

City of NEWPORT

APPLICATION FOR CITY LIQUOR LICENSE

Newport City Hall ♦ 596 7th Avenue ♦ Newport ♦ Minnesota ♦ 55055 ♦ Telephone 651-459-5677 ♦ Fax 651-459-9883

Application Date: _____

Every question must be answered. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers Compensation Insurance Company and Policy #: _____

Licensee's MN Sales and Use Tax ID #: _____

Licensee's Federal Tax ID #: _____

Applicant and Business Information

Applicant's Name (Name of Individual, Partnership, Corporation or Association):

Business Name: _____

Business Address: _____ Business Phone: _____

City/County/State/Zip: _____ Home Phone: _____

Is the Business: (Check One)

Individually Owned Partnership

Corporation Other

Type of Business (Check one): _____ Club _____ Restaurant _____ Hotel _____ Bowling Alley

Type of License(s) Requested (Please check all that apply)

3.2% Licenses: _____ On-Sale _____ Off-Sale

Intoxicating Licenses: _____ On-Sale _____ Wine _____ Sunday _____ Club

Brewing Licenses: _____ Taproom _____ On-Sale Brew Pub

Corporation Information

Date of Incorporation: _____ State of Incorporation: _____

Certificate Number: _____ Is corporation authorized to do business in MN: _____ Yes _____ No

If a subsidiary of another corporation, give name and address of parent corporation: _____

Purpose of Corporation: _____

Other Information

Names, addresses and date of births of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used (Note: the location manager must be listed):

1. _____

2. _____

3. _____

4. _____

Yes	No	Is this business in conjunction with any other business? If yes, describe:
Yes	No	Has applicant, partners, officers, or employees ever had any Felony Convictions or Liquor Law Violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, give date, charges and the outcome:
Yes	No	Is the applicant or any of the associates in this application a member of the City Council in which the license will be issued? If yes, in what capacity? (If the applicant for this license or any of the associates is the spouse of a member of the governing body or where a family relationship exists, the member shall not vote on this application.)
Yes	No	Have the applicants any interest, directly or indirectly, in any other liquor establishment in this city or any other city, or county issued license within Minnesota. If yes, give the name and address of the business.
Yes	No	During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.
Yes	No	Will you serve liquor on Sunday?
Yes	No	Has a license been issued by the state or local health department for this establishment? Attach Copy

Brewer Taproom License

Provide a copy of your Minnesota Malt Beverage Manufacturing License.

Will the on-sale of malt liquor be limited to the produce of the brewery for consumption on the premises of the brewery only? ___ Yes ___ No

Do you or anyone with ownership interest in your brewery have ownership interest in another brewery?
 ___ Yes ___ No

A municipality may not issue a brewer taproom license to a brewer if the brewer seeking the license, or any person having an economic interest in the brewer seeking the license or exercising control over the brewer seeking the license, is a brewer that brews more than 250,000 barrels of malt liquor annually or a winery that produces more than 250,000 gallons of wine annually. Will this brewery brew fewer than 250,000 barrels of malt liquor annually? ___ Yes ___ No

Brew Pub License

Provide a copy of your Minnesota Malt Beverage Manufacturing License.

Will the on-sale of malt liquor be limited to the produce of the brewery for consumption on the premises of the brewery only? ___ Yes ___ No

Do you or anyone with ownership interest in your brewery have ownership interest in another brewer, licensed intoxicating liquor or malt liquor manufacturer, importer or wholesaler?
 ___ Yes ___ No

A municipality may not issue a brew pub license if the licensee is an officer, director, agent, or employee of a licensed manufacturer, brewer, importer, or wholesaler. Is the licensee one of these? ___ Yes ___ No

Retail sales under a brew pub license cannot exceed 3,500 barrels per year, provided that off-sales may not total more than 500 barrels.

Building Information

Name of Building Owner: _____

Owner's Address: _____

If the building is owned by someone other than the application, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. and attach a copy of the lease.

Are any real estate taxes, special assessments, or other financial claims of the City of Newport, County of Washington, or State of Minnesota delinquent or unpaid for the premises to be licensed? _____ Yes _____ No

Has the building owner any connection, direct or indirect with the applicant? _____ Yes _____ No

Restaurant Seating Capacity: _____

Hours food will be available: _____

Number of people restaurant employs: _____

Will food service be the principle business? _____ Yes _____ No

Describe premises to be licensed (Where customers will be allowed to drink, list all decks patios, outside areas). If you only list an address or legal land description, only the inside of your building will be considered the premise.

