



CITY OF LEWISTON

City of Lewiston

75 Rice St., P.O. Box 129, Lewiston, MN 55952

507-523-2257 | FAX: 507-322-4018

www.lewistonmn.org

Intoxicating Liquor or Beer 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 or limited liability company, by the manager or managing officer.

Section 1. License Information

Type Of License

- | | | |
|---|--|--|
| ☐ On-Sale (<i>includes Sunday</i>) | ☐ Special Club | ☐ Temporary On-Sale |
| ☐ Off-Sale | ☐ On-Sale 3.2 Malt Beverage License | ☐ Sunday Sales |

Type Of Applicant

- | | | |
|--|---|---|
| ☐ Individual (<i>See Section 2a</i>) | ☐ Corporation (<i>See Section 2c</i>) | ☐ Club (<i>See Section 2d</i>) |
| ☐ Partnership (<i>See Section 2b</i>) | ☐ Other organization (<i>See Section 2c</i>) | |

Legal Name Of Licensee

(the "Applicant")

Business Name

Phone

Business Street Address

City

State

ZIP

When was business established at this location?

- ☐ If business is to be conducted under a designation, name, or style other than the name of the applicant, **attach** 2 copies of the trade name certificate.

- ☐ **Attach** a list of owners and their respective percentages totaling 100 percent.

Mn Business Tax ID Number

Federal Business Tax ID Number

Applicant's Social Security Number

Proof Of Liquor Liability Insurance

- ☐ **Attach Certificate of Liquor Liability Insurance**

The insurance certificate must be in the exact corporate name of the entity, if the licensee is an entity, or in the individual(s) name if not incorporated. The dates of the insurance must also cover the license period completely and state that such insurance will not be canceled or terminated without 30 days prior written notice served upon the City Clerk. Cancellation or termination of such coverage shall be grounds for license revocation. The licensing period runs from January 1st to December 31st.

Proof Of Workers' Compensation Insurance Coverage

- ☐ I am required to have workers compensation liability coverage and have attached a completed **Workers Compensation Insurance Form**

Insurance Company Name

Dates Of Coverage

Policy Number/Self-Insurance Permit Number
(Per Minnesota Statute 176.182)

I am **not** required to have workers' compensation liability coverage because:

- ☐ I have no employees covered by the law
- ☐ Other (specify below)

NOTICE: You must apply for and obtain a Minnesota retailer's identification card (Buyer's Card) issued by the Minnesota Department of Public Safety, Liquor Control Division.

Section 2a. Applicant Information—Individual

Complete ONLY if you answered "Individual" for Type of Applicant on page 1. Then continue with Section 3.

Last Name	First Name	Middle Name (Full)	
Residence Address (Street, City, State, ZIP)			Phone
Business Address (Street, City, State, ZIP)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Email			Cell Phone

Section 2b. Applicant Information—Partnership

Complete ONLY if you answered "Partnership" for Type Of Applicant. Then continue with Section 3.

☐ Attach A Copy Of The Partnership Agreement.**General Or Limited Partners**

Last Name	First Name	Middle Name (Full)	
Residence Or Registered Address (Street, City, State, ZIP)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Business Address (Street, City, State, ZIP)			Phone
Last Name	First Name	Middle Name (Full)	
Residence Or Registered Address (Street, City, State, Zip)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Business Address (Street, City, State, Zip)			Phone

Section 2c. Applicant Information—Corporate/Other Organization

Complete ONLY if you answered "Corporate" or "Other Organization" for Type Of Applicant. Then continue with Section 3.

☐ Attach a copy of the Certificate of Incorporation and By-Laws or Operating Agreement; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

Name Of Corporation/Other Organization	State Of Incorporation/Association
Business Contact Address (Street, ZIP)	Phone
Registered Legal Address (Street, City, State, ZIP—if different than above)	Phone

Officers Of Corporation/Other Organization			
President/Managing Member Last Name	First Name	Middle Name (Full)	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
Vice President Last Name	First Name	Middle Name (Full)	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
Secretary Last Name	First Name	Middle Name (Full)	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
Treasurer Last Name	First Name	Middle Name (Full)	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
All persons who (directly or indirectly) own or control an interest in applicant in excess of 5 percent			
Last Name	First Name	Middle Name (Full)	Percent
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
Last Name	First Name	Middle Name (Full)	Percent
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	
Last Name	First Name	Middle Name (Full)	Percent
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Residence Address (Street, City, State, Zip)		Phone	

Section 2d. Applicant Information—ClubComplete **ONLY** if you answered "Club" for Type of Applicant on page one. Then continue on to Section 3.

