CITY OF WOODBURY

DEPARTMENT OF ADMINISTRATION – CLERK DIVISION

8301 VALLEY CREEK ROAD, WOODBURY, MN 55125

Telephone: Jennifer Torning - 651-414-3471

Email: Jennifer.Torning@woodburymn.gov

Thank you for your interest in obtaining a liquor license from the City of Woodbury. Below are step-by-step instructions for completing the application. All application materials must be received before your application will be processed. You can expect the total processing time of your application to be approximately 60 to 90 days.

A. Background Investigation Fees and Annual Liquor License Fees

A background investigation fee is due at the time of the application. The fee is:

- $500 for intoxicating liquor licenses; or
- $250 for 3.2% Malt Liquor: On-Sale and Off-Sale

The City of Woodbury liquor license year runs April 1 – March 31. Your license fee will be prorated based on the number of months your license is to be in effect. The City Clerk will advise you of the amount due after your application has been turned in and you will be required to submit the payment upon demand.

For your information, the annual fees are as follows:

• On-Sale Intoxicating	$10,000
• On-Sale Sunday Sales	$ 200
• On-Sale Wine and Beer	$ 2,000
• On-Sale Culinary Class	$ 100
• Off-Sale Intoxicating	$ 200
• 3.2% Malt Liquor – On-Sale	$ 500
• 3.2% Malt Liquor – Off-Sale	$ 100

B. Upon receipt of the application materials, the City Clerk, Woodbury Public Safety and City Attorney will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed.

C. After review of the materials, a public hearing date will be set and property owners within a five hundred foot radius of the establishment will be notified of the hearing. A notice will also be published in the Woodbury Bulletin (the City's designated newspaper for official publications). You, or your General Manager, should plan to attend the City Council public hearing.

D. If the Woodbury City Council approves your license, you should expect the following:

1. For ***On-Sale Intoxicating and On-Sale Sunday Sales, On-Sale Culinary Class, 3.2 Malt Liquor On-Sale and Off-Sale:*** *Once the City Council approves your liquor license*, the City Clerk will mail the liquor license to you.

2. For ***On-Sale Wine and Off-Sale Intoxicating liquor licenses***: Once the City Council approves your liquor license, the MN Department of Public Safety Alcohol and Gambling Enforcement is required to approve your license. The City Clerk will provide your liquor license materials to the State. Before the State approves your On-Sale Wine or Off Sale Intoxicating liquor license, you are required to contact the State to **arrange an inspection of the premises** at https://dps.mn.gov/divisions/age/alcohol/Pages/default.aspx.

E. Once your liquor license has been issued, it is your responsibility to contact the City Clerk with any management changes as these individuals will be required to submit a Part II application along with required documents.

F. If there is a building enlargement, alteration or extension of the premises, a fee of $50 is required. Please contact the City Clerk for further details.

G. Additional information:

- Liquor License applications - www.woodburymn.gov
- City Code – Chapter 4 Alcoholic Beverages - www.woodburymn.gov
- Minnesota State Statute – Liquor Laws – www.leg.state.mn.us
- City of Woodbury Building Inspections: 651-714-3543
- City of Woodbury Community Development 651-714-3533
- City of Woodbury Notary Public Services City Hall - Admin. Dept.

H. Questions regarding liquor license process: Jennifer Torning Administrative Technician II
Jennifer.Torning@woodburymn.gov
651-414-3471

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License_____ License Period From:_____ To:_____

Circle One: New License License Transfer_____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee:$_____ Sunday License fee: $_____ 3.2% On Sale fee: $_____3.2% Off Sale fee: $_____

Licensee Name:_____ DOB_____ Social Security #_____
(corporation, partnership, LLC, or Individual)

Business Trade Name_____ Business Address_____ City_____

Zip Code_____ County_____ Business Phone_____ Home Phone_____

Home Address_____ City_____ Licensee's MN Tax ID #_____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID #_____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:
1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name:_____ Policy #_____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
City Clerk or County Auditor Signature_____ Date_____
(title)

On Sale Intoxicating liquor licensees must also purchase a $20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

(Form 9011-5/06)

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
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE

PLEASE RETURN THIS APPLICATION WITH FEE $20.00

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Authorized Signature

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION - CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-414-3471

NEW LIQUOR LICENSE APPLICATION
CITY OF WOODBURY, MINNESOTA

PART I – GENERAL INFORMATION

Directions: Fill out completely and legibly using typewriter or blue/black ink. Indicate if you are the individual, partner, corporation officer, association officer, or manager.

