

# 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 Applicant Seeks: Check all that apply.

- |   |   |                               |
|---|---|-------------------------------|
| <input type="checkbox"/> On-Sale Intoxicating     | <input type="checkbox"/> Off-Sale                                   | <input type="checkbox"/> Club |
| <input type="checkbox"/> On-Sale "Sunday"         | <input type="checkbox"/> Off-Sale 3.2% Malt Liquor                  |                               |
| <input type="checkbox"/> On-Sale Wine             | <input type="checkbox"/> Small-Brewer Tap Room On-Sale and Off-Sale |                               |
| <input type="checkbox"/> On-Sale 3.2% Malt Liquor | <input type="checkbox"/> Small -Brewer Off-Sale Growler Sunday      |                               |

## Company Information

Type of Applicant:  Sole proprietor  Partnership  LLC  Corporation  Non-profit

Name of Applicant: \_\_\_\_\_  
(Sole Proprietor, Partnership, Corporation, or Non-profit):

Trade Name/ Dba: \_\_\_\_\_

Business Address \_\_\_\_\_  
Street City Zip Code

If the Applicant is a Sole Proprietor and or Non-profit complete section 3:

## Section 3 – Sole Proprietor and/or Non-Profit

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Interest: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ MN Tax ID Number \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Driver's License Issued in \_\_\_\_\_

If the Applicant is a Corporation/Partnership complete section 4:

**Section 4 – Corporation/Partnership**

Name of Corporation /Partnership: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street City Zip Code

State of Partnership Formation: \_\_\_\_\_ Date Partnership Formed: \_\_\_\_\_

MN Tax ID # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

4b. Complete the following information on each member of the Corporation/Partnership:

**Section 4b– Corporation/Partnership**

1. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden or Former Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Interest: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Driver's License Issued In: \_\_\_\_\_

2. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden or Former Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Interest: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Driver's License Issued In: \_\_\_\_\_

3. Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Last) (First) (Middle)

Maiden or Former Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Street City Zip Code

Interest: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State Driver's License Issued In: \_\_\_\_\_

Use additional sheets of paper for additional members of Corporation/Partnership.

**Section 5– Outdoor Seating**

5a. State the size and area and include a drawing of any outdoor seating area that is compact and contiguous to the licensed premises. (NOTE: Outdoor seating areas must be identified and included on the Liquor Liability Certificate of Insurance.) Minn. Stat. § 340A.410 subd. 7 states a retail alcoholic beverage license is only effective for the licensed premises specified in the approved license application.

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5b. If you serve food, is there a dining area open to the public and provisions for seating a minimum of 25 persons at one time? YES \_\_\_\_\_ NO \_\_\_\_\_

Number of Seats: Restaurant \_\_\_\_\_ Bar \_\_\_\_\_

5c. Please attach a copy of your Food License.

5d. What percentage of your gross receipts are attributable to the sale food? \_\_\_\_\_

5e. I certify that the Individual, Partnership, or Corporation and individuals in the Partnership or Corporation have not had any liquor sanctions or censorship.  
YES \_\_\_\_\_ NO \_\_\_\_\_

**Section 6– to be completed by Clubs only.**

6a. How many members are in your club? \_\_\_\_\_

6b. How many years has the club been in existence? \_\_\_\_\_

6c. Name of Club President: \_\_\_\_\_

Club Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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

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)

**\*\*The City will obtain the Sheriff's Signature\*\***

The undersigned Sheriff of Carver County hereby recommend the within application, it appearing to the best of our knowledge that said applicant has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2% malt liquor, or intoxicating liquor.

\_\_\_\_\_  
Signature of Carver County Sheriff

\_\_\_\_\_  
Date