



OLMSTED COUNTY PROPERTY
 RECORDS & LICENSING
 VITAL RECORDS & LICENSING
 151 4TH STREET SE
 ROCHESTER MN 55904-3709
 VITALS 507/328-7660
 LICENSE 507/328-7640
 FAX 507/328-7965

Application for 3.2% Malt Beverage License

On Sale: \$200

Off Sale: \$100

Both On/Off Sale: \$300

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Applicants Name (Business, Partnerships, Corporation)		DOB	SSN	Trade Name or DBA	
Business Address			Business Phone		Applicant's Home Phone
City	County	State	Zip Code	License Period From _____ To _____	
Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.					
Name, title, and percent ownership		Address		DOB	SSN
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Name, title, and percent ownership		Address		DOB	SSN
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of corporation			If a subsidiary of another corporation, give name		
Describe the premises to be licensed					
Floor establishment is located on		Number of restaurant employees	Seating capacity	Hours food will be available	
Number of months per year establishment will be open			Name of manager		
If the restaurant is in conjunction with another business (resort etc.), describe business					
Name the nearest municipality on sale licenses are issued.					

Yes No Has applicant, partners, officers or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

Yes No Is this establishment located in an organized township? If so, attach township approval.

Yes No Has a restaurant license been issued by the state or local health department for this establishment?



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I certify that the information I have provided in this application is true and correct to the best of my knowledge. I agree to comply with all the provisions of the ordinance under which this license is granted.

Name of applicant (please print or type) Signature of Applicant Date

The licensee must have one of the following:

- 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.
- A surety bond from a surety company with minimum coverage as specified above.
- A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.
- Insurance is not required. Attach "PROOF OF FINANCIAL RESPONSIBILITY" to this form.

CONSENT OF THE TOWN BOARD TO ISSUE 3.2% MALT BEVERAGE LICENSE

This is to certify that the town board approves the applicants named above are eligible to be licensed. If no, state reason.

Signature of Chair of the Town Board Township Date

REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature Department and Title Date

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney County Date