1. Name of applicant: (name of individual partnership, corporation, association, LLC etc.)

   _____

   Applicant address:_____

   Applicant City/State/Zip:_____

   Applicant Phone:_____

   Applicant Cell Phone:_____

   Email Address:_____

   Business Name/dba: _____

   Business Address: _____ Phone: _____

   Business Website:_____

   If business is to be conducted under a designation, name or style other than full individual names of the applicant, attach two copies of the trade name certificate, as required by *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.

2. Type of applicant:

   ____ Individual ____ Partnership ____ LLC
   ____ Corporation ____ Association or other: _____

3. Type of license applicant seeks:

   ____ On-Sale Intoxicating
   ____ On-Sale "Sunday Sales"
   ____ On-Sale Wine (includes Sunday)
   ____ On-Sale Club/Commercial Recreational Club
   ____ On-Sale Culinary Class
   ____ Consumption and Display
   ____ 3.2% Malt Liquor: On-Sale
   ____ 3.2% Malt Liquor: Off-Sale
   ____ Off-Sale Intoxicating
   ____ On-Sale Brewer Taproom
   ____ Off-Sale Small Brewer
   ____ Off-Sale Sunday Growler

INDIVIDUAL APPLICATION

Complete 5a, 5b, 5c, 5d, and proceed to question 9

5 (a). Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Business Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

How long have you been in business at this address: _____

(b). The full name, residence address and telephone number of the agent in charge of the individual owner's premises at such time as the owner is absent.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(c). The full name, address, and phone number of the assistant manager, food manager, and beverage manager.

Assistant Manager: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Food Manager: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Beverage Manager: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(d). ***A Part II – Personal History form must be completed and attached for each of the individuals in 5a, 5b, and 5c.***

PARTNERSHIP OR LLC APPLICATION

Complete 6a, 6b, 6c, 6d, and proceed to question 9

6 (a). If the applicant is a partnership or LLC state full names, residence and business addresses, phone numbers and interest of each member.

(1). Full Name: _____ Interest: _____%
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Business Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(2). Full Name: _____ Interest: _____%
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Business Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(If additional space is necessary, attach additional sheets.)

(b). The managing partner will be:

Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(c). Please attach one copy of the partnership or LLC agreement and one copy of the Certificate of Trade Name under provisions of *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.

(d). ***A Part II – Personal History form must be filled out and attached for each of the individuals listed in 6a and 6b.***

CORPORATION OR ASSOCIATION APPLICATION

Complete 7a, 7b, 7c, 7d, and proceed to question 9

7 (a). Full Name: _____ State of Incorporation/Association: _____
(First) (Middle) (Last)

Woodbury Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Home Office Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(b). The full names, residence address, and telephone number of all officers of said corporation/association:

President: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Vice President: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Secretary: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Treasurer: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

(c). The full names, residence address, and telephone numbers of all persons who singly or together with their spouses and his or her parents, brother, sister, or children own or control an interest in said corporation or association:

Full Name: _____ Interest: _____%
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Full Name: _____ Interest: _____%
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)
Full Name: _____ Interest: _____%
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)

(If additional space is necessary, attach additional sheets.)

(d). **ATTACH:**

1) One copy of Certificate of Incorporation or Organization
2) One copy of Articles of Incorporation, Partnership, Association, or LLC Agreement
3) One copy of By-Laws to the application
4) Foreign corporation shall attach one copy of Certificate of Authority, as described in *M.S.A. Chapter 303*

(e). **A Part II – Personal History form must be filled out and attached for individuals listed in 7b and 7c.**

CLUB APPLICATION

Complete 8a, 8b, 8c, 8d, and proceed to question 9

8 (a). If the applicant is a club, state name of club: _____
Date that the club was first incorporated: _____
Place of such organization: _____
Present number of members: _____

(b). The full names, positions, residence addresses, and phone numbers of all officers, executive committee members and member of board of directors:

Full Name: _____ Position: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)
Full Name: _____ Position: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)

(c). Attach one copy of the Articles of Incorporation and By-laws of the club.

