

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE
PART I – GENERAL INFORMATION

Directions: This form must be filled out with typewriter or hand printed in ink. If the application is by a natural person, by such person; if by a corporation, by an officer thereof; if by a limited liability company, by a member thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

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

2. Business Name: _____
Business Address: _____
Phone Number: _____

3. Type of applicant:
_____ Natural Person (Individual) _____ Partnership
_____ Corporation _____ Association, LLC, or other _____

4. Type of license applicant seeks:
_____ On-Sale Intoxicating
_____ On-Sale Wine Only
_____ On-Sale Wine and 3.2
_____ On-Sale Club
_____ On-Sale Culinary Class (limited)
_____ On-Sale Sunday
_____ On-Sale Brewer Taproom
_____ On-Sale Brew Pub _____ **Off-Sale** Brew Pub (must have On-Sale Brew Pub license)
_____ On-Sale Microdistillery Cocktail Room (must have **Off-Sale** Microdistillery license)
_____ **Off-Sale** Microdistillery

INDIVIDUAL

If business is to be conducted under a designation, name, or style other than full individual name of the applicant, attach a copy of the Certificate of Assumed Name under provisions of Chapter 333, Minnesota Statutes, certified by Secretary of State's Office.

If applicant is a natural person (individual), state full legal name, place and date of birth, residence and business address, and telephone numbers:

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

Place of Birth: _____ DOB: _____

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Business Address: _____ Phone: _____
(Street, City, State, Zip)

The full legal name, place and date of birth, residence address, and telephone number of the Operating Manager in charge of the individual owner's premises at such time as the owner is absent:

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

Place of Birth: _____ DOB: _____

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Business Address: _____ Phone: _____
(Street, City, State, Zip)

A PART II - PERSONAL INFORMATION form must be completed and attached for each of these individuals.

PARTNERSHIP

If the application is for a partnership, attach a copy of the partnership agreement and a copy of the certificate of trade name under provisions of Chapter 333, Minnesota Statutes, certified by Secretary of State's Office.

If the applicant is a partnership, state full legal names, dates of birth, residence and business addresses, telephone numbers, and interest of each member of the partnership (attach additional sheets if necessary):

Full Legal Name: _____ DOB: _____ Interest: _____%
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Business Address: _____ Phone: _____
(Street, City, State, Zip)

Full Legal Name: _____ DOB: _____ Interest: _____%
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Business Address: _____ Phone: _____
(Street, City, State, Zip)

Full Legal Name: _____ DOB: _____ Interest: _____%
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Business Address: _____ Phone: _____
(Street, City, State, Zip)

The managing partner will be:

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

The full legal name, date of birth, residence address, and telephone number of the Operating Manager and any other individual with management responsibilities of the partnership's premises to be licensed: (if more than one operating manager, attach additional sheet with information)

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

**A PART II - PERSONAL INFORMATION form must be completed
and attached for each of these individuals.**

CORPORATION/LIMITED LIABILITY COMPANY/ASSOCIATION OR OTHER ORGANIZATION

If the application is for a corporation, LLC, association or other, attach a copy of articles of incorporation or organization or association agreement; a copy of bylaws or operating agreement; foreign corporations shall attach a copy of certificate of authority as described in Chapter 303, Minnesota Statutes.

Provide the name of the corporation, LLC, association, or other organization, Brooklyn Center address and phone number, and home office address and phone number.

Name _____ State of Incorporation or Association: _____
Brooklyn Center Address: _____ Phone: _____
(Street, City, State, Zip)
Home Office Address: _____ Phone: _____
(Street, City, State, Zip)

The full legal names, dates of birth, residence addresses, and telephone numbers of all officers or directors of said corporation or association:

President: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, ZIP)

Vice -President: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, ZIP)

Secretary: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, ZIP)

Treasurer: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, ZIP)

CORPORATION/LIMITED LIABILITY COMPANY/ASSOCIATION OR OTHER ORGANIZATION – CONTINUED

The full legal names, dates of birth, residence addresses, and telephone numbers of all persons who singly or together with their spouse and his or her parents, brothers, sisters, or children, own or control an interest in said corporation or association in excess of five percent:

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

(If additional space is necessary, attach additional sheets)

The full legal name, date of birth, residence address, and telephone number of the Operating Manager, and any other individual with management responsibilities for the premises to be licensed (if more than one operating manager, attach additional sheet with information):

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

A PART II - PERSONAL INFORMATION form must be completed and attached for each of the individuals listed on this page.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS

5. Describe the premises to be licensed – where customers will be allowed to drink, list all decks, patios, outside areas (applicant must also submit a site plan showing dimensions, location of buildings, patios, decks, pavilions, street access, and parking facilities):

6. Is premises located within 300 feet of, or within the same building, or on the same legally subdivided lot, piece, or parcel of land as any of the following uses: a school, day care center, church, hospital, halfway house, currency exchange operation, theater, residence, pawnshop, secondhand goods dealer, tattoo establishment, body piercing establishment, massage parlor, sauna, or another on-sale liquor establishment? Yes_____ No_____

