



Off – Sale Liquor License Checklist

Note: Please allow up to 60 days for this application process. Upon receiving the necessary information and funds, the City will post a notice of the public hearing to be held at the next City Council meeting at least 10 days after the notice is posted. All materials must be returned directly to the City of Roseville; once the license has been approved, the City will forward all necessary forms to the State.

Forms:	
	State Application Form (https://dps.mn.gov/divisions/age/forms-documents/AlcoholDocuments/applicationoffsaleintoxicatingliquorlicense.pdf)
	Liquor Liability Insurance Acord completed by the Insurer <ul style="list-style-type: none"> • Annual aggregate limits not less than \$1,000,000 • Policy year must extend through 12/31/20XX <u>or</u> the Acord must state that the policy is “continuous until cancelled”
	Proof of Worker’s Comp Form (http://mn-roseville2.civicplus.com/DocumentCenter/View/1249)
	Proof of MN Tax ID Form (http://mn-roseville2.civicplus.com/DocumentCenter/View/1250)
Fees:	
	\$300 License Fee (prorated depending on timing of issuance) due at time of application
	\$300 Non-Refundable Investigation Fee due at time of application
Other Requirements:	
	Floor Plans <ul style="list-style-type: none"> • Floor plans are required in order to prove compliance with the required 1,600 square feet of sales floor space including sales coolers and excluding walk-in storage coolers.
	Manager and Server Training (http://mn-roseville.civicplus.com/DocumentCenter/Home/View/3719)
	Certificates of trade name, partnership agreements, articles of incorporation or association agreements
	Copy of Lease Agreement
	A letter from the current off-sale license holder dated the date of the public hearing, notifying the City that they are ceasing operation of their store and relinquishing their rights to the liquor license, with the intent that the license will be transferred to you and/or your company.
	Cigarette/Tobacco License <ul style="list-style-type: none"> • Do you also plan to sell tobacco products in your store? This requires an additional license (http://www.cityofroseville.com/DocumentCenter/Home/View/214)



APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.
 INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.**

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____ Licensees must register with the Federal Tax and Trade Bureau (TTB),
 for information call (513) 684-2979 or 1-800-937-8864

Applicant:

Licensee Name (Applicant)	Business Name (DBA)		Social Security #
Licensee Location (Physical Address)	License Period From _____ To _____		DOB (Individual Applicant)
City	County	State	Zip Code
E-mail Address	Business Phone Number		Applicant's Home Phone #

If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code

- If a corporation, date of incorporation _____, state incorporated in _____ If a subsidiary of any other corporation, so state _____
 If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?
 Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
- Is establishment located near any state university, state hospital, training school, reformatory or prison?
 Yes No. If yes, state approximate distance. _____
- Name and address of building owner _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No

5. Is/are applicant(s), a member of the governing body of the municipality in which this license is to be issued?
Yes No If Yes, in what capacity? _____
6. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? Yes No If yes, give name and address of establishment. _____
7. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
8. State whether applicant has or will be granted, an On Sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
9. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality.

11. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
12. If this license is being issued by a County Board, is it located in an organized township?
If so, attach township approval.

Violations

1. Has applicant(s) had a liquor license revoked in the last 5 years; Yes No If so, give dates and details.

2. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? Yes No
If yes, give dates, charges and final outcome _____

3. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes No If yes, attach a copy of the summons.

REPORT BY POLICE/SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any felonies or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department

Title

Signature

County Attorney's Signature

Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

Check one:

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

Please review Insurance Certificate before submitting:

- Must be Certificate of Insurance (Declarations or Binders not accepted)
- Licensee name on this application and the Insurance Certificate must match EXACTLY.
- Must provide physical address of licensed location (No PO Boxes accepted)
- Dates of coverage must cover the entire license period.

or

- B. A surety bond from a surety company with minimum coverage as specified in A.

or

- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Workers compensation insurance company: Name _____

Policy # _____ Number of employees: _____

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant & title	Signature of Applicant	Date
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**STATE OF MINNESOTA
Department of Human Services
Division of Licensing**

PROOF OF MINNESOTA TAX IDENTIFICATION INFORMATION

Under Minnesota Law (M.S. § 270.72), the Department of Human Services (DHS) and the Department of Corrections are required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance, or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license.

Please fill in the following information and return this form, along with your application, to the DHS, Division of Licensing. Do not return this form to the Department of Revenue.

Please print clearly or type.

PERSONAL INFORMATION:

Applicant's Last Name:	First Name	M.I.	Social Security Number
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Applicant's Street Address:	City	State	Zip Code
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BUSINESS INFORMATION:

Business Name:

Business Street Address:	City	State	Zip Code
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Minnesota Tax Identification Number	Federal Tax Identification Number
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Signature	Title	Date
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PLEASE NOTE:

- You must provide a Social Security number, and both MN and Federal Tax ID numbers if you have employees.
- This form must be signed and dated even if you are not required to provide MN or Federal Tax ID numbers.
- If you have any questions regarding your Minnesota Business Identification number, please contact the Department of Revenue at 651-282-5225. The Department of Corrections and Human Services are not able to answer questions regarding this information.

Certificate of Compliance Minnesota Workers' Compensation Law

THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Roseville, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Roseville City Code, which is available on the City website at www.cityofroseville.com and to be familiar with and abide by the laws of the City of Roseville and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

Signature of Applicant: _____

Title: _____ Date: _____



Finance Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7036

Cigarette/Tobacco Products License Application

Note: All applicants are subject to a background check as a part of the license approval process. Background check procedures may take up to 30 days to complete.

Business Name _____

Business Address _____

Business Phone _____

Email Address _____

Person to Contact in Regard to Business License:

Name _____

Address _____

Phone _____

I hereby apply for the following license(s) for the term of one year, beginning July 1, _____, and ending June 30, _____, in the City of Roseville, County of Ramsey, State of Minnesota.

<u>License Required</u>	<u>Fee</u>
Cigarette/Tobacco Products	\$200.00

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulation as the Council of the City of Roseville may from time to time prescribe, including Minnesota Statue #176.182.

Signature _____

Date _____

If completed license should be mailed somewhere other than the business address, please advise.

Ordinance Notification for Business License Form

Under Minnesota state law, cities must provide a 10-day notice of proposed ordinances. The law applies to new proposed ordinances and proposed amendments to existing ordinances. A recent change in the law further requires cities that have an electronic notification system to inform prospective business license applicants that they can opt-in to receive these notifications. If you opt-in, you will receive notifications of all proposed ordinance changes regardless of whether or not they impact your business.

To receive email and/or text notification of proposed ordinances and proposed amendments to existing ordinances, visit the City's Notify Me page at <http://www.cityofroseville.com/List.aspx>. Sign in with a valid email address and click one or both of the notification icons next to Proposed Ordinances to begin receiving notifications.