



4646 Dakota Street SE
Prior Lake, MN 55372

INTOXICATING LIQUOR, WINE, OR 3.2 MALT LIQUOR LICENSE APPLICATION

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. License Information
- | | |
|--|--|
| Type of License: | Optional License: |
| <input type="checkbox"/> On Sale | <input type="checkbox"/> On Sale 2 am closing option |
| <input type="checkbox"/> Off Sale | <input type="checkbox"/> On Sale Sunday |
| <input type="checkbox"/> On Sale Club | |
| <input type="checkbox"/> 3.2 Malt Liquor | |
| <input type="checkbox"/> On Sale Wine
(Includes Sunday) | |

-
2. Type of Applicant
- | | | |
|--|---|--|
| <input type="checkbox"/> Individual (7) | <input type="checkbox"/> Corporation (9a, 9b, 9c) | <input type="checkbox"/> Club (10a, 10b) |
| <input type="checkbox"/> Partnership (8) | <input type="checkbox"/> Other Organization
(91, 9b, 9c) | |

-
3. Legal name of licensee (individual, partnership, corporation, organization or club) _____

-
4. Business Name _____ Phone _____

Address

Street

City

State

Zip

E-mail Address: _____

Attach a list of owners and their respective percentages totaling 100 percent.

-
5. Minnesota Tax ID # _____ Federal Tax ID # _____

Applicant's Social Security # _____

-
6. Proof of Workers' Compensation Insurance Coverage:

Insurance Company Name _____

Policy # _____ Dates of coverage _____

I am **not** required to have workers' compensation liability coverage because

I have no employees covered by the law

Other (Specify on reverse side)

Section 1: Type of Applicant

Complete only one number in this section. Refer to question 2 for type of applicant.

7. Individual *If applicable, complete this question then proceed to Section 2.*

Full Name

First *Middle* *Last*

Residence Address _____ Phone

Street *City* *State* *Zip*

Business Address _____ Phone

Street *City* *State* *Zip*

8. Partnership *If applicable, complete this question for general and limited partners, then proceed to Section 2.*

Full Name

First *Middle* *Last*

Residence Address _____ Phone

Street *City* *State* *Zip*

Business Address _____ Phone

Street *City* *State* *Zip*

Full Name

First *Middle* *Last*

Residence Address _____ Phone

Street *City* *State* *Zip*

Business Address _____ Phone

Street *City* *State* *Zip*

Attach a copy of partnership agreement.

9a. Corporation/other organization *If applicable, complete questions 9a, 9b, and 9c, then proceed to Section 2.*

Name _____ State of
incorporation/association

First *Middle* *Last*

Prior Lake Address _____ Phone

Street *City* *State* *Zip*

Home Office Address _____ Phone

Street City State Zip

9b. Officers of corporation/other organization

President

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Vice-President

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Secretary

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Treasurer

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

9c. All persons who singly or together with their spouses and parents, brothers, sisters or children, own or control an interest in said corporation/other organization in excess of five (5) percent.

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Attach a copy of Certificate of Incorporation.

10a. Club If applicable, complete questions 10a and 10b.

Club name _____

Date club was incorporated _____ Number of club members _____

10b. Officers, Executive Committee members, and Board of Director members

Full Name _____

First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Full Name _____

First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Attach a copy of Articles of Incorporation, and a copy of by-laws of the club.

Section 2: Persons In Charge of Licensed Premises

All applicants must complete this section.

11. General manager, proprietor, food/beverage manager, managing partner or other individual in charge of the licensed premises.

Full Name _____ Position _____
First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Full Name _____ Position _____
First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Full Name _____ Position _____
First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Section 3: Building Ownership

All applicants must complete this section.

12a. Is building where licensed business will be located owned by applicant (individual, partnership, corporation or other organization)? Yes, complete questions 12a-d No, proceed to question 13

Date purchased _____ Purchase Price \$ _____ Down payment \$ _____

Name of person purchased from _____

Address of above person _____
Street City State Zip

12b. Is there a mortgage? Yes No Amount \$ _____

Mortgage Holder _____

Address _____

Street City State Zip

Term of Mortgage _____ Interest Rate _____

12c. Is there a contract for deed (C.D.)? Yes No Amount \$ _____

C.D. Holder _____

Address _____

Street City State Zip

Term of C.D. _____ Interest Rate _____

12d. Are the payments on the mortgage and/or C.D. up-to-date? Yes No

13. Is the building where licensed business will be located owned by someone other than the applicant? Yes, complete questions 13 No, proceed to question 14

Full Name _____

First Middle Last

Residence Address _____ Phone _____

Street City State Zip

Business Address _____ Phone _____

Street City State Zip

Attach a copy of the lease agreement.

14. List all persons other than the applicant, who have any ownership, in whole or part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness to the applicant.

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Nature and amount of ownership, terms for payment or reimbursement

Full Name

First

Middle

Last

Residence Address _____ Phone _____

Street

City

State

Zip

Nature and amount of ownership, terms for payment or reimbursement

Section 4: Premises

All applicants must complete this section.

15. Legal Description of premises to be licensed.

16. Describe the general area and all rooms, patios and outdoor spaces where intoxicating liquor is to be sold and consumed.

Attach a floor plan showing dimensions and indicate the number of persons intended to be served in said rooms and patios.

17. How are the premises zoned under Prior Lake zoning ordinance?

18. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes Yes No
Real estate taxes Yes No
Special Assessments Yes No

State withholding taxes Yes No
City utility bills Yes No

Section 5: On Sale Liquor Licenses

Complete this section if applying for an on sale license.

19. Is there a dining room with seating and food service for a minimum of 30 people?

Yes No

20. Is the building to be licensed within 300 feet of a church or school?

Yes No

21. Does the building to be licensed have a minimum valuation of \$200,000 as established by the Scott County Assessors determination of fair market value?

Yes No

Section 6: Off Sale Liquor Licenses

Complete this section if applying for an off sale liquor license

22. Do you hold an interest in any other liquor establishments in the State of Minnesota? Yes No
If yes, give name of establishment and location.

Section 7: Alcohol Awareness Training

All applicants must complete this section.

Do you provide alcohol awareness training for your staff on responsible alcohol service?

Yes No

If yes, how often is training provided and who provides training?

Notice and Signature

All applicants must complete this section

I authorize the City of Prior Lake to release criminal history data, as defined by Minnesota Statute 13.87, subd.1 and driver's license and traffic record data to the Prior Lake City Manager, Accounting Specialist, and the City Council for the City of Prior Lake. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of this private data by the City of Prior Lake Police Department to the City Manager, Accounting Specialist, and City Council.

I certify that the information provided on this application is truthful and I understand that false statements or omissions will result in denial of this application. I hereby authorize the City of Prior Lake to use this information to determine my eligibility to obtain a license/permit.

Full Name (Please print) _____
(First) (Full Middle) (Last)

Home Address _____

City _____ State _____ Zip _____

Contact Phone Number _____ Date of Birth _____

Driver's License State and Number _____

Please list any other names you are or have been known by:

Sex: Male Female

Race: White/Caucasion African American Hispanic Asian _____

Signature of Applicant

Date