City of
LAKEVILLE
MINNESOTA

ALCOHOLIC BEVERAGE LICENSE 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.

Part I- General Information

1. License Information — Type of License: — License Fee: — Investigation Fee:

Select:	Type of License	License Fee	Investigation Fee
	☐ Liquor – On Sale	$7,000.00	$700.00
	☐ Sunday Liquor	$200.00	
	☐ Wine & 3.2% Malt Liquor	$1,100.00	
	☐ 3.2% Malt Liquor - On Sale	$300.00	
	☐ 2 AM Closing Option -On Sale	$300.00	
	☐ Tap Room	$300.00	
	☐ Brew Pub	$300.00	
	☐ Consumption & Display	$300.00	
	☐ Special Club Liqour	$300.00	

2. Type of Applicant ☐ Individual ☐ Corporation ☐ Other Organization
☐ Partnership

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

4. Business Name_____ Phone _____

Attach: *If business is to be operated under a name or designation other than name of the applicant, attach a certified copy of the certificate required by Minn. Stat. 333.01 and 333.02.*

Address _____
Street City State Zip

Attach: *If applicant does not own premises, attach copy of lease.*

5. Mailing Address (if different) _____
Street City State Zip

E-mail Address:_____

6. Are any property taxes, special assessments, or other financial claims of the state, county, or City of Lakeville delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No *If yes, give years and unpaid amounts.*

_____

7. Minnesota Tax ID # _____ Federal Tax ID # _____

Applicant's Social Security # _____ REQUIRED per Minnesota Statute 270C.72

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8. Has the applicant made an application for a liquor license, which was denied?
☐ Yes ☐ No *If yes, please provide the date, place, and explanation.*

_____

_____

9. Has the applicant had a liquor license suspended or revoked?
☐ Yes ☐ No *If yes, please provide the date, place, and nature of offense.*

_____

_____

10. Has the applicant had a liqour license violations, citations, fines, or administrative penalties issued in the last 5 years?
☐ Yes ☐ No *If yes, please provide the date, place, and nature of offense.*

_____

_____

11. Has the applicant ever been convicted of or charged with a crime or violation of any federal, state, county, or local law or regulations other than a minor traffic violation?
☐ Yes ☐ No *If yes, please provide the date, place, and nature of offense.*

_____

_____

Section 1: Type of Applicant

Refer to Question No. 1 for applicant Type and complete only the section below 12a, 12b, or 12c that applies.
NOTE: A Personal History form is required for each person listed in this section.

12a. Individual *If applicable, complete this question, then proceed to Section 2.*

Full Name _____
First Middle Last

Residence Address _____ Phone _____
Street City State Zip

Business Address _____ Phone _____
Street City State Zip

12b. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 2.*
NOTE: A Personal History form is required for each person listed in this section.

Full Name _____
First Middle Last Financial Interest %

Full Name _____
First Middle Last Financial Interest %

Full Name _____

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First *Middle* *Last* *Financial Interest%*

Full Name _____
First *Middle* *Last* *Financial Interest %*

For additional partners, attach a separate sheet.
Attach: *a copy of partnership agreement.*

12c. Corporation/other organization *If applicable, complete this section for corporations, then proceed to Section 2.*

Name_____ State of incorporation/association _____
First *Middle* *Last*

List the officers of the corporation and all persons or entities with a financial interest office percent 5% or more.
NOTE: A Personal History form is required from each.

Officers of corporation/other organization

President
Full Name _____
First *Middle* *Last* *Financial Interest%*

Vice-President
Full Name _____
First *Middle* *Last* *Financial Interest %*

Secretary
Full Name _____
First *Middle* *Last* *Financial Interest %*

Treasurer
Full Name _____
First *Middle* *Last* *Financial Interest %*

For additional officers, persons, or entities, attach a separate sheet.
Attach: *1. Certificate of Incorporation*
2. Foreign corporations, attach a Certificate of Authority as required by Minn. Stat. 303.06

Section 2: Person(s) In Charge of Licensed Premises

All applicants must complete this section.

13. Designated on-site manager in charge of the licensed premises. *The on-site manager is responsible for the conduct of the licensed premises and operation; and serves as agent for service of notice and other processes relating to the license.*

Name _____ Position _____
First *Middle* *Last*
Email _____ Phone _____

For additional manager(s) or agent(s), attach separate sheet.
Attach: Personal History form from each person in charge.

Section 3: Insurance

All applicants must complete this section.