(d). A sworn statement that the Club has been in existence for more than one year must be submitted. A person who has personal knowledge of the facts stated therein shall make the statement. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

(e). ***A Part II – Personal History form must be filled out and attached for the individuals listed in 8b.***

9. If the liquor premise is within 1,000 feet of a church or school structure, submit a plot plan, showing the dimensions, locations of the premise, street access, parking facilities, and the location and the distance of the closest point of the church structure of the closest public school.

_____

_____

_____

10. How is the premise zoned under the Woodbury zoning ordinance?

_____

11. State full names, residence and business addresses, and phone number of the owner (s) of the building wherein the licenses business will be located, if the owner is other than the applicant.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)
Full Name: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street)
_____
(City) (State) (Zip Code)

12. Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangements, such as, terms of the lease, monthly rental, renewal privileges, etc. **(One copy of the lease or purchase agreement shall be attached):**

_____

_____

13. If the building is owned by the individual applicant, partnership, corporation or association, state:
(a) Date Purchased: _____
(b) Name and address of person purchased from: _____
_____
(c) Purchased price: _____ Amount of down payment: _____
(d) Are there any delinquent payments on the mortgage and/or contract for deed? _____

ATTACH A COPY OF THE MORTGAGE OR CONTRACT FOR DEED.

14. Give full names, addresses, phone number of all persons, other than the applicant who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest, amount thereof, and the terms for the payment or other reimbursement. (This shall include, but not limited to, any lessees, lessors, 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: _____ Phone: _____
Address: _____
Nature of Interest, etc.: _____
_____

Full Name: _____ Phone: _____
Address: _____
Nature of Interest, etc.: _____
_____

If this application is for premises either planned, under construction, or undergoing substantial alternation, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or designs are on file with the manager of the building and the department of community development, no additional plans need be flied with this application.

15. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms):

_____
_____

16. What permits required by the Federal Government have been applied for or issued for the premises: In what name were these applied for or issued, and what is the nature of the permit:

_____
_____

17. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises. In what name were these applied for or issued, and what is the nature of the permit or license:

_____
_____

18. Are any real-estate taxes, personal property taxes, special assessments, or other financial claims of the City of Woodbury delinquent or unpaid for the premises to be licensed: ____ Yes ____ No

If yes, give details: _____
_____

19 (a). Are the premises located within 500 feet of any public school? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the public school). ____ Yes ____ No

(b). If the application is for a club, are the premises located within 500 feet of a church?
____ Yes ____ No

(c). Are the premises located within 500 feet of any church? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the church).
____ Yes ____ No

20. If the premise is a hotel or motel, is there a dining room, open to the general public, with a minimum floor area of 900 square feet seating a minimum of 30 persons, and are there a minimum of 50 guest rooms provided? ____ Yes ____ No

21. If the premise is a restaurant, is there a minimum floor area of 1200 square feet for dining, open to the general public, and provisions for seating a minimum of 50 persons at one time? ____ Yes ____ No

22. Names, residence addresses and phone number of two persons who have known the applicant for a period of two (2) years and who will vouch for sobriety, honestly, and general good character of the applicant.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

_____
(City) (State) (Zip Code)

23. List the following related to Insurance:

Name of Insurance Company: _____

Address: _____

Insurance Company Contact Person: _____

Phone:

_____

Type of Insurance coverage and amount:

_____

_____

A financial statement of net worth and a **short autobiography** must accompany this application for all persons who are required to complete a Part II Personal Information Form. (Except – Manager, Assistant Manager, Food Manager, and Beverage Manager provided these individuals are not partners officers of the corporation or do not hold an interest in excess of five (5) percent.)

****

Any falsification of answers to the above questions will result in denial of the application.

SIGNATURE OF APPLICANT: _____ DATE: _____

PRINT NAME: _____

NOTARY PUBLIC:

State of _____
County of _____

On this _____ day of _____, 20____, _____personally appeared before me,
_____ who is personally known to me,
_____ whose identity I verified on the basis of _____,
_____ whose identity I verified on the oath/affirmation of _____, a credible witness,
to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

_____ *Seal*
Notary Public

_____
My Commission Expires

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CITY CLERK DIVISION
JENNIFER TORNING– 651-414-3471

LIQUOR LIABILITY (DRAM SHOP) REQUIREMENTS:

