

LIQUOR LICENSE APPLICATION

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license. The applicant must complete this application.

TYPE OF LICENSE (CHECK ALL THAT APPLY)
ALL APPLICANTS COMPLETE THIS SECTION

- New License Application
- Renewal License Application

Selling, serving, or providing alcohol requires an alcohol license from the City. There are a variety of license types available. Before completing an application, please contact the Office of the City Clerk. They will help you determine what type of application is needed.

- On-Sale Intoxicating
- Off-Sale Intoxicating
- On-Sale Wine
- On-Sale 3.2% Malt Liquor
- Off-Sale 3.2% Malt Liquor
- On-Sale Brewer Tap Room
- Off-Sale Small Brewer (Growlers)
- On-Sale Club
- Special On-Sale Sunday

COMPANY/ORGANIZATION INFORMATION:
ALL APPLICANTS COMPLETE THIS SECTION

- Type of Applicant:
- Sole proprietor
 - Partnership
 - Corporation
 - Nonprofit
 - Other: _____
 - Club

Name of Applicant: _____

Trade Name/ Db: _____

Business Address: _____
Street City Zip Code

All Company/organization types must complete the Tax Information/Background Investigation Form. Please include the completed form with the application.

**CLUB INFORMATION:
CLUBS ONLY**

How many members are in your club? _____

How many years has the club been in existence? _____

Name of Club President: _____

Club Mailing Address: _____

President or Club Phone Number: _____

**PREMISES:
ALL APPLICANTS COMPLETE THIS SECTION**

1. Legal Description of premises to be licensed. Attach a layout showing dimensions, building location, street access, parking facilities and location.

2. Do you wish to have your liquor license apply to an attached outside area?

Yes

No

If yes, attach a layout showing the building and the outside serving area, estimating the square footage of the outside area.

_____ Exterior Square Feet

3. Does your establishment serve food?

Yes

No

If yes, attach a copy of your State of Minnesota Food and Beverage license.

NOTICE AND NOTARIZED SIGNATURE

ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

I CERTIFY THAT THE INDIVIDUAL, PARTNERSHIP, OR CORPORATION AND INDIVIDUALS IN THE PARTNERSHIP OR CORPORATION HAVE NOT HAD ANY LIQUOR SANCTIONS OR CENSORSHIPS.

Yes

No

I HEREBY AUTHORIZE THE CITY OF VICTORIA TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORMATION. I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE I HAVE ANSWERED THE ABOVE QUESTIONS TRUTHFULLY AND CORRECTLY.

Signature of Applicant

Title

Date

SUBSCRIBED AND SWORN TO BEFORE ME this.
_____ day of _____, 20_____.

Signature of Notary Public

My Commission expires on: _____

(Stamp)