

# 3.2 Percent Malt Liquor License Application

Part I – General

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of license  On sale  On sale club  Off sale  
 On sale 2 a.m. closing option  Off sale 2 a.m. closing option

2. Type of applicant  Individual (7)  Corporation (9a, 9b, 9c)  Club (10a, 10b)  
 Partnership (8)  Other organization (9a, 9b, 9c)

3. Legal name of licensee (individual, partnership, corporation, organization or club) \_\_\_\_\_

4. Business name \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
 Address \_\_\_\_\_  
Street City State Zip

If business is to be conducted under a designation, name or style other than the name of the applicant, **attach** a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.

**Attach** a list of owners and their respective percentages totaling 100 percent.

5. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72) \_\_\_\_\_ Applicant's Social Security Number \_\_\_\_\_  
 Federal Business Tax ID Number \_\_\_\_\_

6. Proof of **Workers' Compensation Insurance Coverage:**  
 Insurance company name \_\_\_\_\_ Dates of coverage \_\_\_\_\_  
 Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) \_\_\_\_\_  
 I am **not** required to have workers' compensation liability coverage because  
 I have no employees covered by the law  Other (Specify on the reverse side.)

**NOTICE: You must apply for and obtain a federal liquor dealer's Special Tax Stamp issued by the U.S. Bureau of Alcohol, Tobacco and Firearms. This excludes a bottle club license.**

## Section 1: Type of applicant

Complete only one number in this section. Refer to question 2 for type of applicant.

7. **Individual** If applicable, complete this question and a Part II Personal History form. Then proceed to Section 2.

**Full name** \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Business address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

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**8. Partnership** *If applicable, complete this question for general and limited partners, then proceed to Section 2. A Part II Personal History form is required from each general partner.*

**Full name** \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Business address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Full name** \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Business address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Attach** a copy of the partnership agreement.

**9a. Corporation/other organization** *If applicable, complete questions 9a, 9b and 9c, then proceed to Section 2.*

Name \_\_\_\_\_ State of incorporation/association \_\_\_\_\_  
Last First Full middle

Bloomington address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Home office address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**9b. Officers of corporation/other organization** *A Part II Personal History form is required from each officer.*

**President**

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Vice President**

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Secretary**

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Treasurer**

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**9c. All persons who singly or together with their spouse and parents, brothers, sisters or children, own or control an interest in said corporation/other organization in excess of five(5) percent.** *A Part II Personal History form is required from each individual.*

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

**Attach** a copy of the Certificate of Incorporation; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

**10a. Club/bottle club** *If applicable, complete questions 10a and 10b.*

|   |  |                         |
|---|--|-------------------------|
| Club name _____                             | Date club was first organized _____    | Number of members _____ |
| Place of such organization _____            | Date club was first incorporated _____ |                         |
| Name of establishment or serving club _____ | Date established _____                 |                         |

**10b. Officers, Executive Committee members and Board of Director members**

|   |                       |
|---|-----------------------|
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |

**Attach** a copy of Articles of Incorporation, and a copy of by-laws of the club.

**A sworn statement** that the club has been in existence for at least three years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

**Section 2: Persons in charge of licensed premises**

*All applicants complete this section.*

*The Part II Personal History must be completed and filed with this application by each person in this section.*

**11. General manager, proprietor, food/beverage manager, managing partner or other individual in charge of the licensed premises.**

|   |                       |
|---|-----------------------|
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |
| Full name _____<br><small>Last First Full middle</small>        | Position _____        |
| Residence address _____<br><small>Street City State Zip</small> | Phone ( _____ ) _____ |

**12. Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee?** *Refer to City Code, Section 13.01.*  Yes  No

**Section 3: Building ownership**

*All applicants complete this section.*

**13a. Is building where licensed business will be located owned by applicant** (individual, partnership, corporation or other organization)?  Yes, complete question 13a-e.  No, proceed to question 14.

Date purchased \_\_\_\_\_ Purchase price \$ \_\_\_\_\_ Down payment \$ \_\_\_\_\_

Name of person purchased from \_\_\_\_\_

Address of above person \_\_\_\_\_  
Street City State Zip

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13b. Is there a mortgage?  Yes  No Amount \$ \_\_\_\_\_

Mortgage holder \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Term of mortgage \_\_\_\_\_ Rate of interest \_\_\_\_\_

13c. Is there a contract for deed (C.D.)?  Yes  No Amount \$ \_\_\_\_\_

C.D. holder \_\_\_\_\_

Address \_\_\_\_\_

Term of C.D. \_\_\_\_\_ Rate of interest \_\_\_\_\_

13d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated. \$ \_\_\_\_\_

13e. Are the payments on the mortgage and/or C.D. up-to-date?  Yes  No

14. Is building where licensed business will be located owned by someone other than the applicant?  Yes, complete question 14.  No, proceed to question 15.