- ☐ **Attach** a copy of Articles of Incorporation and a copy of by-laws of the club.
- ☐ **A sworn statement** that the club has been in existence for at least ten years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

Club Name		Number Of Members
Date Club Was First Organized	Place Of Such Organization	Date Club Was First Incorporated
Name Of Establishment Or Serving Club		Date Established

Officers, Executive Committee Members, And Board Of Director Members

Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, Zip)		Phone	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, Zip)		Phone	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, Zip)		Phone	
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age

*****ALL APPLICANTS MUST COMPLETE THE FOLLOWING SECTIONS*******Section 3. Persons In Charge Of Licensed Premises**

Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, ZIP)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Email Address			Cell Phone

Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, ZIP)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Email Address			Cell Phone
Last Name	First Name	Middle Name (Full)	Position
Residence Address (Street, City, State, ZIP)			Phone
Driver's License Number & State		Date of Birth (MM/DD/YYYY)	Age
Email Address			Cell Phone
Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee?			☐ Yes ☐ No

Section 4. Building Ownership

Is building where licensed business will be located owned by applicant? ☐ Yes (Complete Section 4a.)
☐ No (Complete Section 4b.)

Section 4a. Building Ownership - Yes

Complete ONLY if you answered "Yes" for building is owned by applicant. Then continue on to Section 4c.

Date Purchased:	Mortgage Information ☐ No Mortgage Mortgage holder _____ Address _____ Phone _____	Contract For Deed Information ☐ No C.D. C.D. holder _____ Address _____ Phone _____
Name and address of person purchased from:		

Section 4b. Building Ownership - No

Complete ONLY if you answered "No" for building is owned by applicant. Then continue on to Section 4c.

Owner's Full Name	Cell Phone
Residence Address	Residence Phone
Business Address	Business Phone
Email Address	

☐ Attach a copy of the lease agreement

Is Applicant in good standing under its lease/mortgage/contract for deed, having the right to occupy the licensed premises during the term of the license? ☐ Yes
☐ No

NOTICE: The City may contact any landlord/mortgage holder/contract for deed holder listed above to confirm Applicant is in good standing under the terms of its lease/mortgage/contract for deed and reserves the right to request additional information from you relating to Applicant's financing during the City's review of this application.

Section 4c. Building Ownership - All

State the amount of the investment that the applicant has in the business premises, fixtures, furniture, stock in trade, etc.

List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture, or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, 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.

Last Name	First Name	Middle Name (Full)	Relationship To Applicant
Address (Street, City, State, ZIP)			Phone

Describe interest:

Last Name	First Name	Middle Name (Full)	Relationship To Applicant
Address (Street, City, State, ZIP)			Phone

Describe interest:

Last Name	First Name	Middle Name (Full)	Relationship To Applicant
Address (Street, City, State, ZIP)			Phone

Describe interest:

Section 5. Premises

If the premises is planned, under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Inspections Department, no additional plans need be filed.

State the exact legal description of the premises to be licensed.

☐ **Submit a plot plan** showing dimensions, building locations, street access, parking facilities, and location.

Floor Number, General Area, And All Rooms Where Intoxicating Liquor Is To Be Sold, Consumed, and Stored

☐ **Attach a floor plan** showing dimensions and indicating number of persons intended to be served in the said rooms.

How is the premises zoned under Lewiston's zoning ordinance?

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?

