

CITY OF RICHFIELD



**Application for Temporary
Liquor License**

For Temporary On-Sale Intoxicating Liquor and 3.2 Percent Malt Liquor licenses, you must also complete the enclosed Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division application. The forms should be submitted to the City at least 60 days before the event for which the temporary license is issued to ensure review by the City and the State of Minnesota.

TYPE OF TEMPORARY LICENSE

(You must select temporary intoxicating liquor and wine if interested in serving strong beer)

Temporary On-Sale Intoxicating Liquor & Wine \$137.00

Temporary On-Sale 3.2 Percent Malt Liquor only \$67.00

Name of Applicant: _____ Title: _____
 Organization Name: _____
 Date organized: _____ Tax Exempt number: _____
 Contact Person: _____ Phone: _____ Email: _____

Event name and location where license will be used: _____

 Date(s) and **exact** times when alcohol will be served: _____

 Briefly describe the nature of your event, including any food that will be served and entertainment for the event- *** Also include a drawing showing where alcohol is being served and describe how alcohol will be monitored:** _____

***If serving food, a temporary food license with the city is required.**

Temporary On-Sale 3.2 Percent Malt Liquor License Applicants

- 1) Are you a club, charitable, religious, or non-profit organization? _____ Yes _____ No
- 2) If prior temporary on-sale 3.2 percent malt liquor licenses have been granted to Applicant in the past twelve months, state the date each license was granted: _____

Temporary On-Sale Intoxicating Liquor License Applicants

- 1) Are you a club, charitable, religious, or nonprofit organization that has existed for at least three years? _____ Yes _____ No
- 2) Are you a political committee registered under Minn. Stat. § 10A.14? _____ Yes _____ No
- 3) Are you a State university seeking temporary license in connection with a social event? _____ Yes _____ No
- 4) If prior temporary on-sale intoxicating liquor licenses have been granted to Applicant in the past twelve months, state 1) the dates each license was granted; 2) the number of days (one, two, three, four) the license was in effect; and 3) the location for which the license was issued:

- 5) If a prior temporary on-sale intoxicating liquor license has been granted to Applicant in the past 30 days, was the license issued in connection with an event officially designated by a community celebration by the City? _____ Yes _____ No

If "Yes," state the name and date of the event, the date(s) the license was in effect, and the location for which the license was issued: _____

6) Is Applicant contracting for intoxicating liquor catering services with the holder of a full-year on-sale intoxicating liquor license issued by the City or any other municipality?

_____ Yes _____ No

If "Yes," state the name and contact number of the on-sale intoxicating liquor licensee with which Applicant is contracting:

Name: _____ Phone: _____

7) You must provide proof of liquor liability insurance. Has the required proof of liquor liability insurance been provided? _____ Yes _____ No

APPLICANT'S STATEMENT

I declare that the information I have provided on this application is truthful and I understand the disclosure of information on this form is voluntary and that I am not legally required to provide it. However, I understand the City may not be able to process this application without the information. After issuance of the license, all information in this application will be public pursuant to Minnesota Statutes, Chapter 13. I understand that falsification of answers on this application will result in denial of the application.

I hereby authorize the City of Richfield 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 any have been asked to provide that information.

Applicant Signature

Date

Printed Name of Applicant

Form
Sp:C1

City of Richfield License Applicant Information

Under Minnesota Law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only 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 or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial	Social Security number
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name

Business address	City	State	Zip Code
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Minnesota tax identification number	Federal tax identification number
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If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	Title	Date
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**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: _____ DATE: _____

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. 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 put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

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 and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

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

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE) (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 type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	MN	<input type="text"/>

Name of person making application	Business phone	Home phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date(s) of event	Type of organization
<input 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 type="text"/>	<input type="text"/>	MN	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	MN	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	MN	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	MN	<input 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

 Fee Amount

 Date Fee Paid

 Date Approved

 Permit Date

 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