



Temporary On Sale Liquor License Requirements

(Issued only to Clubs or Charitable, Religious, or other non-profit corporations that have existed for at least three years, or a political committee registered under state law.)

~ RETURN APPLICATION TO CITY HALL AT LEAST ONE MONTH PRIOR TO LICENSE DATE(S)

LICENSE TERM: 1 to 4 days

- ___ 1. License fee of:
Temporary On-Sale Liquor \$ 35.00 per day (2018 fee)

(Affidavit or Cert of Liquor Liability Insurance not needed for temporary liquor licenses)

- ___ 2. Completed and signed State application form #9079
- ___ 3. Completed and signed "Proof of Worker's Compensation Insurance Coverage"
- ___ 4. Completed and signed "Tax Information Form"
- ___ 5. Signed "Release of Information" form.
- ___ 6. Submit a copy of your organization's current bylaws (per City Code Sec. 4-12 (c)).

Forward all completed forms, signed application, and appropriate fee to:
City of Faribault
Attn: Carole Dillerud, Deputy City Clerk
208 First Avenue NW
Faribault, MN 55021

After Administration Office receives all required documents the Administrative Assistant:

1. Obtains all approvals/denials for documents
2. Schedules review by the City Council
3. Submit all necessary forms to the Department of Public Safety for approval.
4. Notifies applicant of approval/denial status. If approved, license will accompany notification.



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization _____ Date organized _____ Tax exempt number _____

Address _____ City _____ State Minnesota Zip Code _____

Name of person making application _____ Business phone _____ Home phone _____

Date(s) of event _____ Type of organization
 Club Charitable Religious Other non-profit

Organization officer's name _____ City _____ State Minnesota Zip Code _____

Organization officer's name _____ City _____ State Minnesota Zip Code _____

Organization officer's name _____ City _____ State Minnesota Zip Code _____

Organization officer's name _____ City _____ State Minnesota Zip Code _____

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

 City or County approving the license

 Date Approved

 Fee Amount

 Permit Date

 Date Fee Paid

 City or County E-mail Address

 City or County Phone Number

 Signature City Clerk or County Official

 Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
 PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT
 BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**

**CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

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 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.

Insurance Company Name: _____
(Not the insurance agent)

Policy Number: _____

Dates of Coverage: _____ **TO** _____

(OR)

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

- () I have no employees
- () I am self-insured (include permit to self-insure)
- () I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

ALL APPLICANTS: COMPLETE THE FOLLOWING:

I certify that the 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.

Name: _____

Doing Business as: _____

Business Address: _____

City, State, Zip: _____

*****Signature:** _____ **Date:** _____

INFORMATION ADVISORY AND AUTHORIZATION

FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION

In connection with your application for a license, you are being requested to provide information regarding your criminal background that may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide background for the investigation of license applicants required by the City Code. Providing the information will assist the Police Department in preparing a Background Report. The Background Report is used when granting or denying the license. All information provided in that report becomes part of the public record and is available to any interested individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the report provided for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, it may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of Faribault, unless the conviction is directly related to the matter for which the license is sought, according to MN Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

* * * * *

“I acknowledge being informed of the above advisory and agree to provide the requested information. I further authorize the release to the City of Faribault of any information about my business and financial affairs, which may be requested from any firm relative to my financial background. I also authorize the City of Faribault to investigate the information provided in my application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license.”

Signature of Applicant

Date

Driver’s License Number: _____

Date of Birth _____

If not Minnesota, what State is Driver’s License from: _____

Tax Information Form

Form SP:C1

LICENSE APPLICANT:

Pursuant to Minnesota Statutes, 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 the use of this information:

1. This information may be used to deny the issuance, 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 may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the licenses. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

License Applied For or Renewed	
Licensing Authority	City of Faribault, 208 NW 1 st Avenue, Faribault, MN 55021
License Renewal Date	

APPLICANT'S PERSONAL INFORMATION (if applicable):

Name	
Street Address	
City, State, & Zip Code	
Social Security Number	

BUSINESS INFORMATION (if applicable):

Business Name	
Street Address	
City, State & Zip Code	
Minnesota Tax ID Number*	*If a Minnesota Tax Identification number is not required, please explain on the reverse side.
Federal Tax ID Number	
MN State Unemployment Compensation Tax #	

(Check here) I certify that by checking this box I do not have any employees and therefore am not required to pay unemployment taxes.

Signature

Position (Owner, Officer, Partner, etc.)

Date

License applicant: _____

License date(s): _____

REPORT ON APPLICANT BY POLICE DEPARTMENT

This is to certify, to the best of my knowledge, the applicant has not been convicted within the past 5 years of any violation of laws of the State of Minnesota, or Municipal Ordinances relating to the sale of 3.2 beer or liquor, except as hereinafter noted.

Dated

Chief of Police



1 Day to 4 Day Temporary On-Sale Liquor License

NOTE: You **MUST** list all of the Organization's Officer's names, addresses, and zip codes. This must be submitted with your application.

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Officer: _____

Address: _____

City: _____ State: _____ Zip: _____

Please attach an additional sheet if necessary.