



On – Sale Liquor License Checklist

Note: Please allow up to 60 days for this application process. Upon receiving the necessary information and funds, the City will schedule a public hearing during one of the scheduled City Council meetings. A background check must also be completed prior to license approval. All materials must be returned directly to the City of Roseville; once the license has been approved, the City will forward all necessary forms to the State.

Forms:	
	State Application Form <ul style="list-style-type: none"> Please note that there is an additional license fee for the Sunday portion of the license. If you wish to serve liquor on Sundays, please indicate so on the application
	Optional 2AM Liquor License <ul style="list-style-type: none"> Regular license only permits sales until 1:00am
	City of Roseville Application Form
	Liquor Liability Insurance Acord completed by the Insurer – annual limits not less than \$1,000,000
	Proof of Worker’s Comp Form
	Proof of MN Tax ID Form
Fees:	
	\$300 Non-Refundable Investigation Fee due at time of application
	\$500 due at time of application
	Remaining balance due prior to final license approval (please check with the Business Licensing department for the total amount due as these license fees are prorated on a monthly basis)
Other Requirements:	
	Floor Plans <ul style="list-style-type: none"> Floor plans are required in order to prove compliance with the “restaurant” requirement for our on-sale liquor licenses. The establishment must have seating for not less than 100 guests at one time. <ul style="list-style-type: none"> Where seating capacity is between 100 – 174, at least 50% of the gross sales must be attributable to the service of meals. Where seating capacity is 175 or more, at least 25% of gross sales must be attributable to the service of meals.
	Manager and Server Training
	Certificates of trade name, partnership agreements, articles of incorporation or association agreements
	Lease agreements
	Miscellaneous information required as City Council sees fit



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, 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
_____ <small>(Partner/Officer Name (First Middle Last))</small>	_____	_____	_____
_____ <small>(Partner/Officer Name (First Middle Last))</small>	_____	_____	_____

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.

City of Roseville, Minnesota

Application for On Sale and Sunday Intoxicating Liquor License

1. Name of Applicant (Name of individual, partnership, corporation or association):

2. Name and address under which applicant will be doing business:

Full Legal Name _____

DBA Name _____

Business Address _____

Business Telephone (____) _____

3. Type of Applicant:

_____ Individual _____ Partnership _____ Corporation

4. Type of license applicant seeks: _____ On Sale _____ Sunday

5. State the legal description of the premises to be licensed:

6. How is the property classified under the Roseville Zoning Ordinance?

7. Where the building is owned by other than applicant give legal name, business address and phone number of owner(s):

1. Legal Name _____

Business Address _____

Business Telephone _____

2. Legal Name _____

Business Address _____

Business Telephone _____

8. State the amount of investment the applicant has in the business premise, fixtures, furniture, stocks in trade, etc. and attach supporting proof of the source of such money.

9. Provide full name, address, telephone number and the nature of interest of all persons, other than applicant, who have any financial interest in the business, buildings, fixtures, furniture, or stock in trade. (This shall include, but not limited to, any lessees, mortgages, lenders, lien holders or any persons who have loaned, pledged or extended security for any indebtedness of the applicant).

10. Attach lease agreement. (if applicable)

11. Submit a plat plan of the area showing dimensions, location of building, street access, parking facilities and the locations of and distances to the nearest state institutions including, but not limited to, educational buildings, fair grounds, and correctional buildings. The plan must also show number of persons intended to be served in the dining rooms, and indicate and identify all other rooms and areas where intoxicating liquor is to be sold and consumed.

12. List all additional permits that have been applied for either on the Federal or State level for this premise:

If applicant is an individual skip to Personal Information Page

If applicant is a partnership:

1. Attach a true copy of the partnership agreement and a copy of the certificate of trade name under provisions of Chapter 333, Minnesota Statutes, certified by the Clerk of District Court.

2. List Legal name and percent of interest for each partner

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

Full Legal name _____ Interest _____%

3. Skip to Personal Information Page.

If applicant is a corporation or association:

1. State the Legal name of the corporation or association, corporate office address and telephone number, branch address and telephone number.

