



**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

|                            |
|----------------------------|
| <b>FOR OFFICE USE ONLY</b> |
| DATE _____                 |
| LICENSE # _____            |

**LIQUOR LICENSE APPLICATION**

| LICENSE                              | FEE              |
|--------------------------------------|------------------|
| OFF SALE INTOXICATING LIQUOR         | \$1500.00        |
| LEVEL 4 INVESTIGATION FEE (One time) | \$ 209.00        |
| <b>Total</b>                         | <b>\$1709.00</b> |

**LICENSEE BUSINESS NAME & BUSINESS ADDRESS (Corp/individual/partnership)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**TRADE NAME:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_

**OWNER OF BUSINESS PROPERTY:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**MANAGER'S NAME & ADDRESS & PHONE**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**LICENSE PERIOD:** 9/1/ - 8/31/

**PLAT/PARCEL:** \_\_\_\_\_

**LIST CORPORATE OFFICERS OR PARTNERS (TITLE/STOCK):**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

|   |
|---|
| <p><b>Mailing Address:</b></p> <p>_____<br/>         _____<br/>         _____</p> |
|---|



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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: \_\_\_\_\_

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 reverse side of this application. Questions 5 through 10 need be answered only as they relate to any changes in your status since the filing of your last affidavit.

1. License Applicant \_\_\_\_\_  
(Individual, Partnership, Corporation or Club)

2. Address of licensed premises \_\_\_\_\_

3. Your Name \_\_\_\_\_  
(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address \_\_\_\_\_  
(Address) (City) (County) (State) (Zip)

5. Other home addresses  
in last 10 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other names you are, or have been known by, including maiden name: \_\_\_\_\_

\_\_\_\_\_

7. Your position in the business: \_\_\_\_\_  
(Owner, partner, president, treasurer, manager, etc.)

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 addresses of at least three business references, including one bank reference:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

(3) (Bank) \_\_\_\_\_

10. (a). Have you or any corporation in which you held more than 10% 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 \_\_\_

If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

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

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

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.

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(First) (Middle) (Last) (Jr./Sr.) (Date of Birth)

4. Home Address \_\_\_\_\_  
(Address) (City) (County) (State) (Zip)

5. Other home addresses  
in last 10 years: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Other names you are, or have been known by, including maiden name: \_\_\_\_\_

\_\_\_\_\_

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(Owner, partner, president, treasurer, manager, etc.)

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\_\_\_\_\_

\_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_

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If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

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

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

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(3) (Bank) \_\_\_\_\_

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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? \_\_\_\_\_

\_\_\_\_\_

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If yes, state the violation, where and when it occurred, the maximum possible penalty for the violation, and whether or not the record of the conviction has been expunged. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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)

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

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



# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 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 NO (if applicable)   | BUSINESS TELEPHONE NO. | FAX TELEPHONE NO.   |
| BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.) |                        |                     |
| DBA ("doing business as" or also known as an assumed name) (if applicable)  |                        |                     |
| BUSINESS ADDRESS (must be physical street address, no PO boxes)   | CITY                   | STATE      ZIP CODE |
| COUNTY  | E-MAIL 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 NO.                                       | 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, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 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 Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

|                                |       |      |
|--------------------------------|-------|------|
| PRINT NAME                     |       |      |
| APPLICANT SIGNATURE (required) | TITLE | DATE |

NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape.

**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: \_\_\_\_\_

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

License renewal date: \_\_\_\_\_

**Personal Information (if applicable)**

Applicant's Name: \_\_\_\_\_

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

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

**Business Information (if applicable)**

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

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

Minnesota Tax Identification Number: \_\_\_\_\_

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

If a MN Tax I.D. is not required, please explain:

Signature \_\_\_\_\_

Date \_\_\_\_\_



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555  
 WWW.DPS.STATE.MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_

Licensee's MN Sales and Use Tax ID # \_\_\_\_\_ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # \_\_\_\_\_

**If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.**

|   |                                       |                            |          |
|---|---------------------------------------|----------------------------|----------|
| Licensee Name (Individual, Corporation, Partnership, LLC) | Social Security #                     | Trade Name or DBA          |          |
| License Location (Street Address & Block No.)             | License Period<br>From _____ To _____ | Applicant's Home Phone #   |          |
| City  | County                                | State                      | Zip Code |
| Name of Store Manager                                     | Business Phone Number                 | DOB (Individual Applicant) |          |

**If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.**

| Partner Officer (First, middle, last) | DOB | SS# | Title | Shares | Address, City, State, Zip Code |
|---------------------------------------|-----|-----|-------|--------|--------------------------------|
| Partner Officer (First, middle, last) | DOB | SS# | Title | Shares | Address, City, State, Zip Code |
| Partner Officer (First, middle, last) | DOB | SS# | Title | Shares | Address, City, State, Zip Code |
| Partner Officer (First, middle, last) | DOB | SS# | Title | Shares | Address, City, State, Zip Code |

- If a corporation, date of incorporation \_\_\_\_\_, state incorporated in \_\_\_\_\_, amount paid in capital \_\_\_\_\_. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. \_\_\_\_\_
- Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No If yes state approximate distance. \_\_\_\_\_
- Name and address of building owner: \_\_\_\_\_  
 Has owner of building any connection, directly or indirectly, with applicant?  Yes  No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued?  Yes  No If yes, in what capacity? \_\_\_\_\_
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. \_\_\_\_\_
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. \_\_\_\_\_

