

ANOKA COUNTY

Property Records & Taxation, Vital Records

2100 3rd Ave N, Suite 119, Anoka MN 55303

TEL: 763-324-1360 FAX: 763-324-1010

Combination Application for Retailer's 3.2 Malt Liquor License

On-sale Off-sale

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Licensee's Sales & Use Tax ID # _____ To apply for MN sales tax number call 651-296-6181

Licensee's Federal Tax ID # _____

Applicant's name (Business, Partnership, LLC, Corporation)		DOB	Social Sec #	DBA or trade name	
License address		Business phone		Applicant's home phone	
City		County		State	Zip code
Is this application New Renewal Transfer		If a transfer, give name of former owner		Licensed period (7/1 to 6/30 annually) From To	
Give full name, residence, DOB, Social Security #, title and age for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.					
Name		Social Sec #		Title	DOB
Address		City, State			Zip code
Name		Social Sec #		Title	DOB
Address		City, State			Zip code
Name		Social Sec #		Title	DOB
Address		City, State			Zip code

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? YES NO
Purpose of corporation		If a subsidiary of another corporation, give name and address of Parent Corporation	

BUILDING AND RESTAURANT

Name of building owner		Owner's address			
Are Property Taxes delinquent? YES NO	Has the building owner any connection, direct or indirect, with the applicant? YES NO		Restaurant seating capacity		
Hour's food will be avail.	No. of people restaurant employs	No. of months per year restaurant will be open		Will food service be the principle business NO YES	

Describe the premises to be licensed

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

OTHER INFORMATION

1. Is the applicant or any of the associates in this application a member of the county board or the township board, which will issue this license?
YES NO
2. During the past license year has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A802).
YES NO If yes, attach a copy of the summons.

3. Has the applicant or any of the associates in this application been convicted during the past five years of any violation of federal, state or local liquor laws in this state or any other state? YES NO If yes, give date and details.

4. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? YES NO If yes, give names and details. _____

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

- ❖ I will comply strictly with the provisions of the ordinance relating to the sale of soft drinks for "mixing" purposes and will serve patrons in full view of the public.
- ❖ I agree to waive my Constitutional Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance (resolution) providing for the granting of this license.
- ❖ I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Subscribed and sworn to before me this _____

Signature of Applicant

day of _____, 20____

Public Notary

The Licensee must have one of the following:

CHECK ONE

A. Liquor Liability Insurance (Dram Shop) - at a minimum \$300,000 per person; \$300,000 more than one person; \$300,000 property destruction; \$300,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.

Or

B. A Surety bond from a surety company with minimum coverage's as specified above in A.

Or

C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$300,000 or \$300,000 in cash or securities.

REPORT BY ANOKA COUNTY ATTORNEY'S DEPARTMENT

I certify that to the best of my knowledge the applicants named above are eligible to be licensed. YES NO If no, state reason.

Signature County Attorney

Title

Date

REPORT BY ANOKA COUNTY SHERIFF'S DEPARTMENT

I certify that to the best of my knowledge, the applicants named above have not been convicted within the last five years for any violations of Sate Law or municipal ordinance relating to the sale of liquor, except as follows:

Signature Sheriff

Title

Date

APPROVAL BY TOWN BOARD

It is hereby certified that the Town Board of _____ in Anoka County, MN by resolution on the _____ day of _____, 20____, did consent to the issuance of the license applied for in the within application. Town Board approval attached if not signed below.

Chairman

Town Clerk

Date

IMPORTANT NOTICE

No County Board shall issue license for sale in any Town without the consent of the Town Board of such Town, and no Town Board shall consent to the issuance of any license without the written recommendation of the County Attorney and the Sheriff.

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS ISSUES THIS STAMP. FOR INFORMATION CALL 651-726-0220.