7. How are the premises zoned under the Brooklyn Center Zoning Ordinance?

8. Does any manufacturer, brewer, or wholesaler of intoxicating liquor have any ownership, in whole or in part, in the business of the applicant? Yes_____ No_____ If Yes, explain:_____

9(a) If the owner of the building wherein the licensed business will be located is other than the applicant, state full legal name, date of birth, residence and business address, and telephone number of the owner or owners:

Full Legal Name:_____ DOB:_____ (Last, First, Middle)

Residence Address:_____ Phone:_____ (Street, City, State, Zip)

Business Address:_____ Phone:_____ (Street, City, State, Zip)

Full Legal Name:_____ DOB:_____ (Last, First, Middle)

Residence Address:_____ Phone:_____ (Street, City, State, Zip)

Business Address:_____ Phone:_____ (Street, City, State, Zip)

9(b) Where the building is owned by other than applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. (One copy of the lease shall be attached):

10. If the building is owned by the applicant, state:

Date purchased: _____

Name, address, and phone number of person purchased from: _____

Purchase price: _____ Amount of down payment: _____

Who currently holds the mortgage? Name, address and phone number: _____

Term of mortgage: _____ Rate of interest: _____

Term of contract for deed: _____ Rate of interest: _____

State the monthly payment at which the mortgage and/or contract for deed is being liquidated: _____

Are the payments on the mortgage and/or contract for deed up to date: _____

11(a) State the total cost of assets acquired to start this business, including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance, and any other assets (if acquired from predecessor, attach purchase agreement):

11(b) What is the appraised value of the premises, including, but not limited to all fees, site development, construction costs, utilities, furnishing and fixtures, but exclusive of land costs (provide one copy of appraisal):

11(c) Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business (attach supporting proof of the source of such money): _____

12. Give full legal names, dates of birth, addresses, telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement (this shall include, but not be limited to, any lessees, lessors, 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):

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Nature of Interest, etc.: _____

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Nature of Interest, etc.: _____

Full Legal Name: _____ DOB: _____
(Last, First, Middle)

Residence Address: _____ Phone: _____
(Street, City, State, Zip)

Nature of Interest, etc.: _____

If this application is for premises either planned or under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or design are on file with the community development department of the City, no additional plans need be filed with this application.

13(a) State the general area and all rooms where intoxicating liquor and/or wine is to be sold and consumed. Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms.

13(b) If the premises is a restaurant, provide a copy of the food/restaurant license. Is there a dining area open to the general public and provisions for seating a minimum of 30 persons (25 for wine license application) at one time? _____ Yes _____ No

Number of Seats: Restaurant _____ Bar _____

14. 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? (Attach one copy of all permits obtained.)

15. What permits or licenses required by the Federal Government 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? (Attach one copy of all permits obtained.)

16. Are there any real estate taxes, personal property taxes, assessments, or other financial claims of the City, County, or State due, delinquent, or unpaid on the premises to be licensed, including if the premises is part of a larger tax parcel on which ad valorem real estate taxes or assessments collected with such taxes are due, delinquent, or unpaid, and if not paid, the years and amounts which are unpaid?
Yes_____ No_____ If yes, give details.

17. Proposed commencing date of license:_____

Any falsification of answers to the preceding questions will result in denial of the application

THE MINNESOTA DATA PRACTICES ACT requires that we inform you of your rights about the private data we are requesting on this form. Private data is available to you, but not to the public. We are requesting this data to determine your eligibility for a license from the City of Brooklyn Center. Providing the data may disclose information that could cause your application to be denied. You are not legally required to provide the data, however, refusing to supply the data may cause your license to not be processed. Under MS 270.72, the City of Brooklyn Center is required to provide the Minnesota Department of Revenue your MN Tax ID Number and Social Security number. The Department of Revenue may supply information to the Internal Revenue Service. In addition, this data can be shared by Brooklyn Center City Staff, Department of Public Safety, Hennepin County Auditor, Bureau of Criminal Apprehension, and other persons or entities deemed necessary for verification of information submitted in the application. Your signature on this application indicates you understand these rights.

The undersigned hereby applies for a liquor license and acknowledges receipt of a copy of City Ordinance Chapter 11, Liquor Ordinance, and agrees to comply at all times with all laws, ordinances, or regulations applicable whether they be federal, state, county, or municipal. Submitted with this application is proof of workers' compensation insurance coverage and Minnesota business tax identification number. Information is collected to determine eligibility for license. Failure to provide information requested may result in denial of application.

APPLICANT NAME (please print) _____

being first duly sworn upon his/her oath, deposes and says that he/she is the person who has executed the foregoing information and that the statements made herein are true of his/her own knowledge and belief. I also understand that if any of the foregoing information is proven to be false, it is grounds for denial of the license for which I have applied.

SIGNATURE OF APPLICANT _____
DATE

I request that my residence address and telephone number be considered private data. My alternative address and telephone number are as follows:

Address: _____

Telephone Number: _____

Subscribed and sworn to before me this _____ day of _____

Notary Public Signature _____

County _____

My Commission Expires _____

(Notary Public stamp or seal)