Applicant Statement and Acknowledgement

I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.

Applicant/Agent Printed Name: _____ Signature: _____

The Licensee must have one of the following: **(THE NAME of the INSURED must Match application EXACTLY the name of the APPLICANT**

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$10,000 \$100,000 in cash or securities.

Background checks will cover Criminal and Financial information.

- Criminal check will look for liquor law violations within a five year period, Felonies within a five year period
- Financial check will look for ownership of a liquor license revoked within a 5 year period
- Financial Interests in Liquor Manufacturers or Wholesalers

REPORT BY POLICE
Criminal and Financial Back Ground check

A back ground check has been conducted on the applicant. No Criminal or Financial information was found that would cause denial of this application except as follows:

Signature of Police official

Position/Department

Date

For Office Use

Investigation Fee \$ _____ Receipt #: _____ Date Paid: _____

Investigation Completed By: _____

Date: _____ Approved: _____ Denied: _____

Reasons: _____

PERSONAL HISTORY FORM
IN SUPPORT OF A LIQUOR LICENSE APPLICATION

Directions: This form must be filled out using a typewriter or by printing in ink by the sole owner, by each partner, by each officer or director, by each manager, proprietor or person with management responsibilities for the premises, and by each person who has any interest in a corporation or association.

Name and Address:

True Name: _____ Date of Birth: _____

Residence Address: _____ Home Phone: _____

Business Name: _____ Business Phone: _____

Business Address: _____

Type of Photo ID: _____ ID #: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

U.S. Citizen: ___ Yes ___ No Naturalized: ___ Yes ___ No, If yes, give date/place: _____

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:

Are you a registered voter? ___ Yes ___ No

If yes, where are you registered? _____

Address(es) at which you have lived in the past five years:

Kind, name, and location of every business or occupation you have been engaged in during the past five years:

Names and address(es) of your employers and partners, if any, in the past five years:

Have you ever been convicted of any felony, crime or violation of any ordinance, other than traffic?

___ Yes ___ No

If yes, please give information as to the time, place and offense for which convictions were had:

Have you ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature?

_____ Yes _____ No

If yes, please give information as to the time and place:

Have you been in military service: _____ Yes _____ No

If yes, was discharge(s) ever other than honorable? _____ Yes _____ No

Names, residence addresses, business addresses, and telephone numbers of each person who is engaged in Minnesota in a business of selling, manufacturing or distributing intoxicating liquor and who is nearer of kin to you other than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of yours:

Are you a manufacturer or wholesaler of alcoholic beverages or interested directly or indirectly in the ownership or operation of any retail business selling alcoholic beverages? _____ Yes _____ No

Are you a person who is directly or indirectly, interested in other establishments in the City of Newport to which either an "On Sale" or "Off Sale" license has been issued? _____ Yes _____ No

If yes, list names and address and interest:

What is the amount of investment that you have or will have in the business, building, premises, fixtures, furniture, stock in trade, etc? _____

Have you any interest in any previous intoxicating license that was revoked, suspended or not renewed:

_____ Yes _____ No

If yes, please explain:

Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied?

_____ Yes _____ No

If yes, please explain:

Names of at least two residents of the United States, who will certify as to the applicant's good character and business respectability.

1. _____
2. _____
3. _____
4. _____

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

A financial statement of net worth and a short autobiography must accompany this application for all persons who are required to complete a Personal History Form (exception: Manager—provided the individual is not a partner or officer of the corporation).

I hereby understand and agree that the information revealed in support of an application for ownership or management of a licensed on or off sale liquor establishment in the City of Newport will be used in accordance with Federal, State, and local laws regarding privacy of records.

I declare that the information provided is truthful, and I authorize the City of Newport to investigate the information and contact the persons named herein.

Applicant/Agent Printed Name: _____ Signature: _____



CITY OF NEWPORT
AUTHORIZATION TO RELEASE DATA

Name: _____
(First) (Middle) (Last)

Address: _____

D.O.B.: _____ Driver's License Number: _____ State: _____

I hereby authorize and grant consent to the Washington County Sheriff's Office and the MN Bureau of Criminal Apprehension (BCA) to provide criminal history information to the City of Newport. The information may include all data collected, created, received, retained or disseminated by your Department.

I understand that the information gathered will aid in determining my suitability for a license in the City of Newport.

This authorization shall be valid for a period of one year, but I reserve the right to cancel the authorization at any time prior to that expiration by providing written notice to the Washington County Sheriff's Office or to you. A photocopy or facsimile of this authorization will be treated in the same manner as the original.

Signature: _____ Date: _____