



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: \$ 35.00 per day
- ___ 2. Completed and signed State application form #9079- a fillable PDF is available on-line at <https://dps.mn.gov/divisions/age/forms-documents/AlcoholDocuments/applicationpermitterponsaleliquorlicense.pdf>
- ___ 3. Completed Organization's Officer's Sheet
- ___ 4. Completed and signed "Proof of Worker's Compensation Insurance Coverage" (Affidavit or Cert of Liquor Liability Insurance not needed for temporary liquor licenses)
- ___ 5. Completed and signed "Tax Information Form"
- ___ 6. Signed "Release of Information" form.
- ___ 7. Submit a copy of your organization's current bylaws (per City Code Sec. 4-12 (c).

Return all forms to the City of Faribault Administration Office:

City of Faribault
Attn: 1-4 Day Liquor Licensing
208 First Avenue NW
Faribault, MN 55021
For questions, please call: 507-333-0353

After Administration Office receives all required documents obtains all approvals/denials for documents:

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

By signing this application, I hereby certify the information provided in this application is complete and correct to the best of my knowledge, and hereby agree to the release of this information to law enforcement for a criminal background check.

Failure to provide truthful and complete information as requested in this application and/or failure to pay the required fee at the time of application is submitted, will result in denying of a license.

Signature of Applicant

Date

REPORT ON APPLICANT OR APPLICANTS 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 the laws of the State of Minnesota, or Municipal Ordinances relating to the sale of beer or liquor except hereinafter noted.

Signature of Police Chief

Date



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
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Address	City	State	Zip Code
<input style="width: 95%;" type="text"/>			

Name of person making application	Business phone	Home phone
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Date(s) of event	Type of organization
<input style="width: 95%;" type="text"/>	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>			

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>			

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>			

Organization officer's name	City	State	Zip Code
<input style="width: 95%;" type="text"/>			

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



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.

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 Minn. Stat. 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.

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		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees.

- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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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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	1-4 Day Temporary On-Sale Liquor License
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



**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 or State Issued ID Number

Date of Birth

If not Minnesota, what State is Driver's License or State Issued ID from: _____