



**INTOXICATING LIQUOR | BREWER/TAPROOM | 3.2 MALT LIQUOR
LICENSE APPLICATION**

Business Name: _____

1. APPLICANT INFORMATION

Applicant's Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

MN Driver's License No.: _____

Is this your permanent address? ☐ Yes ☐ No If no, please provide permanent address:

Permanent Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Cell Phone: _____

Email: _____

Are you a citizen of the U.S.? ☐ Yes ☐ No

Background Check Authorization Form Attached? (For new applicants only) ☐ Yes ☐ No ☐ Not Applicable

Does applicant currently hold a liquor or malt liquor license with the City of Delano? ☐ Yes ☐ No

2. TYPE OF APPLICATION ☐ New ☐ Renewal

INTOXICATING LIQUOR

- ☐ On-Sale Liquor: \$5,000
- ☐ Sunday On-Sale Liquor: \$ 200
- ☐ On-Sale Wine: \$ 200
- ☐ On-Sale Wine/3.2 Beer: \$ 300
- ☐ Set-Ups (Bottle Display): \$ 250
- ☐ On-Sale Strong Beer: \$2,500
(Greater than \$25,000 Strong Beer Sales)
- ☐ On-Sale Strong Beer: \$1,000
(Less than \$25,000 Strong Beer Sales)
- ☐ On-Sale Sunday Strong Beer: \$ 100

BREWER/TAPROOM

- ☐ On-Sale Brewer's Taproom \$2,500
(Greater than \$25,000 Strong Malt Beer Sales)
- ☐ On-Sale Brewer's Taproom \$1,000
(Less than \$25,000 Strong Malt Beer Sales)
- ☐ On-Sale Sunday \$ 100
- ☐ Off-Sale Growler \$ 250
- ☐ Off-Sale Sunday Growler \$ 100

3.2 MALT LIQUOR

- ☐ Off-Sale Annual \$ 50
- ☐ On-Sale Annual \$200

VETERANS ORGANIZATIONS

- ☐ 0-200 Members: \$300
- ☐ 201-500 Members: \$500
- ☐ 501-1000 Members: \$650

TEMPORARY LICENSES **

- ☐ On-Sale (Intoxicating) \$500
 - * 12 Day Limit – See Ordinance
 - ☐ PS0979 – Signed by State of MN
- ☐ On-Sale (3.2 Malt Liquor) \$ 20
 - * 12 Day Limit – See Ordinance
- ☐ On-Sale (3.25 Malt Liquor) \$ 10
 - * 1 Day Limit

****If applying for temporary license, please list desired dates:** _____

3. ESTABLISHMENT INFORMATION & LOCATION

Establishment Name: _____

Establishment Address: _____

City: _____ State: _____ Zip: _____

Minnesota Tax ID#: _____ Federal Tax ID #: _____

ITIN or SSN (if applicable): _____

Business Phone Number: _____

Mailing address: _____

Legal description: (Attach legal description if necessary) _____

Are all real and personal property taxes for the premises currently paid? ☐ Yes ☐ No

If no, list years of delinquency: _____

Fair Market Value: (Building, Fixtures, Equipment and Land) _____

Source of Estimate: _____

Appraisal or Equivalent Document Attached: ☐ Yes ☐ No

Number of floors: _____

Floor Plan. Submit a floor plan of the dining room(s), dimension of approximate room and number of people served by the room. Submit a plat plan of area showing dimensions, location of building, street access, parking facilities, and location of an distances to the nearest Church building or school grounds.

Seating Capacity: Maximum _____ Minimum: _____

4. ESTIMATED REVENUE FOR LAST LICENSED YEAR

Submit appropriate documentation of proof of estimated revenue split. Submit a copy of your most current financial statement. Failure to supply financial statement will result in denial of license. ** Taprooms do not need financial statement. Brewpubs must have a restaurant license.

Financial Statement Attached: ☐ Yes ☐ No (*Not submitting financial statement will result in denial of license)

Food: \$ _____ Liquor: \$ _____

Copy of Restaurant License attached: ☐ Yes ☐ No

Submit a copy of restaurant license supplied by State of Minnesota. This license is required as part of application by Minnesota Liquor Control Division. Failure to supply restaurant license will result in denial of license.

