

Intoxicating Liquor or Wine License Renewal Application

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
- | | | | | |
|--|--|---|--|------------------------------------|
| <input type="checkbox"/> On sale: | <input type="checkbox"/> Restaurant | <input type="checkbox"/> Hotel/motel | <input type="checkbox"/> Bowling center | <input type="checkbox"/> Nightclub |
| <input type="checkbox"/> Taproom | <input type="checkbox"/> On sale club | <input type="checkbox"/> On sale Sunday | } On sale cannot apply to off sale or bottle club | |
| <input type="checkbox"/> Cocktail Room | <input type="checkbox"/> On sale wine, includes Sunday | <input type="checkbox"/> Off sale | | |
| <input type="checkbox"/> On sale 2 a.m. closing option | <input type="checkbox"/> Bottle club | | | |

2. Type of applicant
- | | | | | |
|-------------------------------------|--------------------------------------|-------------------------------|--------------------------------------|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Corporation | <input type="checkbox"/> Club | <input type="checkbox"/> Partnership | <input type="checkbox"/> Other organization |
|-------------------------------------|--------------------------------------|-------------------------------|--------------------------------------|---|

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

Address _____ Phone (_____) _____
Street City State Zip

4. Business name _____ Phone (_____) _____

Address _____
Street City State Zip

5. Minnesota Business Tax ID Number
 (Per Minnesota Statute 270C.72) _____

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.)

Section 1: Building/premises

All applicants complete this section.

7. Since the license was last issued, have there been any **changes in the ownership of the building where the licensed establishment is located?** Attach a copy of the lease agreement. Yes No

If yes:

Building owner _____ Phone (_____) _____

Business address _____
Street City State Zip

8. Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.

 Attach a drawing, if necessary.

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9. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	State withholding taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real estate taxes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	City utility bills	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Special assessments	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

10. During the past license year, has a summons been issued under the Liquor Civil Liability (Dram Shop) Law? If yes, attach a copy of the summons pursuant to Minnesota State Statute 340A.802.

Yes No

11. Are there any changes in (a) finance or interest in premises; (b) contracts between the applicant and any persons, partnerships, corporations; or (c) any new loans since the license was last issued? If yes, explain.

Yes No

12. If necessary, where do you store the intoxicating liquor/wine off the licensed premises?

List warehouses and addresses in Bloomington and any other municipality. (Does not apply to bottle club.)

Section 2: Employees

13. General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premises.

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

Section 3: Type of applicant

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

14. Partnership If applicable, complete this question for general and limited partners.

Name _____ <small>Last First Full middle</small>	Phone (_____) _____
Residence address _____ <small>Street City State Zip</small>	
Name _____ <small>Last First Full middle</small>	Phone (_____) _____
Residence address _____ <small>Street City State Zip</small>	
Name _____ <small>Last First Full middle</small>	Phone (_____) _____
Residence address _____ <small>Street City State Zip</small>	

15. Corporation/club/other organization officers

Attach a list of directors and stockholders and, if applicable, complete question 19a and 19b.

President

Name _____ Phone (_____) _____
Last First Middle

Residence address _____
Street City State Zip

Vice President

Name _____ Phone (_____) _____
Last First Middle

Residence address _____
Street City State Zip

Secretary

Name _____ Phone (_____) _____
Last First Middle

Residence address _____
Street City State Zip

Treasurer

Name _____ Phone (_____) _____
Last First Middle

Residence address _____
Street City State Zip

Section 4: Off sale intoxicating liquor

Fill out this section if applying for an off sale intoxicating liquor license.

16. Are deliveries made? If yes, state if delivery receipts are on file on the licensed premises and how long the receipts are kept.

Yes No

Street City State Zip

17. Do you hold an interest of ten (10) percent or more in any other liquor establishment in the State of Minnesota? If yes, give name of establishment and location.

Yes No

Section 5: On sale club licenses

18. How many members are in the club? _____

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