Be advised that the State of Minnesota, Statute Section 340A.409 requires that every person, firm or corporation licensed to sell intoxicating and/or non-intoxicating liquor, On-Sale or Off-Sale, must "demonstrate proof of financial responsibility". The proof of financial responsibility can be shown by filing one of the following:

1. A certificate of insurance that there is in effect an insurance policy or pool providing coverage of at least:

- $50,000 of coverage because of bodily injury to any one person in any occurrence
- $100,000 of coverage because of bodily injury to two or more persons in any one occurrence
- $10,000 of coverage because of injury to or destruction of property of others in any one occurrence
- $50,000 of coverage for loss of means of support of any one person in any one occurrence
- $100,000 of coverage for loss of means of support two or more personas in any one occurrence.
- $50,000 for other pecuniary loss of any one person in any one occurrence, and $100,000 for other pecuniary loss of two or more persons in any one occurrence.

A liability insurance policy must provide that it may not be canceled for any cause, except for non-payment of premium, by either the insured or the insurer unless the canceling party has first given 30 days' notice in writing to the issuing authority of intent to cancel the policy.

2. A bond or surety company with minimum coverage as provided in 1 above (or)

3. A certificate of the commissioner of finance that the licensee has deposited with the commission of finance $100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of $100,000.

****Insurance certificates must have the licensed Corporation Name and DBA (Doing Business As), and the licensed business address listed on the certificate. The insurance expiration date must run concurrent with the license year (April 1 – March 31). Copies transmitted by fax machine are acceptable. Please fax to the attention of Jennifer Torning at 651-714-3529.****

Reset

Certificate of Compliance
Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code

County	Email address

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

☐ I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)

☐ I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)

☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	**Title**	**Date**

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

Tax Identification Form – City of Woodbury License Applicants

License Applicant:

Pursuant to "Minnesota Statute 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.

2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service.

3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application the City of Woodbury. Do not return to the Department of Revenue.

Name of Applicant: _____

Social Security Number:_____
(For individual business owner only, not partnership, corporation, etc.)

Type of Business_____

Minnesota Tax Identification Number:_____

Federal Tax Identification Number:_____

Signed by_____Date_____

Print Name of Person Signing_____

If a Minnesota Tax Identification Number is not required, please explain below:

_____
_____
_____

2019 Minnesota Statutes

270C.72 Tax Clearance; Issuance of Licenses - Subdivision 4 Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-414-3471

PART II - LIQUOR APPLICATION
PERSONAL HISTORY INFORMATION FORM

Directions: This form must be completed by the by **each** manager, proprietor or other person with management responsibilities for the premises.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
US Citizen: (circle one) Yes No	**Naturalized:** (circle one) Yes No	If yes, give date & place:	
Marital Status: (circle one) **Married** **Single** **Divorced**			
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter: Applicant is a registered voter: Yes No (circle one) If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

5. List the name, location, and type of business or occupation the applicant has been engaged in over the past ten (10) years. List most recent business first.
Name of business/occupation:
Location:
Street City State Zip Code
Years in business/occupation:
Person engaged in business/occupation:
If additional businesses – please write information on back.
6. List names, addresses and phone numbers of your employers for the past ten (10) years, list most recent employer first:
Name of Employer:
Company Name: Phone:
Address:
Street City State Zip Code
Contact person:
Name of Employer:
Company Name: Phone:
Address:
Street City State Zip Code
Contact person:
Name of Employer:
Company Name: Phone:
Address:
Street City State Zip Code
Contact person:
7. Have you been convicted as an adult within the last five years of any felony, gross misdemeanor, or misdemeanor violations of any state or federal statute or any local ordinance other than non-moving vehicle minor traffic offenses? Please exclude any juvenile or expunged cases. If yes, please list below:
Nature of conviction: Date:
Place of conviction:
Street City State Zip Code

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.
Signature of Applicant:
Subscribed and sworn before me a Notary Public On this_____ day of _____, 20_____ Notary Signature: _____ My commission expires on:_____ Seal

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-414-3471

PART II - LIQUOR APPLICATION
PERSONAL HISTORY INFORMATION FORM

Directions: This form must be completed by the sole owner, by **each** partner, by **each** officer, or director, proprietor or other person with management responsibilities for the premises, **by each** person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
US Citizen: (circle one) Yes No		**Naturalized:** (circle one) Yes No	If yes, give date & place:
Marital Status: (circle one) **Married** **Single** **Divorced**			
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter: Applicant is a registered voter: Yes No (circle one) If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

5. List the name, location, and type of business or occupation the applicant has been engaged in over the past ten (10) years. List most recent business first.

