



600 Town Center Parkway
Lino Lakes, MN 55014
651-982-2400 Fax: 651-982-2499

**APPLICATION FOR INTOXICATING
LIQUOR, WINE OR CLUB LICENSE**

LICENSE FEES:

Off-Sale \$ _____ On-Sale \$ _____ Sunday \$ _____
Wine \$ _____ Club \$ _____ If Club, how many members? _____
On-Sale Brewer Taproom \$ _____ Off-Sale Growler \$ _____

Investigation Fee (new applications only): \$267.75 (1-2 applicants); \$471.75 (3 or more applicants)

PART 1 - General Information

This application 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, permit, or identification card. Failure to provide the information may result in a denial of the license.

DIRECTIONS: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer of the corporation; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer of the association.

1. Name of Applicant (*name of individual, partnership, corporation or association*):

2. Business Name: _____
Business Address: _____
(Street, City, State, Zip)
Business Phone: (_____) _____

IF BUSINESS IS TO BE CONDUCTED UNDER A NAME OR STYLE OTHER THAN THE INDIVIDUAL NAME OF THE APPLICANT, ATTACH TWO (2) COPIES OF THE TRADE NAME CERTIFICATE.

3. Type of Applicant:
_____ Natural Person (Individual) _____ Partnership
_____ Corporation _____ Association or Other
4. Type of license applicant seeks:
_____ On-Sale Intoxicating Liquor _____ On-Sale "Special Sunday Sales" Liquor
_____ On-Sale Wine _____ Club License
_____ Off-Sale License (including growler) _____ On-Sale Brewer Taproom

INDIVIDUAL

5 (a). If applicant is a natural person (individual), state full name, residence and business address and telephone numbers.

Full Name: _____
First M Last

Residence Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

Business Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

A Personal History form must be filled out and attached for the individual in 5(a).

PARTNERSHIP

6 (a). If the applicant is a partnership, state full name, residence and business addresses, telephone numbers, and interest of each member of the partnership.

Full Name: _____ Interest: _____ %
First M Last

Residence Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

Business Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

6 (b). Full Name: _____ Interest: _____ %
First M Last

Residence Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

Business Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

6 (c). The managing partner will be:

Full Name: _____ Phone: (____) _____
First M Last

Residence Address: _____
(Street, City, State, Zip)

A Personal History form must be filled out and attached for each of the individuals in 6(a), 6(b).

CORPORATION

7 (a). If the applicant is a corporation or association, give the name of the corporation or association, address, telephone number, home office address and telephone number.

Name of Corporation: _____

State of Incorporation or Association _____

Lino Lakes Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

7 (b). The full names, residence addresses and telephone numbers of all officers of said corporation or association.

President: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

Vice President: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

Secretary: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

Treasurer: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

7 (c). The full names, residence addresses and telephone numbers of all persons who singly or together with their spouse and his or her parents, brothers, sisters or children, own or control an interest in said corporation or association in excess of five percent (5%).

(If necessary attach list of additional names)

Full Name: _____ Interest: _____ %

Residence Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

Full Name: _____ Interest: _____ %

Residence Address: _____ Phone: (____) _____
(Street)

(City, State, Zip)

A Personal History form must be filled out and attached for each of the individuals in 7(a), 7(b), and 7(c).

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY ALL APPLICANTS:

8. Restaurant Status: For the purposes of City of Lino Lakes liquor licensing regulations, the term “restaurant” is defined as an eating facility, other than a hotel, under the control of a single proprietor or manager, where meals are regularly prepared on the premises, where full waitress/waiter table service is provided, where a customer orders food from printed menus and where the main food course is served and consumed while seated at a single location. To be a restaurant as defined by these regulations, an establishment shall have a license from the state as required by M.S. 157.16, as it may be amended from time to time, and meet the definition of either a “small establishment”, “medium establishment” or “large establishment” as defined in M.S. 157.16, subd. 3d, as it may be amended from time to time. An establishment which serves prepackaged food that receives heat treatment and is served in the package or frozen pizza that is heated and served, shall not be considered to be a restaurant for the purposes of this ordinance unless it meets the definitions of an establishment under M.S. 157.16. Restaurant status is required for a Sunday sales license.

