address		City			State
Name		Title	DOB	Percent stock or partnership interest	
Address		City			State

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of corporation			If a subsidiary of another corporation, give name	

1. Describe premises to be licensed (location, facilities). _____

Floor establishment is located on	Seating capacity	Hours food will be available	Number of people restaurant employs
Number of months per year establishment will be open		Name of manager	

2. If this restaurant is in conjunction with any other business (resort, etc.), describe the business. _____
3. Name the nearest municipality in which On Sale licenses are issued. _____
4. Has applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? Yes No If yes, give date, charges and final outcome. _____
5. Is the applicant or any of the associates in this application a member of the County Board in which the license will be issued?
 Yes No If yes, in what capacity? _____
 (If the applicant for this license or any of the associates is the spouse of a member of the governing body or where a family relationship exists, the member shall not vote on this application.) (PS 9015-94)