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License.  Yes  No  Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. \_\_\_\_\_  
\_\_\_\_\_
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. \_\_\_\_\_
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties?  Yes  No If yes, give dates, charges and final outcome.  
\_\_\_\_\_
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

- Check one
- 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.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

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

|                                 |                        |      |
|---------------------------------|------------------------|------|
| Print name of applicant & title | Signature of Applicant | Date |
|---------------------------------|------------------------|------|

**REPORT BY POLICE\SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

\_\_\_\_\_

\_\_\_\_\_

|                             |       |           |
|-----------------------------|-------|-----------|
| Police/Sheriff's Department | Title | Signature |
|-----------------------------|-------|-----------|

PS 9136-(2009)

\_\_\_\_\_

County Attorney's Signature

**IMPORTANT NOTICE**

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.  
For information call (513) 684-2979 or 1-800-937-8864



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
444 Cedar Street Suite 222  
St. Paul, MN 55101-5133  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER  
  
*(Office Use Only)*

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

|  |           |                      |                  |
|--|-----------|----------------------|------------------|
| ISSUING AUTHORITY                            | TYPE CODE | BUYER'S CARD EXPIRES | IDENTIFICATION # |
| PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) |           | BUSINESS NAME (DBA)  |                  |
| BUSINESS ADDRESS                             |           | COUNTY               | BUSINESS PHONE   |
| CITY, STATE, ZIP CODE                        |           | AUTHORIZED SIGNATURE |                  |

PS 9135 (12/09)

PLEASE COMPLETE THE BOTTOM 3 LINES OF THIS FORM

MAKE CHECK PAYABLE TO: ALCOHOL AND GAMBLING ENFORCEMENT



# REQUIREMENTS FOR LIQUOR LIABILITY INSURANCE CERTIFICATE

*\*This form is a reference document and does not need to be submitted with your application.*

Certificate cannot be pending, a binder, or TBA.

## CERTIFICATE OF LIABILITY INSURANCE

The Legal/Corporate name must match EXACTLY (word for word) to the Approved Licensed Name (including Inc. or LLC), Trade Name (DBA), and address of licensed premises.

Minn. Stat. 340A.409: Liquor Liability insurance policy number must be included on certificate with coverage dates identical to the license period or must state: "Coverage is continuous until canceled."

**Minimums:**  
Personal Injury or Death:  
\$50,000/\$100,000

Property Damage:  
\$10,000

Other Pecuniary Loss:  
\$50,000/\$100,000

Loss of Means of Support:  
\$50,000/\$100,000

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|   |         |                                      |                |
|---|---------|--------------------------------------|----------------|
| <b>PRODUCER</b>                             |         | <b>CONTACT NAME:</b>                 |                |
| Agency                                      | Address | PHONE (A/C, No, Ext):                | FAX (A/C, No): |
| City, State, Zip                            |         | E-MAIL ADDRESS:                      |                |
|   |         | <b>INSURER(S) AFFORDING COVERAGE</b> |                |
|   |         | <b>NAIC #</b>                        |                |
| <b>INSURED</b>                              |         | <b>INSURER A:</b>                    |                |
| Legal Name and DBA here<br>Premises address |         | <b>INSURER B:</b>                    |                |
|   |         | <b>INSURER C:</b>                    |                |
|   |         | <b>INSURER D:</b>                    |                |
|   |         | <b>INSURER E:</b>                    |                |
|   |         | <b>INSURER F:</b>                    |                |

**COVERAGES**      **CERTIFICATE NUMBER:**      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE   | ADDC/ SUBR INSR / WVD | POLICY NUMBER | POLY (M/DD/Y) | POLICY (M/DD/Y) | LIMITS   |
|----------|---|-----------------------|---------------|---------------|-----------------|--|
|          | <b>GENERAL LIABILITY</b>  |                       |               |               |                 | EACH OCCURRENCE \$   |
|          | <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR<br>GENL AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJ-ECT <input type="checkbox"/> LOC |                       |               |               |                 | MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COMP/OP AGG \$                                     |
|          | <b>AUTOMOBILE LIABILITY</b>   |                       |               |               |                 | COMBINED SINGLE LIMIT (Per accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$ |
|          | <input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> HIRED AUTOS   |                       |               |               |                 | EACH OCCURRENCE \$<br>AGGREGATE \$   |
|          | <b>UMBRELLA LIAB</b>  |                       |               |               |                 | WC STATUTORY LIMITS<br>OTHER   |
|          | <input type="checkbox"/> EXCESS LIAB<br><input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$  |                       |               |               |                 | E.L. EACH ACCIDENT \$<br>E.L. DISEASE - EA-EMPLOYEE \$<br>E.L. DISEASE - POLICY LIMIT \$   |
|          | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>  |                       |               |               |                 |  |
|          | <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICEMEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | Y/N                   | N/A           |               |                 |  |
|          | Liquor Liability must be explicitly listed  |                       |               |               |                 |  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

**CERTIFICATE HOLDER**      **CANCELLATION**

|  |  |
|--|--|
| City of Duluth should be listed as a certificate holder, and must receive notice from the insurance company at the same time a cancellation request is received from or a notice is sent to the insured. | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. |
| Original Signature or stamp of agent.  | AUTHORIZED REPRESENTATIVE  |