

City of
St. Paul Park
600 Portland Avenue
St. Paul Park MN 55071
(651) 459-9785

APPLICATION FOR LIQUOR LICENSE
PART II—GENERAL BUSINESS INFORMATION
Revised December 2019

This form must be completed by the following person:

- Sole Proprietor--by such individual
- Partnership--by one of the partners
- Corporation--by an officer of the Corporation
- Association--by the manager or managing officer

Name of Applicant: _____

Mailing address of applicant: _____

City State Zip

Telephone: _____

BUSINESS INFORMATION:

1. Name of Business: _____

2. Business Address: _____

City State Zip

3. Business Phone: _____

4. MN Tax ID#: _____ Federal ID# _____

5. Type of business:

1. Corporation Date of Incorporation: _____ State of Incorporation: _____

- Subchapter S Corporation
- Publicly Traded Corporation
- Closely held Corporation

B. Partnership LLC

C. Sole Proprietorship

D. Association or Other: _____

6. Type of License applicant seeks:

- On Sale Intoxicating On Sale "Sunday" sales On Sale Club
- On Sale Wine On Sale 3.2% beer
- Off Sale Intoxicating Off Sale 3.2% beer

7. If the applicant is a club, state name of club: _____
 Date the club was first incorporated: _____
 Place of such organization: _____
 Present number of members: _____

8. If applying for On Sale "Sunday" sales. Check the appropriate type of establishment.
- Restaurant with seating capacity of at least 30 persons (**provide copy of restaurant license**)
 - Club with seating capacity of at least 30 persons
 - Bowling center with a seating capacity of at least 30 persons
 - Hotel

On Sale Sunday sales license can only be issued along with On-Sale Intoxicating License to the above types of establishments.

9. Has this company ever been licensed by any government agency for the purpose of the manufacture, import or sales of alcoholic beverages? Yes No

If yes, provide the following information for all licenses issued: *(use additional sheets if necessary)*

Date Licensed: _____

Type of License held: _____

Agency issuing license: _____

State or jurisdiction where license was issued: _____

10. Has the company ever had any action taken against an alcoholic beverage license by any agency?
 Yes No If yes, explain and provide current status. *(use additional sheets if necessary)*

_____ Fined _____
 _____ Suspended _____
 _____ Revoked _____
 _____ Other Action _____

11. Has the company filed or been involved in bankruptcy (other than as a creditor) or been charged with a criminal violation related to the manufacture, import or sale of alcoholic beverage? If yes, explain and provide current status. *(use additional sheets if necessary)*

Yes No – Bankruptcy _____
 Yes No – Criminal _____

12. Other Licensing:

Has this business ever had sales and use tax permit revoked or canceled? Yes No

Has this business ever had any other license or permit revoked, denied, or canceled Yes No

Has this business ever failed to pay any liquor tax to any regulatory agency? Yes No

If yes, to any of the above, provide complete details below. *(use additional sheets if necessary)*

13. Record Keeping:

Where are the financial books and records for this business kept? _____

Who maintains these records? _____

Who prepares the tax returns, government forms and reports? _____

Does the Applicant maintain an office within Minnesota? No Yes If yes, answer the following:

Mailing address of office: _____

Street address of office: _____

Name of manager: _____

Telephone number of office: _____

Email Address: _____

FINANCIAL INFORMATION:

14. List all financial institutions in which the business maintains operating and investment accounts. *(use additional sheets if necessary)*

Institution #1: _____ Phone: _____
Address: _____
Account # _____

Institution #2: _____ Phone: _____
Address: _____
Account # _____

Institution #3: _____ Phone: _____
Address: _____
Account # _____

15. List the source(s) and amounts of all outstanding business loans. Provide the following: *(use additional sheets if necessary)*

Creditor #1: _____ Loan Amount: _____
Address: _____
Loan # _____

Creditor #2: _____ Loan Amount: _____
Address: _____
Loan # _____

Creditor #3: _____ Phone: _____
Address: _____
Loan # _____

OWNERS, PARTNERS, OFFICERS AND PERSONS WITH INTEREST IN BUSINESS:

16. List all the owners, officers, stockholders and/or partners. Ownership must add up to 100%. Publicly held corporations need list only shareholders with excess of 5% corporate stock. *(use additional sheets if necessary)*

NOTE: Part III-Personal History Statement must be submitted for individuals listed below.