Name _____

State of Incorporation or Association _____

Corporate Address _____

Corporate Phone Number _____

Branch Address _____

Branch phone number _____

2. Attach a true copy of the Articles of Incorporation or Association Agreement.

3. List the legal names, position and percent of interest of all officers of said corporation or association.

Full Legal Name _____

Position _____ Interest _____%

Full Legal Name _____

Position _____ Interest _____%

Full Legal Name _____

Position _____ Interest _____%

Full Legal Name _____

Position _____ Interest _____%

4. Fill out Personal Information Page

Personal Information Page

Fill out a page for owner, partner, manager, proprietor or other agent in charge of the individual owner's premises to be licensed and each individual that owns or controls an interest in excess of 5 percent. (Print as many sets as needed)

1. Legal Name _____
2. Home Address _____
3. Home Telephone (____) _____
4. Business Address _____
5. Business Telephone (____) _____
6. Place of Birth _____ Date of Birth _____
7. Current DL number and Issuing State _____

All past States where Driver Licenses where held _____

8. United States Citizen? Yes _____ No _____
9. Have you ever been convicted of a felony, crime or violation of any ordinance other than traffic? Yes _____ No _____ If yes, explain in detail.

10. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes _____ No _____ If yes, explain in detail.

11. Have you ever individually or with others made application for an intoxicating liquor license, and had such application denied? Yes____ No _____ If yes, explain in detail.

11. Have you ever used or been known by any name other than the legal name given in number 1 above? Yes _____No_____ If yes, list each name along with dates and places where used.

12. List the addresses and dates at which you have lived during the last 10 years:

13. List the name and type of business or occupation you have been engaged in during the past 10 years.

14. Are you a manufacturer or wholesaler of intoxicating liquor, or have a financial interest indirectly in the ownership or operation of any such business?
Yes____ No _____ If yes, explain in detail.



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 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
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 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

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

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.

CITY OF ROSEVILLE

Finance Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7036

ON-SALE INTOXICATING OUTSIDE PERMANENT ENDORSEMENT

Trade Name _____

Business Name _____

Business Address _____

Business Phone _____

Contact person _____

Phone _____

Location of Outside Sales _____

The undersigned agrees to abide by all the laws of the State of Minnesota and the Ordinances of the City of Roseville.

Signature _____ Date _____

License fee is 25.00

Make checks payable to City of Roseville

*** Contact Community Development. Requires land use approval**

STATE OF MINNESOTA
Department of Human Services
Division of Licensing

PROOF OF MINNESOTA TAX IDENTIFICATION INFORMATION

Under Minnesota Law (M.S. § 270.72), the Department of Human Services (DHS) and the Department of Corrections are required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance, or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license.

Please fill in the following information and return this form, along with your application, to the DHS, Division of Licensing. Do not return this form to the Department of Revenue.

Please print clearly or type.

PERSONAL INFORMATION:

Applicant's Last Name:	First Name	M.I.	Social Security Number
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Applicant's Street Address:	City	State	Zip Code
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BUSINESS INFORMATION:

Business Name:

Business Street Address:	City	State	Zip Code
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Minnesota Tax Identification Number	Federal Tax Identification Number
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Signature	Title	Date
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PLEASE NOTE:

- You must provide a Social Security number, and both MN and Federal Tax ID numbers if you have employees.
- This form must be signed and dated even if you are not required to provide MN or Federal Tax ID numbers.
- If you have any questions regarding your Minnesota Business Identification number, please contact the Department of Revenue at 651-282-5225. The Department of Corrections and Human Services are not able to answer questions regarding this information.

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 Minnesota Statutes 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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Roseville, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Roseville City Code, which is available on the City website at www.cityofroseville.com and to be familiar with and abide by the laws of the City of Roseville and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

Signature of Applicant: _____

Title: _____ Date: _____

Ordinance Notification for Business License Form

Under Minnesota state law, cities must provide a 10-day notice of proposed ordinances. The law applies to new proposed ordinances and proposed amendments to existing ordinances. A recent change in the law further requires cities that have an electronic notification system to inform prospective business license applicants that they can opt-in to receive these notifications. If you opt-in, you will receive notifications of all proposed ordinance changes regardless of whether or not they impact your business.

To receive email and/or text notification of proposed ordinances and proposed amendments to existing ordinances, visit the City's Notify Me page at <http://www.cityofroseville.com/List.aspx>. Sign in with a valid email address and click one or both of the notification icons next to Proposed Ordinances to begin receiving notifications.