Name of business/occupation:

Location:

Street City State Zip Code

Years in business/occupation:

Person engaged in business/occupation:

If additional businesses – please write information on back.

6. List names, addresses and phone numbers of your employers for the past ten (10) years, list most recent employer first:

Name of Employer:

Company Name: Phone:

Address:

Street City State Zip Code

Contact person:

Name of Employer:

Company Name: Phone:

Address:

Street City State Zip Code

Contact person:

Name of Employer:

Company Name: Phone:

Address:

Street City State Zip Code

Contact person:

7. Have you been convicted as an adult within the last five years of any felony, gross misdemeanor, or misdemeanor violations of any state or federal statute or any local ordinance other than non-moving vehicle minor traffic offenses? Please exclude any juvenile or expunged cases. If yes, please list below:

Nature of conviction: Date:

Place of conviction:

Street City State Zip Code

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.
Signature of Applicant:
Subscribed and sworn before me a Notary Public On this_____ day of _____, 20_____ Notary Signature: _____ My commission expires on:_____ Seal

Department of Administration – Clerk Division – Licensing
8301 Valley Creek Road, Woodbury, MN 55125 - 651-414-3471
Jennifer.Torning@woodburymn.gov

Background Investigation Consent Release and Tennessen Warning Release Form:

This document is to be completed by the sole owner, by each partner, be each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has interest in a corporation or association in excess of five percent (5%)

As a Liquor License applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. Some information attained in such an investigation may be considered public data under the Minnesota Government Data Practices Act before or after the City Council acts to approve or deny the permit application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Personal Information – Please Print

First Name:	Middle Name:	Last Name:

Current Address (street address, city, state, zip code, and county)	Telephone Number

Alias Name(s)	Former Name(s)

Driver's License Number and State of Issuance	Date of Birth

Tennessen Warning: In connection with your request for a Liquor License, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a Liquor License within the City of Woodbury.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The consequences of refusing to supply the requested information is that your request for a Liquor cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a Liquor License within the City, unless the conviction is related to the matter for which the Liquor License is sought according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice. I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

_____ _____

Signature Date Signed

Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125

AUTHORIZATION TO RELEASE FINANCIAL RECORDS

I have applied to the City of Woodbury, Minnesota for a liquor license. Minnesota State Statute 340A.412, sub. 2, requires that the city conduct a financial investigation of each such applicant. I hereby authorize you to release and/or provide copies of all financial data created, stored, or maintained by your institution relative to my financial transactions, to the City of Woodbury, Department of Administration, Clerk Division.

Signature	Date
Printed Name	Social Security #
Street Address	Date of Birth
City State Zip	Telephone number

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555
www.dps.state.mn.us

Application for Optional 2 AM Liquor License

License type code: 2AM License Expiration Date_____ ID#_____
(For Office Use Only)

Licensee Name: _____

Trade Name: _____

Licensed Location Address: _____

City, State, Zip Code: _____

Business Phone: _____

If the above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name	(First Middle Last)	DOB	Social Security #	Home Address

Licensee must report previous 12 month on sale alcoholic beverage gross receipts by checking one of the boxes below. Next to the box you check is your 2 AM license fee. Make check payable to: **Alcohol and Gambling Enforcement Division (AGED).** Mail this application and check to : AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133.

☐ $300 2 AM license fee - Up to $100,000 in on sale gross receipts for alcoholic beverages
☐ $750 2 AM license fee - Over $100,000, but not over $500,000 in on sale gross receipts for alcoholic beverages
☐ $1,000 2 AM license fee - Over $500,000 in on sale gross receipts for alcoholic beverages
☐ $200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or Set Up license holders
☐ $200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

☐ Yes ☐ No Does your city or county licensing official allow the sale of alcoholic beverages until 2 AM?

City Clerk/County Auditor Signature_____ Date_____

(I certify that the city or county of _____ approves the sale of alcoholic beverages until 2 AM)

Licensee Minnesota Tax ID Number (Required)_____

Licensee Signature_____ Date_____
(I certify that I have answered the above questions truthfully and correctly)

Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.

(2AM-5/06)