



**CITY ADMINISTRATOR'S OFFICE**

101 14<sup>th</sup> Street, Cloquet MN 55720  
Phone: 218-879-3347 Fax: 218-879-6555

[www.cloquetmn.gov](http://www.cloquetmn.gov)

email: [kstarnold@cloquetmn.gov](mailto:kstarnold@cloquetmn.gov)

**CITY OF CLOQUET, MN  
APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

Application:    New       Renewal

**APPLICANT INFORMATION:**

Name: \_\_\_\_\_  
  First    Full Middle Name    Last

Applicant Current Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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

Home Phone

Work Phone

Cell Phone

\_\_\_\_\_

E-Mail Address

Date of Birth: \_\_\_\_\_    Place of Birth: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

*Business, Partnership, Corporation, LLC, Individual)*

Social Security #: \_\_\_\_\_

Trade Name or DBA: \_\_\_\_\_

Licensed Location Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

**BUSINESS INFORMATION:**

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

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

Mailing Address (if different from above): \_\_\_\_\_

Phone No.: \_\_\_\_\_    Alternate Number: \_\_\_\_\_

Manager of Business: \_\_\_\_\_

**BUSINESS OWNERSHIP INFORMATION:**

Type of Ownership:  Sole Proprietorship  Partnership  Limited Liability Corporation (LLC)  Corporation (Inc)

**If the above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:**

Partner/Officer Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.

Partner/Officer Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security No.

Are you the owner or one of the owners of the business stated in this application?  Yes  No

If yes, how long have you been in the business at this location? \_\_\_\_\_

If you are not the business owner, please list business owner information:

Name: \_\_\_\_\_  
(First) (Full Middle) (Last)

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

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Work Phone

\_\_\_\_\_  
Cell Phone

The property at which I am requesting a license for, I  Own  Rent  Lease  Other: \_\_\_\_\_

***(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement)***

If you are not the property owner, please list property owner information:

Name: \_\_\_\_\_  
(First) (Full Middle) (Last)

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

\_\_\_\_\_ Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone

**Property/Business Information:**

Intoxicating liquor licenses will only be issued to establishments which are properly zoned and/or meet those zoning requirements for such location as may be required by the City.

**For Zoning Verification, contact the Cloquet Zoning Department at (218) 879-2507 prior to submitting your application to obtain a "Certificate of Zoning Compliance."**

You must indicate the exact legal description of the premises to be licensed, with a plot plan of the area showing dimensions, locations of buildings, street access, and parking facilities and the locations of and distances to the nearest church building and schools.

Property Zoning District: \_\_\_\_\_

Property Parcel ID Number: \_\_\_\_\_

Property Complete Legal Description: \_\_\_\_\_  
\_\_\_\_\_

**Cloquet Municipal Code. Section 6.3.09, Subd. 2 Distance from Schools and Churches.** No license shall be granted for any place within 1,200 feet of any public school or within 600 feet of any church unless the entity pre-existed the location of the School or Church in question or unless such a use is permitted under City Zoning and is approved by the City Council. In applying this restriction, the distance shall be measured between the main front entrance of each structure, following the route of ordinary pedestrian travel.

Church:  Yes  No If yes, distance from location: \_\_\_\_\_  
School:  Yes  No If yes, distance from location: \_\_\_\_\_

How many off-street parking spaces are to be provided exclusively for your customers? \_\_\_\_\_

Days of Operation: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Real estate taxes on property to be licensed are:  Paid current  Delinquent

Are there any financial claims to the City of Cloquet owed by the applicant, business owner, or property owner?

None exist.  There are financial claims owed to the City of Cloquet.

If there are current financial claims owed to the City of Cloquet, please state the responsible party, state amount(s), and type of claim:

Responsible Party	Amount	Type of claim (i.e., utilities, etc.)
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**Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your license. Please add additional information if necessary.**

1. Have you been convicted of any misdemeanor or felony violation of local ordinances related to the sale of alcoholic beverages?  Yes  No

If yes, please provide statement of all convictions (date of offense, location, charge and date of conviction.)

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2. Have you previously operated in this City or another City or State under a license or permit which had been denied, suspended or revoked?  Yes  No

If yes, please provide information and state reasons.

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3. Do you currently hold a license of the same in this City, any other City, State or Country?  Yes  No

If yes, please provide business information for that license.