Is the establishment for which the liquor license is requested a restaurant? _____

8a. If application is for a Club license, please note number of members in club _____

9. Have the necessary applications for City licenses (such as a tobacco license, dance) for this establishment been prepared for submission? Yes _____ No _____

9a. Does the applicant(s) hold any other liquor licenses? Yes _____ No _____ If yes, give details:

10. Are any real estate taxes, special assessments, or other financial claims of the City of Lino Lakes, County of Anoka or State of Minnesota delinquent or unpaid for the premises to be licensed?

Yes _____ No _____ If yes, give details:

11. Minnesota Tax ID Number _____

12. Federal Tax ID # _____

APPLICANTS FOR A NEW LIQUOR LICENSE: ANSWER ALL OF THE FOLLOWING QUESTIONS

APPLICANTS FOR RENEWAL OF AN EXISTING LIQUOR LICENSE: REVIEW AND ANSWER THE FOLLOWING QUESTIONS IF THERE HAVE BEEN ANY CHANGES SINCE YOUR LAST RENEWAL

13. State the exact description of the premises to be licensed. (Applicant must also submit a site plan showing dimensions, location of buildings, street access, parking facilities, and the locations of and distances to the closest point of a church structure or the closest point on a lot occupied by a public school.)

14. How are the premises zoned under the Lino Lakes Zoning Ordinance (this information can be obtained from the city)?

15. State full names and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant:

Full Name: _____

Address: _____ Phone: (____) _____
(Street)

_____ *(City, State, Zip)*

16. Where the building is owned by other than the applicant, state in summary the conditions of lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. _____

17. If the building is owned by the individual applicant, partnership, corporation or association, state:

(a) Date purchased: _____

(b) Name and Address of person purchased from: _____

(c) Purchase Price: \$ _____ Down payment: \$ _____

(d) Who currently holds the mortgage - Name and Address: _____

(e) Amount of contract for deed: \$ _____

(f) Who currently holds contract for deed - Name and Address: _____

- (g) Term of mortgage: _____
- (h) Term of contract for deed: _____
- (i) Rate of interest on mortgage: _____
- (j) Rate of interest on contract for deed: _____
- (k) State the monthly payment at which the mortgage and/or contract for deed is being liquidated: _____

18. (a) State the total cost of assets acquired to start this business including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. (If acquired from predecessor, attach purchase agreement.):

19. (b) Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business: _____

20. Give full names, addresses, and telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. (This shall include, but not be 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.)

Full Name: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

Nature of Interest, etc: _____

Full Name: _____ Phone: (____) _____

Residence Address: _____
(Street, City, State, Zip)

Nature of Interest, etc: _____

If this application is for premises either planned or 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. If the plans or design are on file with the Building Department, no additional plans need be filed with this application.

21. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and stored. (Applicant shall attach a floor plan showing dimensions indicating and identifying all other rooms and other areas where intoxicating liquor is to be sold and stored.)

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY APPLICANTS FOR AN ON-SALE BREWER TAPROOM LICENSE:

22. Please provide a copy of your Minnesota malt beverage manufacturing license.
22. Will the on-sale of malt liquor be limited to the product of the brewery for consumption on the premises of the brewery only? _____
23. Do you or anyone with ownership interest in your brewery have ownership interest in another brewery? (MN Statute 340A.301, Subd 6b, b). _____
24. A municipality may not issue a brewer taproom license to a brewer if the brewer seeking the license, or any person having an economic interest in the brewer seeking the license or exercising control over the brewer seeking the license, is a brewer that brews more than 250,000 barrels of malt liquor annually or a winery that produces more than 250,000 gallons of wine annually. Will brewery brew fewer than 250,000 barrels of malt liquor annually? _____

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

I, HEREBY AUTHORIZE THE CITY OF LINO LAKES 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.

(Signature of Applicant)

(Date)

Subscribed and sworn to before me a Notary Public on the _____ day of _____,

_____. Commission Expires on: _____

(Notary Public)