Is the premises located within 300 feet of any public school?	☐ Yes ☐ No
Is the premises located within 100 feet of any church?	☐ Yes ☐ No
Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the State, County, School District, or City of Lewiston delinquent or unpaid for the premises to be licensed?	☐ Yes ☐ No
If yes, give years and unpaid amounts:	
Notice: In the event a suit has commenced under Minnesota Statutes, Sections 278.01 - 278.13, which questions the amount or validity of taxes, the City Council may waive strict compliance with the requirement that all taxes and assessments be paid, but no waiver may be granted on taxes which remain unpaid for a period exceeding one year after becoming due.	
I have reviewed City Code Chapter 6 relating to Alcoholic Beverages Licensing and Regulation.	☐ Yes ☐ No
I understand I have an ongoing obligation to inform the City of any material changes in the right, title, or interest in the licensed premises, or of any change of the persons who will manage or control the licenses premises or Applicant.	☐ Yes ☐ No

Section 6. Character References

Names, addresses, business address, and telephone numbers of three people, not related to the applicant or financially interested in the premises or business who may be referred to as the applicant's character.

Full Name	Cell Phone
Residence Address	Residence Phone
Business Address	Business Phone
Email Address	
Full Name	Cell Phone
Residence Address	Residence Phone
Business Address	Business Phone
Email Address	
Full Name	Cell Phone
Residence Address	Residence Phone
Business Address	Business Phone
Email Address	

Section 7. On-Sale Intoxicating Liquor License

Complete ONLY if applying for an on-sale intoxicating license.

If a hotel or motel, is there a dining room open to the general public with seating for a minimum of 30 persons, and a minimum of 25 guest rooms? ☐ Yes ☐ No

If a restaurant, is it open to the general public with seating for a minimum of 25 persons at one time? ☐ Yes ☐ No

Section 8. Club Liquor License

Complete ONLY if applying for a club liquor license.

Does the applicant currently hold an on-sale intoxicating liquor license or an on-sale 3.2 malt liquor license? ☐ Yes ☐ No

Section 9. Off-Sale Intoxicating Liquor License

Complete ONLY if applying for an off-sale intoxicating license.

Do you hold an interest in any other liquor establishment in the State of Minnesota? ☐ Yes ☐ No
If **yes**, give name of establishment and location.

If necessary, where do you store the liquor off the licensed premises? List warehouses and addresses.

Section 10. Background Check Disclosure & Consent

Has the applicant(s) had a liquor license revoked in the last 5 years in any jurisdiction? ☐ YES ☐ NO

Has the applicant(s), partners, officers, or any employee ever had any liquor law violations or a felony conviction in any jurisdiction? ☐ YES ☐ NO

If yes, provide details and disposition: _____

During the preceding year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) Minnesota Statute 340A.802?

☐ YES ☐ NO

If yes, attach a copy of the summons.

The applicant, in executing this application, hereby releases to the City of Lewiston, Minnesota, such financial and criminal information as said City deems appropriate; and hereby authorized said City to obtain such information from whatever source said City shall deem appropriate. This information is for the express purpose of determining my eligibility for a liquor license issued under the authority of Minnesota State Statutes.

Signature of Applicant

X

Date

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20_____.

Commission expires on _____.

Notary signature

Section 11. Data Practices Advisory

Tennessen Warning - Liquor Licensing

You are being asked to answer questions and provide information pursuant to the liquor licensing and application process that is required by Minnesota state law and the City of Lewiston, Minnesota City Code. The purpose and intended use of the requested data is to verify that each applicant meets the requirements of state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the "Act"). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. A refusal to answer questions or provide the information requested will prevent the Lewiston City Council from processing the liquor license for which you are applying. As a consequence of that action, no liquor license application will be forwarded to the Lewiston City Council for its consideration.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

- 1. Data submitted by applicants (other than names and designated addresses)*
- 2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action*
- 3. Entire record concerning any disciplinary proceeding*
- 4. License numbers and status*

The following data collected, created, or maintained is classified under the Act as private data (Minn. Stat. § 13.41, subd. 2):

- 1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure*
- 2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action*
- 3. Inactive investigative data relating to violations of statutes or rules*
- 4. Record of disciplinary proceedings, except as limited by the provisions above*

The following data collected, created, or maintained is classified under the Act as confidential data (Minn. Stat. § 13.41, subd. 4):

- 1. Active investigative data relating to complaints against any license*

The City of Lewiston may make any data classified as private or confidential accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a liquor license from the City of Lewiston.

Signature of Authorized Agent for the Applicant

X

Date

Name of Authorized Agent for the Applicant (please print, include title if any)

Name Of Business

Subscribed and sworn to before me, a Notary Public, on this _____ day of _____ 20_____.

Commission expires on _____.

Notary signature