



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

**APPLICATION FOR CITY LIQUOR LICENSE**

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

- Attach Workers Compensation Insurance Compliance Certification form
- Attach Certificate of Compliance-Dept. of Revenue Information

TYPE OF BUSINESS (check one)					
<input type="checkbox"/> Club	<input type="checkbox"/> Hotel	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Theater	<input type="checkbox"/> Bar only	<input type="checkbox"/> Bowling Alley
TYPE OF LICENSE(S) REQUESTED (please check all that apply):					
3.2 % LICENSES			INTOXICATING LICENSES		
On sale	Off sale		On Sale	Wine	Sunday Club
APPLICANT INFORMATION					
Applicant's full name:			Position:		
Business name (Business, partnership, LLC, Corporation):					
Trade Name or DBA:					
Business Address			Business Phone:	Applicants Home Phone	
City			County	State	Zip Code
U. S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No			Naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No		DOB
			If yes, give date/place: _____		
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.					
Partner/Officer Full Name & Title		Address			DOB
Partner/Officer Full Name & Title		Address			DOB
Partner/Officer Full Name & Title		Address			DOB
CORPORATIONS					
Date of incorporation	State of incorporation	Certificate Number		Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If a subsidiary of another corporation, give name and address of parent corporation					

<b>OTHER INFORMATION</b>		
Names and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used (Note: the location manager must be listed):		
Full Name & Title	Address	DOB
Full Name & Title	Address	DOB
Full Name & Title	Address	DOB
Full Name & Title	Address	DOB
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has applicant, partners, officers or employees had an intoxicating liquor license revoked within five year of the application?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota. If yes, give the name and address of the establishment(s).	
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach names and details.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	5. Will you serve liquor on Sunday?	
<b>BUILDING AND RESTAURANT</b>		
Name of building owner		Owner's address
Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity
Hours food will be available	No. of people restaurant employs	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>DESCRIBE LICENSED PREMISES</b>		
<b>I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.</b>		
Name of applicant (please print or type) :		
Applicants Signature		
Date:		

FOR OFFICE USE ONLY:

APPROVALS:

Department:	Signature:	Date:	Comments/report attached?
Risk Manager			
Police Chief			
City Clerk			
City Council	N/A		
<b>Required documents completed &amp; attached:</b>			Comments:
Application(s) (City)			
Application(s) (State)			
Proof of Insurance (Dram Shop)			
Proof of Insurance (Workers Comp)			
Certificate of Compliance-Dept of Revenue			
Tennessee Warning			
Authorization to collect, use and release information			
Fees paid			
Floor plan			
Proof of Restaurant License			
Club (list of officers and number of members)			