14. Attach: 1. Certificate of Liability Insurance showing general liability insurance.
2. Workers' Compensation insurance coverage Certificate of Compliance as required by Minnesota law.

I am ***not*** required to have workers' compensation liability coverage because
☐ I have no employees covered by the law ☐ Other (Specify)

Section 4: Description of Proposed Business

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, live music and amplified music (if any) and type of food menu.

What is the seating capacity of the restaurant? Indoor seating _____ Outdoor seating_____

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, 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 DESIGN ARE ON FILE WITH THE MANAGER OF THE BUILDING AND LAKEVILLE BUILDING INSPECTIONS DEPARTMENT, NO ADDITIONAL PLANS NEED BE FILED WITH THIS APPLICATION.

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

_____

_____

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?

_____

Section 5: Required Documents

Please include the following documents with your application:

Certificate of Liquor Liability Insurance:
Coverage must run concurrent with the license period of July 1 to June 30.

Certificate of Workers Compensation Insurance

Certificate of Assumed Name

Articles of Incorporation

Building Lease (if applicable)

Narrative Description of Proposed Business

Floor Plan of Proposed Business

Section 6: Notice and Notarized Signature

All applicants must complete this section.

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 Lakeville a copy of Lakeville City Code, Title 3 Chapter 1 (Alcoholic Beverages Ordinance) 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 Lakeville to investigate and make whatever inquiries that are necessary to verify the information provided.

X_____
Applicant Signature

_____
Print Name

Subscribed and sworn to before me, a

Notary Public, on this _____day

Of_____20_____.

Commission expires on_____.

_____
Notary Signature

For office use only	
Date received in office_____/_____/_____	License Fee: **$300 Tobacco** ☐
Approved _____/_____/_____	Investigation Fee: **$150** ☐ ***(One-time-only)***

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Part II – Personal History

To be completed by the sole owner, each partner, each officer or director, each general or on-site manager, proprietor, manager, or any other individual or agent in charge of the business or premises and by all persons or entities that have a five percent (5%) or more financial interest in the business.

Section 1: Applicant

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

1. Complete the following for personal information

Legal Name _____
First *Middle* *Last* *Maiden Name*

Address _____ Phone _____
Street *City* *State* *Zip*

Phone (____)_____ Social Security No. _____

Drivers License No. _____ State of Issue _____

Date of birth _____ Place of birth _____
mm/dd/yyyy City/State/Country

2. Have you ever used or been known by a name(s) other than the legal name given above? ☐ Yes ☐ No

3. Are you a U.S. citizen or legally permitted to be in the U.S.? *If yes, but birthplace was not in the U.S., please provide a Certificate of Naturalization, Certificate of Citizenship, or current passport. If no, present proof of immigration/employment status.* ☐ Yes ☐ No

4. Address(es) at which you have lived during the preceding ten (10) years.

_____
Street *City* *State* *Zip* *Dates*

_____
Street *City* *State* *Zip* *Dates*

_____
Street *City* *State* *Zip* *Dates*

_____
Street *City* *State* *Zip* *Dates*

_____

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Street *City* *State* *Zip* *Dates*

5. Employers for the preceding ten (10) years. *Include name, address, and dates of employment.*

_____
Employer *Address* *Dates*

_____
Employer *Address* *Dates*

_____
Employer *Address* *Dates*

6. Have you ever been convicted of or charged with a crime or violation of any federal, state, county or local law or regulation other than a minor traffic violation? ☐ Yes ☐ No
If yes, provide the date, place, and nature of the offense.

_____

_____

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LICENSE.

Section 4: Notice and Signature

All applicants must complete this section.

I hereby acknowledge that I have received and/or reviewed Lakeville City Code, Title 3 Chapter 1 (Alcoholic Beverages Ordinance), and am familiar with the provisions thereof.

The information requested on this form will be used by the City of Lakeville to approve or deny the applicant's license. The information I have provided on this application is truthful. I understand that the falsification or misrepresentation of information submitted with my application constitutes grounds for denial of the license. I authorize the City of Lakeville to verify any and all of the information requested on this application, including the ordering of criminal background checks, and to conduct any necessary investigation to ensure this application complies with the City's licensing and zoning ordinances. The information supplied on this form will become public information when received by the City of Lakeville. Under Minnesota law (Minn. Stat. 270.72), the City may be required to provide each applicant's business tax identification number and/or social security number of each applicant to the Minnesota Commission of Revenue.

X_____
Applicant Signature

_____
Print Name

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