Minnesota Department of Public Safety
Alcohol and Gambling Enforcement division
445 Minnesota Street, Suite 1600 St. Paul, MN 55101
Phone 651-201-7507 TDD 651-282-6555
dps.mn.gov/divisions/age

Application for county on sale intoxicating liquor license

No license will be approved or released until MN Alcohol and Gambling Enforcement receives the $20 retailer ID card fee

Workers compensation insurance company name	Policy number
Licensees Minnesota sales and use tax ID number	Licensees federal tax ID number

Legal entity name as it appears with the Minnesota secretary of state	DBA doing business as

Business physical address - street, city, state, zip code	County	Business phone

Mailing address if different from physical address - street, city, state, zip code	License period From: To:

Is this application new ◯ Yes ◯ No	Applicant contact name	Yearly license fee required by county
Applicant email address		Applicant home or cell number

Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.

Partner or officer name and title 1	Home address 1	Percent 1	Date of birth 1	Phone number 1
Partner or officer name and title 2	Home address 2	Percent 2	Date of birth 2	Phone number 2
Partner or officer name and title 3	Home address 3	Percent 3	Date of birth 3	Phone number 3
Partner or officer name and title 4	Home address 4	Percent 4	Date of birth 4	Phone number 4

Date of incorporation	State of incorporation	Certificate number	Is the corporation authorized to do business in the state of Minnesota ◯ Yes ◯ No
Purpose of corporation		If a subsidiary of another corporation, give name.	
Describe the premises to be licensed			

Floor establishment is located on	Number of restaurant employees	Seating capacity	Hours food will be available

Number of months per year establishment will be open	Name of manager	Manager phone number

If the restaurant is in conjunction with another business, resort, etc., describe business

Name the nearest municipality on sale licenses are issued

Yes No Has applicant, partners, officers or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity?

(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application)

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

Yes No During the past license year, has a summons been issued under the liquor civil liability, Dram Shop, Minnesota statute 340A.802. If Yes, attach copy of the summons.

Yes No Will you serve liquor on Sunday? If yes, amount of Sunday license fee.

Yes No Is this establishment located in an organized township? If so, attach township approval.

Yes No Has a restaurant license been issued by the state or local health department for this establishment?

I certify that I have read the above questions and that the answers are true and correct to the best of my knowledge.

Print name of applicant	Signature of applicant	Date of applicant signature

The licensee must have one of the following. Check one.

Liquor liability insurance (Dram shop) - $50,000 per person, $100,000 more than one person, $10,000 property destruction, $50,000 and $100,000 for loss of means of support. **Attach certificate of insurance to this form.**

A surety bond from a surety company with a minimum coverage as specified above.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of $100,000 or $100,000 in cash or securities.

If license is issued by the county board, report of county attorney

◯Yes ◯No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

If no, state reason.

Signature of county attorney	Print name of county attorney	County of attorney	Attorney signature date

Report by the police or sheriffs department

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years of any violation of laws of the state of Minnesota, or municipal ordinances relating to intoxicating liquor, except as follows:

Police department or sheriffs signature	Printed name of police or sheriff	Title	Signature date

Important notice

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.

For information call 513-684-2979 or 1-800-937-8864

A $30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of $100.00 or 100 percent of the value of the check, whichever is greater, plus interest and attorney fees.