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Business address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Attach a copy of the lease agreement.

15. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Nature and amount of ownership, terms for payment or reimbursement. \_\_\_\_\_

Full name \_\_\_\_\_  
Last First Full middle

Residence address \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_  
Street City State Zip

Nature and amount of ownership, terms for payment or reimbursement. \_\_\_\_\_

**Section 4: Business assets**

All applicants complete this section.

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. *Loans or extensions of credit provided to fund opening investment require submission of credit approval documentation. If acquiring an existing business, attach copy of purchase agreement. Round balances to the nearest hundred dollars.*

**14. Uses of funds**

Operating capital for daily needs \$ \_\_\_\_\_  
*Opening checking account balance, cash register balances, funds to carry average accounts receivable and prepaids; i.e. insurance, rent.*

Merchandise/inventory for resale \$ \_\_\_\_\_

Business property:

(a) Land and buildings \$ \_\_\_\_\_  
*Enter zero, if rented.*

(b) Equipment and furnishings \$ \_\_\_\_\_

Other uses of funds, if any  
*Describe each below.*

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REQUIREMENTS** \$ \_\_\_\_\_  
 Must equal total of column "15"

**15. Sources of funds**

Indebtedness owed to seller \$ \_\_\_\_\_  
*Seller provides portion of financing to acquire existing business after the closing date.*

Loans from financial institutions \$ \_\_\_\_\_

Loans from relatives \$ \_\_\_\_\_

Loans from other individuals \$ \_\_\_\_\_

Other outside sources, if any  
*Describe each below.*

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

Opening investment by owners:

(a) Individual  
*Sole Proprietorship* \$ \_\_\_\_\_

(b) Two Or More Individuals  
*Partnership* \$ \_\_\_\_\_

(c) Stockholders *For issuance of stock and for capital contributed, if any.* \$ \_\_\_\_\_

**TOTAL SOURCES AND INVESTMENT** \$ \_\_\_\_\_  
 Must equal total of column "14"

*Ownership by only one individual (Sole Proprietorship) requires submission of personal financial statement, including annual income details, and most recently submitted federal income tax return.*

*Ownership by two or more individuals (Partnership) requires each individual submit personal financial statement, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.*

*Ownership by a corporation requires submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return. (If no audit is completed, include unaudited financial statements.)*

**Section 5: Premises**

All applicants complete this section.

If the premises is planned, under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building and Inspection Division of the Department of Community Development, no additional plans need be filed.

16. **Legal description of premises to be licensed.** Submit survey showing dimensions, building locations, street access, parking facilities and location.

\_\_\_\_\_  
\_\_\_\_\_

17. **State the floor number, general area and all rooms where intoxicating liquor is to be sold and consumed.** Attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms.

\_\_\_\_\_

18. **How is the premises zoned under the Bloomington Zoning Ordinance?** \_\_\_\_\_

19. **Are any real estate taxes, personal property taxes, special assessments or other financial claims of the state, county, School District or City of Bloomington delinquent or unpaid for the premises to be licensed?** If yes, give years and unpaid amounts.  Yes  No

\_\_\_\_\_  
\_\_\_\_\_

**Notice:** In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.

20. **Does the applicant currently hold an off sale intoxicating liquor license?**  Yes  No

**Notice and notarized signature**

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Bloomington a copy of *Bloomington City Code, Chapter 13* (Alcoholic Beverage Control Ordinance) and *Bloomington City Code, Chapter 4, Article II* (Tax on Retail On-Sales of Intoxicating Liquor) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Bloomington to investigate and make whatever inquiries that are necessary to verify the information provided.

**X** \_\_\_\_\_  
Applicant signature

Subscribed and sworn to before me, a  
Notary Public, on this \_\_\_\_\_ day  
of \_\_\_\_\_ 20 \_\_\_\_\_.  
Commission expires on \_\_\_\_\_.

\_\_\_\_\_  
Notary signature