



City of Robbinsdale

4100 Lakeview Avenue North
Robbinsdale, MN 55422
(763) 531-1255 Phone
(763) 537-7344 Fax

ON-SALE INTOXICATING LIQUOR LICENSE APPLICATION

License Fee(s):

Intoxicating; \$5500
Sunday Sales; \$200

Investigation Fee:

Renewal; \$250
New; \$500

Additional Fees (if applicable):

Private Club (0 - 1000 members); \$300
Private Club (1001+ members); \$500

The City Liquor Ordinance requires that the data requested in this application be submitted in order for the City to determine your eligibility for this license. Refusal to provide the data shall result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial based upon the applicant's eligibility as determined by provision of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING:

Form with multiple sections for license application details, including establishment type, applicant information, business address, and licensing questions.

Do you possess, or have you ever possessed, a liquor license in another city? \_\_\_\_\_

If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide names, addresses and phone numbers for three **business** references from the Metropolitan Area:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Provide names, addresses and phone numbers for three **personal** references from the Metropolitan Area (other than relatives)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_

Restaurant: Seating Capacity \_\_\_\_\_ Fair Market Value of Premises & Immovable Fixtures \$ \_\_\_\_\_  
N/A Current or anticipated gross receipts for: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_

Restaurant: (**wine only**) Seating Capacity \_\_\_\_\_ Fair Market Value of Premises & Immovable Fixtures \$ \_\_\_\_\_  
N/A Current or anticipated gross receipts for: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_

Hotel/Restaurant Number of Guest Rooms \_\_\_\_\_ Fair Market Value of Premises & Immovable Fixtures \$ \_\_\_\_\_  
N/A Dining Room Seating Capacity \_\_\_\_\_  
Current or anticipated gross receipts for: Food \$ \_\_\_\_\_ Liquor \$ \_\_\_\_\_

Club (i.e., civic, fraternal, social or business purposes such as American Legion, Veterans of Foreign War, etc.)  
N/A Number of members \_\_\_\_\_ Number of years owning or renting the building or space \_\_\_\_\_

Is there a common entrance between any two establishments licensed under Robbinsdale Liquor Ordinance? If yes, describe type of entrance/exit and location on premises. \_\_\_yes \_\_\_no Description (if yes) \_\_\_\_\_

Please list the distance in feet from the following if near the premises:

N/A \_\_\_\_\_ Places of Worship (measured in straight line from main entrance to any entrance to central place of worship)  
\_\_\_\_\_ School Buildings \_\_\_\_\_ School Grounds \_\_\_\_\_ School Athletic Fields  
\_\_\_\_\_ Public Parks Boundaries (all measured beginning from main entrance of premises to any point of said boundary line)

Are premises ready for occupancy? \_\_\_yes \_\_\_no If no, give reason \_\_\_\_\_

Legal Description of real property and specific description of gross square feet to be occupied (Please attach legal description)

Specific description of any planned building improvements (please attach planned improvements)

**Applicant:** Within the last five years, any convictions for willful alcohol related violations of Federal, State or Local laws, or revocation of intoxicating or non-intoxicating licenses? \_\_\_yes (summons/revocation attached) \_\_\_no

**Partners or officers of the corporation:** Please list names, current addresses, residence addresses for the past five years, citizenship status, dates of birth and any convictions for willful alcohol related violations of federal, state or local laws, revocation of alcoholic beverage license within the last five years (to include violations or revocations related to non-intoxicating liquor):

If this is a renewal application: \_\_\_no changes from initial application \_\_\_\_\_ changes as follows

(1)Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Residence Addresses for past five years: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_ Drivers License # /State Issued: \_\_\_\_\_

Convictions \_\_\_yes \_\_\_no Revocations \_\_\_Yes \_\_\_No

(2)Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Residence Addresses for past five years: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_ Drivers License # /State Issued: \_\_\_\_\_

Convictions \_\_\_yes \_\_\_no Revocations \_\_\_Yes \_\_\_No

(3)Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

Residence Addresses for past five years: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Citizenship Status \_\_\_\_\_ Drivers License # /State Issued: \_\_\_\_\_

Convictions \_\_\_yes \_\_\_no Revocations \_\_\_Yes \_\_\_No

**Political Contributions:**

Nature or amount of any contribution made for campaign or political purposes: \_\_\_\_\_

Person to whom contribution was made: \_\_\_\_\_

Person or organization for who intended: \_\_\_\_\_

**You Must Submit with Your Application:**

- \_\_\_ 1. Certificate of insurance for \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance, Section 1200.
- \_\_\_ 2. Bond (for new license year) with corporate surety, or in lieu thereof, cash or U.S. Government Bond (\$5,000) as required by City Liquor Ordinance.
- \_\_\_ 3. Proof of General Liability (for new license year) as required by Minnesota State Statutes.
- \_\_\_ 4. Minnesota Tax/Workers Compensation Form.
- \_\_\_ 5. State Application Form (Liquor).
- \_\_\_ 6. Applicable Fees.
- \_\_\_ 7. Current Hennepin County Food License.
- \_\_\_ 8. A statement from CPA on the gross receipts for food and alcoholic beverages for current license year. (Demonstrating a minimum of 40% food sales) as required by City Liquor Ordinance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

