CITY OF COLUMBIA HEIGHTS
590 N.E. 40th Avenue
Columbia Heights, MN 55421
License Dept. 763-706-3678

APPLICATION-PART 1
BEER, WINE, LIQUOR SALES

PART 1: GENERAL INFORMATION (Check all that apply) NOTE: Businesses that provide wine and beer must obtain a license for both).

Beer: Brew Pub/Taproom: Liquor: Wine:
Off Sale __________ On Sale __________ On Sale Liquor __________ On Sale __________
On Sale __________ Off Sale __________ Club On Sale __________
Temporary On Sale Beer __________

On Sale __________ Off Sale __________
Club On Sale __________
Temporary On Sale Liquor __________

If Temporary-Dates of Licensing: ________________________________

ADDRESS FOR WHICH APPLICATION IS MADE: ______________________________________

Does this include a patio/outdoor seating area adjacent to the building: _______yes _______no. If so, please include a sketch of area to be included in the license area.

NAME OF OPERATION AT ABOVE ADDRESS: ______________________________________

Is applicant an ______Individual ______Partnership ______Corporation ______Other Organization

Name of individual, partnership, corporation or other form of organization making application: _____________________________________________________________

Address: ____________________________________________________________________________________________

Phone Number: ______________________________________________________________________________________

If incorporated, state of incorporation: ____________________________________________________________________

*Please attach a copy of Certificate of Incorporation or other documentation of legal status.

MN Tax ID # __________ Fed ID # __________ SS# (If Individual) __________

In the case of a partnership, corporation or other form of organization, please provide names of each officer, director and partner:

____________________________________________________________________________________________

____________________________________________________________________________________________

List the nature of any other business to be operated in conjunction with the sale of beer, wine or liquor:

____________________________________________________________________________________________

Is applicant the owner/operator of such other business, and if so, the length of time in such business:

____________________________________________________________________________________________

Have all real estate taxes and local assessments that are due and payable for the premises to be licensed been paid?

____yes ____no If no, list the years and amounts which are unpaid. __________________________________________

Is applicant or any member of partnership, officer/directors of corporation or other organization a holder of a federal retail liquor dealer’s special tax stamp? ______Yes, ____No. If yes, name of holder: __________________________


In the case of a temporary license, please provide the following:

1. Date of Event

2. Include a site plan of the area where sales will occur indicating the size, location and nature of the premises planned to be used along with a depiction of its relationship to the adjacent premises.

3. A statement from property owner granting permission to applicant for use of the premises on which the stated activity is proposed.

4. Full legal name of person in charge of event, if not applicant. Include date of birth, and full address and phone number.

In the case of an On Sale Club license, please provide the following:

1. Certified copy of By-Laws of the club, including a definition of the word “member”.

2. List of membership.

3. Copy of Charter.

4. List of corporate officers, board of directors and manager.

5. Copy of lease agreement or Statement of Ownership of premises where license to be held.

An applicant for an on-sale wine or liquor license shall submit a floor plan of the dining room(s) which shall be open to the public, shall show dimensions, and shall indicate the number of persons intended to be served in each of said rooms.

All renewals for an existing on-sale wine or liquor license (exception: Club Liquor) must submit with this application a statement prepared by a certified public accountant that shows the total gross sales and the total food sales of the restaurant/hotel for the twelve-month period immediately preceding the date for filing renewal applications.

SUNDAY LIQUOR SALES INFORMATION (NOT APPLICABLE TO BEER OR WINE):

Establishments to which on-sale liquor or on-sale Club liquor licenses have been issued may serve intoxicating liquors in conjunction with the serving of food between the hours of 10:00 a.m. and 1:00 a.m. on Sundays provided that such establishment is in conformance with the Minnesota Clean Air Act. Such license must coincide with the dates of applicant’s intoxicating liquor license.

APPLICATION ACKNOWLEDGMENT:

If the application is by a natural person, it shall be signed and sworn to by such person; if by a corporation or other organization, by an authorized representative of the same.

All information presented with this application is true and correct and no other persons than those named in the application have any interest in the management and control of such business. I herein consent to any and all investigations the City deems appropriate in the processing of this application.

APPLICANT’S SIGNATURE: ___________________________________________ Date: ______________

Witnessed By: __________________________________________________________ Date: ______________

*Liquor Liability Insurance must be provided by all applicants with this application in Certificate of Insurance form and must have a thirty (30) day written notification to the City prior to cancellation. Term of Insurance coverage must follow the license year of January 1 through December 31 of each year or state that the coverage is continuous until canceled.*
PART 2: APPLICANT INFORMATION (to be completed by applicant, and each officer, director and partner):

Full legal name of applicant: ______________________________________________________
(First)                      (Middle Name)                      (Last)

Has applicant ever used or been known by a name other true name? ___Yes ___No. If Yes, what was such name or names and provide information concerning dates and places where used.