(1) Legal Name: _____ # of shares or %: _____

Residence Address: _____ Title: _____
_____ Date of Birth: _____

This person has financial interest in another alcoholic beverage license or business activity

(2) Legal Name: _____ # of shares or %: _____

Residence Address: _____ Title: _____
_____ Date of Birth: _____

This person has financial interest in another alcoholic beverage license or business activity

(3) Legal Name: _____ # of shares or %: _____

Residence Address: _____ Title: _____
_____ Date of Birth: _____

This person has financial interest in another alcoholic beverage license or business activity

(4) Legal Name: _____ # of shares or %: _____

Residence Address: _____ Title: _____
_____ Date of Birth: _____

This person has financial interest in another alcoholic beverage license or business activity

(5) Legal Name: _____ # of shares or %: _____

Residence Address: _____ Title: _____
_____ Date of Birth: _____

This person has financial interest in another alcoholic beverage license or business activity

OTHERS INTEREST IN BUSINESS:

17. Give full names, addresses, phone number of all person, other than the applicant who have any financial interest in the business (if not already listed in Section 14 & 15), buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest, amount thereof, and the terms of the payment or other

reimbursement. (This shall include, but not limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise, loaned, pledged, or extended security for any indebtedness of the applicant): *(use additional sheets, if necessary)*

Full Name: _____

Residence Address: _____ Phone _____

Nature of Interest, etc: _____

Full Name: _____

Residence Address: _____ Phone _____

Nature of Interest, etc: _____

MANAGERS:

18. Provide the name of the Operating Manager in charge of the premises when the owner is absent and any other individual with management responsibilities for the corporation's or association's premise to be licensed.

NOTE: Part III-Personal History Statement must be submitted by each person with management responsibilities for the premises.

(1) **Operating Manager:** _____

(2) **Assistant Manager:** _____

(3) **Food Manager:** _____

Does this person have a MN Certified Food Protection Manager Certification? Yes No

If yes, provide Certificate # _____ Expiration: _____

If no, who holds this Certification, provide Name: _____

Certificate # _____ Expiration: _____

(4) **Beverage Manager:** _____

LIQUOR PREMISES:

19. Describe the premises to be licensed, including compact and contiguous outdoor areas: _____

20. If the liquor premises is within 1,000 feet of a church or school structure, submit a plot plan, showing the dimensions, location of the premises, street access, parking facilities, and the location and the distance of the closest point of the church structure of the closest public school.
21. How is the premises zoned under the St. Paul Park zoning ordinance? _____
22. State full names, residence and business address and phone number of the owner(s) of the building where in the licenses business will be located, if the owner is other than the applicant. *(use additional sheets, if necessary)*
- Owner #1 (full name): _____
- Residence Address: _____ Phone _____
- Business Address: _____ Phone _____
- Owner #2 (full name): _____
- Residence Address: _____ Phone _____
- Business Address: _____ Phone _____
23. Where the building is owned by someone other than the applicant, state in summary the conditions of the lease agreements, such as, terms of the lease, monthly rental, renewal privileges, etc. **(one copy of the lease agreement or purchase agreement shall be attached)**.
- _____
- _____
- _____
- _____
24. If the building is owned by the individual applicant, partnership, corporation or association. **(Attach a copy of the mortgage or contract for deed)**.
- Date of Purchase: _____
- Name and address of person purchased from: _____
- _____
- _____
- Purchase price: _____ Amount of down payment: _____
- Are there any delinquent payments on the mortgage and/or contract for deed? _____
25. If this application is for premises either planned, under construction, or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed.

26. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms: _____

27. Are you sharing the licensed premises with any other business? Yes No If yes, describe:

28. What permits required by the Federal Government has been applied for or issued for the premises: In what name were these applied for or issued, and what is the nature of the permit:

29. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises. In what names were these applied for or issued, and what is the nature of the permit or license.

30. Are any real-estate taxes, personal property taxes, special assessments, or other financial claims of the city of St. Paul Park delinquent or unpaid for the premises to be licensed: Yes No
 If yes, give details: _____

INSURANCE:

31. Name of Insurance Company: _____
 Address, City, State, Zip: _____
 Insurance Company Contact Person: _____
 Phone: _____
 Type of Insurance Coverage and amount: _____

ATTACHMENTS:

- One copy of Certificate of Incorporation of Organization
- One copy of the Articles of Incorporation, Partnership, Association or LLC Agreement
- One copy of the Certificate of Trade Name under provisions of Chapter 333, Minnesota Statutes, certified by the Secretary of State.
- One copy of By-laws to the application
- Foreign corporation shall attach one copy of Certificate of Authority, as described in M.S.A. Chapter 303.
- List of Stockholders
- Federal and State Tax Returns, financial history of business (to include bank statements to show financial origins of business)
- Attach copy of Restaurant License (Question 8)
- Attach Personal History Statements and financial statements for anyone listed in Questions 16 & 18
- Attach copy of MN Certified Food Protection Manger Certification (Question 18)
- Submit Plot Plan (Question 20)
- Copy of Lease, Mortgage, or contract for deed. (Questions 23 & 24)

CERTIFICATION:

I certify that all statements made by the applicant in this document are true, complete and correct to the best of knowledge and belief and are made by me in good faith. I also understand that an investigation will be conducted to insure the applicant meets the criteria for a license as established by the Minnesota state law and city ordinances. By signing this application, I am also agreeing to pay for all costs incurred by the City in conducting of an investigation of this application for a license.

Signature
(If a corporation, signer must be a corporate officer)

Date

Print Name

BACKGROUND INVESTIGATION AUTHORIZATION:

Attached to this application is a completed, signed AUTHORIZATION TO COLLECT, USE AND RELEASE INFORMATION form along with a form of photo identification.