PLANNING/ZONING  
REPORT/RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

CHIEF OF POLICE REPORT/RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

This license expires on December 31<sup>st</sup> of each year. **Renewal application must be made at least 60 days prior to the date of the expiration of the license.**

Return completed form to the Office of the City Clerk, City of Robbinsdale, 4100 Lakeview Ave N, Robbinsdale, MN 55422 (763) 531-1255

**CITY OF ROBBINSDALE  
APPLICATION INSTRUCTIONS  
ON-SALE INTOXICATING LIQUOR LICENSE**

- I. Anyone that knowingly and willfully falsifies the responses to the application shall be deemed guilty of perjury as set forth by Minnesota State Law.
- II. In completing the application, applicants shall be governed as follows: for a corporation, one officer shall execute this application for all officers, directors and stockholders. For a partnership, one of the partners shall execute this application for all members of the partnership. For a sole proprietorship, the owner shall execute this application.
- III. Every question must be answered. The City Liquor Ordinance requires an investigation of the information provided in this application. Information requested that is not applicable to your particular application should be so indicated with the "N/A" notation. Please print or type your responses. Provide in full the first, middle and last names wherever requested (no initials or nicknames may be used).
- IV. The City Liquor Ordinance (Section 1200) is available online at <http://www.robbinsdalemn.com> and the Minnesota Statutes Chapter 340A is available online at <http://www.leg.state.mn.us/leg/statutes.asp>.
- V. In addition to the information requested in the application and applicable fees, the following must also be submitted with the completed application:
- Proof of \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance
  - Bond with corporate surety, (for new license year) or in lieu thereof, cash or U.S. Government Bond (\$5,000) as required by City Liquor Ordinance
  - Proof of General Liability insurance (for new license year) as required by Minnesota State Statutes
  - Minnesota Tax/Workers Compensation Form
  - State Liquor Application Form
  - All Applicable Fees
  - Current Hennepin County Food License
- Additional information to be submitted with license renewal application:**
- Statement from C.P.A. on the gross receipts for food and for alcoholic beverages for license year ending. (showing minimum of 40% food sales and 60% liquor sales)
- VI. Payment of applicable fees is required when submitting the application. Payment options include: check, cashier's check, money order, credit card or cash.
- VII. Investigation of your application by the Robbinsdale Police Department may take from two to six weeks, possibly longer if out-state investigation is required. The length of time for processing the application also depends on the thoroughness in providing the information requested.
- VIII. Once staff has processed the application, required public hearings will be scheduled per City Ordinance for new licenses. Applicant will be notified of the date, time and place of the hearing and should attend the meeting in the event questions may be asked by the Council. (For renewal applications, the Council may dispense with notice and hearing.)
- IX. If Council approves the license, an application is then made to the State Liquor Control Division. Once approval has been granted by the state, and the applicant has met all conditions of approval, the intoxicating liquor license shall be issued by the City Clerk's office.

If you have any questions regarding your application or the provisions of Robbinsdale Liquor Ordinance, Section 1200, please contact the City Clerk's Office at 763-531-1255.

## MINNESOTA TAX CLEARANCE AND WORKERS COMPENSATION LAW

- The licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.
- Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding use of this information: (1) This information may be used to deny insurance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; (2) Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal exchange of information agreement, the Department of Revenue may supply this information to the Internal Revenue Service; (3) Failure to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.
- Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure.

**This information will be collected by the licensing agency and retained in their files.**

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

TYPE OF LICENSE BEING APPLIED FOR OR RENEWED:			
<b>PERSONAL INFORMATION</b>			
APPLICANT'S NAME (LAST, FIRST, MI):			SOCIAL SECURITY NUMBER
HOME ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
<b>BUSINESS INFORMATION</b>			
BUSINESS NAME:			
BUSINESS ADDRESS:	CITY	ZIP CODE	PHONE NUMBER
MINNESOTA TAX IDENTIFICATION NUMBER:		FEDERAL TAX IDENTIFICATION NUMBER:	
IF A MINNESOTA TAX IDENTIFICATION NUMBER IS NOT REQUIRED PLEASE EXPLAIN:			

### WORKERS COMPENSATION INSURANCE:

Provide certificate of insurance with the City of Robbinsdale listed as a certificate holder, unless below applies:

I certify that I am not required to carry worker's compensation insurance because (check one):

- I am the sole proprietor and I have no employees      **OR**       I am self insured (include permit to self-insure)

I have no employees who are covered by workers compensation law. (Only employees who are specifically exempted by statute are not covered by the workers compensation law. These include: Spouse, Parents, Children (regardless of age), and farm labor employees of a family farm that spent less than \$8,000 for farm labor in the previous calendar year. All other workers whose work is controllable by the employer must be covered.

I understand that the information provided above will be verified by the Minnesota Department of Labor and Industry. I understand that I am subject to a \$2,000 penalty if the information is false. I certify that all information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.

SIGNATURE:	POSITION (OFFICER, PARTNER, ETC):	DATE SIGNED:

No local licensing agency, other person, or organization acting as an intermediary to deliver this to the Department of Labor and Industry shall be responsible for accuracy of the information provided by the person signing this.