

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, parking facilities and the locations of and distances to the nearest church building and schools.

The license application must include a complete description of the compact and contiguous area in which the licensee will conduct business, including a description of physically connected attachments to the main structure such as patios, decks, or pavilions.

If the description covers a building with more than one story or room which are used for business purposes other than those permitted to be in combination with the license, then the description must specify the floor and the space to which the license will apply.

Property Zoning District: _____

Property Parcel ID Number: _____

Property Complete Legal Description: _____

Is there more than one story to building? Yes No

If yes, please describe: _____

Does business have inside access to another business establishment? Yes No

If yes, please describe: _____

Will licensed area include any outdoor attachment such as a patio or deck? Yes No
If yes, is area fenced in? Yes No

(Please describe in detail and attach drawing) _____

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

Days of Operation: _____

Hours of Operation: _____

Give a complete description of business activities to be conducted on the premises: _____

Will live entertainment and/or dancing be provided? Yes No

2 A.M. LIQUOR LICENSE Will applicant be applying for 2 A.M. Sales? Yes No

SUNDAY SALES Will applicant be applying for Sunday Liquor? Yes No

To be completed if applying for Sunday Sales:

Minnesota Statute 340A.504, Subd. 3. Intoxicating liquor; Sunday sales; on-sale.

A restaurant, club, bowling center, or hotel with a seating capacity for at least 30 persons and which holds an on-sale intoxicating liquor license may sell intoxicating liquor for consumption on the premises in conjunction with the sale of food between the hours of 10:00 a.m. on Sundays and 2:00 a.m. on Mondays.

For restaurant or hotel, what is the seating capacity for guests at one time? _____

(Must meet provisions of the Uniform Fire Code for a formal occupancy rating or other similar documentation and square footage to arrive at the proper seating capacity. Please contact our Building Official at 879-2507 with any questions.)

(For a hotel, seating must be 30 guests at one time and must meet provisions of the Uniform Fire Code for a formal occupancy rating or other similar documentation and square footage to arrive at the proper seating capacity. Please contact our Building Official at 879-2507 with any questions.)

Are meals regularly prepared on the premises and served at tables to the general public? Yes No

Square footage of total dining area: _____

Principal part of the business will be food: Yes No

Estimated percentage of gross sales for: Food _____ Liquor _____

If a Restaurant, please provide copy of Restaurant License from the Minnesota Department of Health.
License Type: Small Establishment Medium Establishment Large Establishment

Submit a floor plan of the dining room(s), showing dimensions and indicating the number of persons intended to be served in each of such rooms.

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.)

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.)

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. *(if necessary, attach list to application)*

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

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

ON SALE INTOXICATING LIQUOR CHECKLIST

On Sale Intoxicating Liquor Application

- City of Cloquet Application

Minnesota State Statute 340A.404

A city may issue an on-sale intoxicating liquor license to the following establishments located within its jurisdiction:

- hotel
 - restaurant
 - bowling center
 - club or congressionally chartered veterans organizations **with the approval of the commissioner**; provided that the organization has been in existence for at least three years and liquor sales will only be to members and bona fide guests
 - exclusive liquor stores
- 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 (MN Rule 7515.043 - Subp. 2) (May include an outdoor space that is compact and contiguous; i.e. outdoor patio)
- Copy of rental or lease agreement for premise (if applicable)

If applying for Sunday Sales:

- Restaurant License
License Type: Small Establishment Medium Establishment Large Establishment
- Uniform Fire Code Formal Occupancy Rating or other similar documentation of square footage to arrive at proper seating capacity.
(Check with Building Official - 879-2507)

New Licenses:

- Police Records Liability Waiver
- [Form #9011 "Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License"](#) **City issues license after final inspection by State.**
- If applicable, "Application for Optional 2 AM Liquor License"

- Fees:
- | | |
|-----------------------------------|-------------|
| On Sale Intoxicating Liquor - | \$ 2,500.00 |
| Sunday Sales | \$ 200.00 |
| 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 (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.**

Signature of Applicant

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.

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.

**CLOQUET POLICE DEPARTMENT
101 14th 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)



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))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

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 _____ Date _____
(title)

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.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
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 #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Licensee (As shown on license)	Business Name (DBA)		
<input type="text"/>	<input type="text"/>		
Business Address	County	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Authorized Signature		
<input type="text"/>	<input type="text"/>		