



**CITY OF DULUTH  
CITY CLERK'S OFFICE**  
330 City Hall 411 West First Street  
Duluth, Minnesota 55802-1189  
Phone (218) 730-5500  
Fax (218) 730-5923

DATE \_\_\_\_\_

LICENSE # \_\_\_\_\_

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

**APPLICATION TO TRANSFER ON SALE LIQUOR LICENSE**

LICENSE	New fees:	Transfer fees:	Indicate fees below:
Initial Investigation Fee (one time)	\$209		\$209
On Sale Intoxicating Liquor		\$358	358
On Sale Sunday	178	n/c	
Dancing	1,130	n/c	
Additional Bar	571	n/c	
After Hours Entertainment	262	n/c	
2:00 a.m. (Issued by State)	See State form	n/c	
		<b>TOTAL:</b>	<b>\$ 567.00</b>

<p><b>LICENSEE LEGAL NAME, ADDRESS &amp; PHONE:</b> (Individual, Corporation, Partnership, LLC)</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Email: _____</p> <p><b>MANAGER'S NAME, ADDRESS &amp; PHONE</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><b>BUSINESS NAME, ADDRESS, &amp; PHONE:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>NAME &amp; ADDRESS OF PROPERTY OWNER:</b></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><b>LICENSE PERIOD: Ending 8/31/</b></p>
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**License transferred from (provide documentation from existing licensee approving transfer):**

**I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISIONS OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.**

\_\_\_\_\_  
**Signature of Applicant**

MAILING ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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**APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE**

1. Name of Applicant (**individual, partnership or corporation or association**) that owns the business to be licensed: \_\_\_\_\_
2. Trade Name: \_\_\_\_\_
3. Address of place to be licensed: \_\_\_\_\_
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) \_\_\_\_\_
5. Name and address of owner of building: \_\_\_\_\_
- Any connection with applicant? \_\_\_\_\_ Who receives the rent: \_\_\_\_\_
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:  
 \_\_\_\_\_
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:  
 \_\_\_\_\_
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each:  
 \_\_\_\_\_
9. State approximate distance of this establishment from nearest academy, college, university, church or school:  
 \_\_\_\_\_
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail:  
 \_\_\_\_\_

**Failure to answer all questions truthfully on this application and attached "Exhibit A" which is made a part thereof, will be just cause for revocation of your license.**

I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any change in ownership in this business before the change is made, for the approval of the Alcohol Gambling & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AFFIDAVIT "A"

To be completed by each individual license, or each member of partnership, or two major stockholders of a corporation, or two primary officers of a club and the person who will be directing the operation of the business on the licensed premises.

NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

RENEWALS: If this affidavit is made relative to the annual renewal of an existing license, **fill out 1-4, and 11 & 12 on the reverse side of this application. Questions 5 through 10** need to be answered only as they related to any changes in your status since the filing of your last affidavit.

- 1) License Applicant: \_\_\_\_\_
- 2) Address of licensed premises: \_\_\_\_\_
- 3) Your Name: \_\_\_\_\_
- 4) Home address: \_\_\_\_\_
- 5) Other home addresses in the last 10 years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 6) Other names you are, or have been known by, including maiden name: \_\_\_\_\_
- 7) Your position in the business: \_\_\_\_\_
- 8) a) Do you, your spouse, or your children have any pecuniary interest in the ownership, operation, management, or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes  No
- b) Do you, your spouse, or your children own stock in any corporation having a pecuniary interest in the ownership, operation, management, or profits of any establishment license in Minnesota to sell liquor or 3.2 beer either at retail or wholesale? Yes  No
- c) If the answer to (a) or (b) is "yes", state the location of the establishments involved and fully describe the nature and extent of the interest. \_\_\_\_\_  
\_\_\_\_\_

9) Furnish the names and address of at least three business references, including one bank reference:

a) \_\_\_\_\_

b) \_\_\_\_\_

c) \_\_\_\_\_

10) a) Have you or any corporation in which you held more than 10% of the stock ever been denied a license to sell liquor or beer? Yes  No  If yes, why? \_\_\_\_\_

b) Have you or any corporation in which you held more than 10% of the stock ever had a liquor or beer license suspended or revoked? Yes  No  If yes, why? \_\_\_\_\_

11) Have you ever forfeited bail on or been convicted of violating any law relating to the operation of a bar or the sale, distribution, manufacture, or transportation of alcoholic beverages? Gambling laws? Prostitution or disorderly house laws? Drug laws? Receiving or concealing stolen property? Assaults? Yes  No

12) Have you read and do you understand the laws, rules, and regulations of the State of Minnesota and the City of Duluth relative to the sale and distribution of alcoholic beverages? Yes  No

**I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

## AFFIDAVIT "A"

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NOTE: Type or print legibly and provide all information requested. Failure to do so may delay the issuance of this license.

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- 2) Address of licensed premises: \_\_\_\_\_
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c) \_\_\_\_\_

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**I HEREBY AFFIRM UNDER PENALTY OF PERJURY THAT THE ABOVE ANSWERS ARE TRUE AND CORRECT.**

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(APPLICANT'S SIGNATURE)

\_\_\_\_\_  
(DATE)

# 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 Minn. Stat. 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)	<b>Business telephone number</b>	Alternate telephone number
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**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

<b>Business address</b> (must be physical street address, no P.O. boxes)	<b>City</b>	<b>State</b>	<b>ZIP code</b>
<b>County</b>	<b>Email address</b>		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1.  **I have a workers' compensation insurance policy.**

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

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered
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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**

<b>Applicant signature (required)</b>	<b>Title</b>	<b>Date</b>
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

## MN STATUTE 270C.72 TAX IDENTIFICATION FORM

**PURSUANT TO Minnesota Statute 270C.72, Tax Clearance Required:** The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

**Please supply the following information and return along with your application to the agency issuing the license.**

License applied for or renewed: On Sale Intoxicating Liquor

Licensing authority: City of Duluth, St. Louis County, Minnesota

License renewal date: September 1, 2018

### **Personal Information (if applicable)**

Applicants Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

### **Business Information (if applicable)**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

MN Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_





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

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 \_\_\_\_\_ (title) Date \_\_\_\_\_

**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](http://www.dps.state.mn.us).**



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133  
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555  
 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.**