5. MANAGEMENT INFORMATION

Name of Manager: _____

Phone Number: _____ E-mail Address: _____

Name of Manager: _____

Phone Number: _____ E-mail Address: _____

6. BUSINESS OWNERS/OFFICERS

If Sole Proprietor:

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

If PARTNERSHIP or CORPORATION (List ALL Partners, Officers, Directors, use additional sheets as needed):

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Title/% of Ownership: _____

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Title/% of Ownership: _____

Legal Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Title/% of Ownership: _____

Federal Tax ID No.: _____ MN Tax ID No.: _____

7. LIQUOR VIOLATIONS

Has the applicant, owners, manager, or their spouse ever been convicted of a misdemeanor or felony in relation to the manufacture, sale, distribution, or possession for distribution of liquors in the last five (5) years?

If yes, please state the crime, location, and date of conviction below:

Have the applicant, owners, manager, or their spouse ever had a liquor license revoked in the last five (5) years? If so, state the date, name of establishment, and location where the license was revoked.

8. INSURANCE

Submit a Certificate of Insurance naming the City of Delano, its officers, employees, and agents additionally insured or exemption affidavit per City Code 505.01

Insurance Company: _____

Type of Insurance: _____ Amount: \$ _____

Insurance Certificate Attached: ☐ Yes ☐ No

Exemption Affidavit Attached: ☐ Yes ☐ No

9. BREWPUB AND TAPROOM

Items listed below are only related to Brewpubs and Taprooms. These items are required by the City of Delano City Ordinance O-13-05 and O-14-02.

Brewery License by the State of Minnesota: ☐ Yes ☐ No

Copy of Brewery License Application attached: ☐ Yes ☐ No

Total off-sale barrels: _____ Total on-sale barrels: _____

Acknowledgement of Brewery, Brewpub, Taproom, and Growler requirements per Minnesota State Statute and City Code: ☐ Yes ☐ No

Competing interest in another brewery: ☐ Yes ☐ No

10. APPLICANT SIGNATURE:

- ☐ I have fully read and understand city code regarding liquor in its entirety and agree to respect and obey all regulations of Delano's city code regarding the regulations.

Signature of Applicant

Date

State of Minnesota)
)SS
County of _____)

On this _____ day of _____, 20____ personally appeared before me _____,
who by me duly sworn, state that he/she acknowledged and signed said document on his/her own behalf.

Notary Public

Staff Use Only:

Date App. Received:	Amount Paid:	Receipt No.:
Council Meeting Date:	Approved Dates:	
Issued Date:	Staff Signature:	
Permit Number:	Type:	
Permit Number:	Type:	
Permit Number:	Type:	
Permit Number:	Type:	

NOTICE TO APPLICANT:

In the course of your application for a license under Delano's General Licensing requirement, you may be asked to supply non-public data. The purpose and intended use of this data is to provide a means for the City to evaluate whether you comply with the application requirements for the general license application. You may refuse to supply the requested data, but this may result in an incomplete application which may result in your application being denied. This non-public data may be reviewed by the City of Delano, employees of the City of Delano who are assigned to review such information, and the City of Delano's legal consultant. In addition, this data may be reviewed by specific advisory boards and subcommittees of the City of Delano, who assist the City in evaluating your application. You hereby agree to release the data to those boards and subcommittees for the purpose of effectuating that review.

Failures to complete, supply, or falsify any or all information contained within this application will result in a delay or denial or revocation of your license and/or application.

The undersigned, an applicant for a license under the rules and regulations of the City of Delano, understands and consents to the release and use of private or confidential data, as described above and acknowledges receipt of a copy of excerpts of City Code, Chapter 4, Public Protection and General Licensing.

Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Delano, its officers, employees and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney's fees and costs, on account of bodily injury, sickness, disease, death, and property damage as the result of any action of the undersigned.

Applicant Signature

Date