Social Security Number:______________________________________ (Required for background check)

Is applicant a citizen of the United States? ___Yes ___No
Is applicant a resident alien? ___Yes ___No

Is applicant married? ___Yes ___ No
If yes, provide full legal name of spouse:
(First)                                        (Middle)                      (Maiden Last Name) (Last)

Applicants residence street address: ________________________________________________________________________
City: _____________________________________________State _____________________________Zip_______________
Residence telephone with area code:___________________________________Place &Date of Birth: ___________________
Length of time at above address: __________________________________________________________________________

Spouse’s residence street address: ________________________________________________________________________
City: _____________________________________________State _____________________________Zip________________
Residence telephone with area code:___________________________________Place &Date of Birth: ___________________
Length of time at above address: __________________________________________________________________________

Please list residence street addresses applicant and spouse have lived during the preceding ten years: _____________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Please list business/occupation applicant has been engaged in during the preceding ten years:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Please list business/occupation spouse has been engaged in during the preceding ten years:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Name and address of applicant’s employers and partners, if any, for the preceding ten years:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Name and address of spouse’s employers and partners, if any, for the preceding ten years:
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________
_____________________________________________________________________________________________________

Has applicant ever been convicted of any felony, crime, or violation of any ordinance other than traffic? ___Yes ___No
If yes, furnish information as to the time, place and offense for which convictions were had.:
Has applicant’s spouse ever been convicted of any felony, crime or violation of any ordinance other than traffic? ___Yes ___No
If yes, furnish information as to the time, place and offense for which convictions were had.
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Has applicant ever been engaged as an employee or in operating a bar, saloon, hotel, restaurant, café, tavern or other business of a similar nature? ___Yes ___No
If Yes, applicant shall furnish information as to the time, place and length of time.
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Has applicant’s spouse ever been engaged as an employee or in operating a bar, saloon, hotel, restaurant, café, tavern or other business of a similar nature? ___Yes ___No
If Yes, furnish information as to the time, place and length of time.
____________________________________________________________________________________________________
____________________________________________________________________________________________________

Has applicant ever been in military service? ___Yes ___No
If yes, applicant shall attach DD/214 form.

Provide three character references located within the State of Minnesota (Name, address and telephone):
____________________________________________________________________________________________________
____________________________________________________________________________________________________
____________________________________________________________________________________________________

All information presented with this application is true and correct and no other persons than those named in the application have any interest in the management and control of such business. I herein consent to any and all investigations the City deems appropriate in the processing of this application.

APPLICANT’S SIGNATURE: ______________________________________ Date: ______________________
Witnessed By: ____________________________________________ Date: ______________________
NOTICE

The data requested of you will be used in considering your application for said license and will be disseminated to the public. You are not legally required to allow the City of Columbia Heights to obtain the data, however, failure to supply said data may result in disapproval of your application. Further, the City of Columbia Heights may receive from other governmental agencies, including but not limited to the Bureau of Criminal Apprehension, Minnesota Department of Public Safety, data relating to the consideration of your application. Said data may be classified pursuant to Minnesota Statute #15.162 et. seq. as private and therefore, cannot be released to the public without your written consent.

WAIVER

I have read the above and understand that any data concerning my application which is classified as private pursuant to Minnesota Statute #15.162, et. seq. may not be released to the public without my permission. I also understand that said data must be considered by the Columbia Heights City Council at a public meeting in considering my license application and, accordingly, will be publicly disseminated. Therefore, I hereby authorize the release of all of said data by the Columbia Heights City Council or agents or employees thereof at any City Council meeting at which my license application is considered. Said information shall not be released if I withdraw my license application by personally serving written notice of said withdrawl upon the Columbia Heights City Manager prior to said Council meeting.

DATE______________________________ SIGNATURE _______________________
Witness Signature:_________________________________
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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers’ compensation insurance coverage requirements 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 retained in their files.

This information is required by law, and license 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 $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Co Name_____________________________________________________

NOT the Insurance Agent

Policy Number ________________________________________________________

Date of Coverage _______________ to ________________________________

I am not required to have workers compensation liability coverage because:

(  ) I have not 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 _______________________________________________________________

Doing Business as _____________________________________________________

   Business name if different than your name

Business Address ____________________________________________________

City, State, Zip ______________________ Phone __________________________

Signature ________________________________ Date ________________________
Fill out the application in its entirety. There have been some minor changes to the application.

1. Application Part 1-Must include MN ID # and Fed ID # or SS# if Individual
2. Application Part 2
3. Worker’s Compensation Affidavit
4. Waiver Notice
5. Copy of Corporate Papers or Partnership Agreement
7. Sketch of the licensed area (Including outdoor seating area). Include dimensions & approx number of seating.
8. Auditor’s Statement proving 60% food sales (for Wine and Liquor Licenses) (Exception: Club Liquor Licenses).
9. Copy of Restaurant License from Anoka County (for Wine and Liquor License holders).
10. Copy of “Best Practices Application”.

RETURN FORMS TO LICENSING OFFICE NO LATER THAN ________________________________.