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

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

Phone No. \_\_\_\_\_

**The City of Cloquet reserves the right to request additional information to assist in the evaluation of this application.**

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Cloquet, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name \_\_\_\_\_  
First Middle Last

**SEND FUTURE APPLICATION RENEWALS TO:**

- Applicant's Residence Address
- Business Address

<b>FOR CITY USE ONLY: (When applicable)</b>				
	<b>Signature:</b>	<b>Approved:</b>	<b>Denied:</b>	<b>Date:</b>
<b>Planning:</b>				
<b>Police Chief:</b>				
<b>Fire Dept.:</b>				
<b>Finance Director:</b>				
<b>City Administrator:</b>				

## OFF SALE INTOXICATING LIQUOR CHECKLIST

- ❑ **Off Sale Intoxicating Liquor Application**
  - City of Cloquet Application
- ❑ Certificate of Liquor Liability (\$100,000/\$300,000). Certificate must be in exact corporate name if the licensee is incorporated or individual(s) name if not incorporated. Dates on insurance must cover license period completely.
- ❑ “Certificate of Zoning Compliance” from Zoning Department (879-2507)
- ❑ Authorization & Release/Data Practices Advisory Form
- ❑ Copy of Driver’s License
- ❑ Minnesota Business Tax Identification Form
- ❑ Minnesota Workers’ Compensation Law
- ❑ Plot plan and Sketch of Premise which license applies
- ❑ Rental or lease agreement (if applicable)
  
- ❑ New Licenses:
  - Police Records Liability Waiver
  - [Form #9136 “Application for Off Sale Intoxicating Liquor License”](#)
  
- ❑ Fees:   Off Sale Intoxicating Liquor -       \$ 560.00  
          Background Check (new licenses)- \$ 100.00

***The City Council shall have at least 30 days from and after receipt of the application for review prior to granting or denying issuance of a license.***

### Alcohol & Gambling Enforcement

- ❑ [\\$20.00 Buyers Card](#) needs to be applied for through the State directly. Forms can be obtained at [www.dps.state.mn.us](http://www.dps.state.mn.us) (For new licenses, this card will not be issued until the licensing paperwork has been received and all requirements are met)
- ❑ **If establishment is brand new and never before been licensed for this type of license, it will need to be inspected by a State of MN field inspector before final approval. Contact the State for this.**

## **Authorization & Release**

The undersigned, having filed an application with the City of Cloquet realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

### **Data Practices Advisory (*Tennessee Warning*)**

Some or all of the information that you are asked to provide on the attached forms are classified by state law as either private or confidential. Private data is information which generally cannot be given to the public, but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is to perform background investigations of the applicant, manager and others appearing on the application. This information will be used to determine if it is appropriate for the applicant to be issued a license or permit from the City of Cloquet.

You are not legally required to provide this information. However, failure to furnish the requested information may result in your application being denied.

This information will be used by various City departments in the course of their investigations. In addition, various State and Federal law enforcement agencies may be furnished portions of the information you provide.

If you have any questions in this regard, please contact the City Administrator's Office at (218) 879-3347.

I read and understand the above information regarding my rights as a subject of government data.

**I HAVE READ AND UNDERSTAND THE ABOVE  
AUTHORIZATION & RELEASE AND DATA PRACTICES ADVISORY.**

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Signature of Applicant

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Date

## MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax Clearance; Issuance of Licenses), Subd. 4. **The licensing authority is required to provide the Minnesota Commissioner of Revenue your business tax identification number and social security number of each license 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.

License Type: \_\_\_\_\_

Please supply the following information and return along with your application to the City of Cloquet.

APPLICANT INFORMATION		
Name: First	Full Middle	Last
Current Address:		
City:	State:	Zip Code:
Social Security Number:		

BUSINESS INFORMATION		
Business Name:		
Business Address:		
City:	State:	Zip Code:

TAX IDENTIFICATION NUMBERS
Federal Tax Identification Number:
Minnesota Tax Identification Number:

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, 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.

<b>PRINT NAME</b>		
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.

**CLOQUET POLICE DEPARTMENT  
101 – 14<sup>th</sup> Street - Cloquet, MN 55720**

**POLICE RECORDS LIABILITY WAIVER**

I respectfully request and expressly authorize the Cloquet Police Department to inspect criminal history records maintained on me by any and all law enforcement agencies, the Bureau of Criminal Apprehension and/or the Federal Bureau of Investigation. I further authorize the Cloquet Police Department to release any information obtained from these sources to the City of Cloquet as may be required. Information obtained in this manner is to be used solely for the purpose of determining my eligibility for the following:

**License you are applying for:** \_\_\_\_\_

APPLICANT INFORMATION		
First Name:	Full Middle Name:	Last Name:
Current Home Address:		
City:	State:	Zip:
Previous Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	Work Phone:
E-mail address: <i>(if applicable)</i>		
Date of Birth:	Social Security Number:	
Driver's License Number:		
Other names by which applicant has been known, including maiden name, names from previous marriages or aliases:		
First Name:	Full Middle Name:	Last Name:
First Name:	Full Middle Name:	Last Name:
Business Name:		
Business Address:		
Business Phone Number:		

I hereby expressly release the Cloquet Police Department and its employees from any liability for damage to me which may result from the furnishing of such information:

**X** \_\_\_\_\_  
Signature of Individual Authorizing Release

\_\_\_\_\_  
Date

**(Please submit copy of Driver's License)**