City of RAMSEY

7550 Sunwood Drive NW • Ramsey, MN 55303
City Hall: 763.427.1410 • Fax: 763.427.5543
www.cityoframsey.com

Dear Applicant:

Thank you for your interest in obtaining a liquor license in the City of Ramsey. All application materials must be completed before your application will be processed. Upon receipt of your completed application, the Police Department will conduct an investigation.

After the investigation is complete, the license request will be presented to the City Council via a public hearing at a regular meeting for consideration. City Council meetings are held the second and fourth Tuesday of each month at 7:00 p.m. in the Council Chambers at City Hall. You will be notified of the date your application will be considered and are welcome to attend the meeting. Depending on the length of the investigation and the timing of the Council meeting, allow up to 60 days to process the license application.

Attached are the forms you will need to complete. A checklist of all required materials is included to assist you in preparing your application. A copy of the City Code regarding liquor licenses can be viewed on the city's website (Sec 6-59) at www.cityoframsey.com. All fees are due when the application is submitted and can be found on the fee schedule online. In addition to the license fee(s), a non-refundable investigation fee is required. The fee for an in-state investigation is $500.

Please contact the Planning Department at 763-433-9860 or planning@cityoframsey.com to be sure your establishment complies with local zoning regulations.

If you have questions about the forms, regulations or the process, call 763-433-9828 or email businesslicensing@cityoframsey.com.

Regards,

Wendy Schlueter

Business Licensing
City of Ramsey

City of RAMSEY

7550 Sunwood Drive NW • Ramsey, MN 55303
City Hall: 763.427.1410 • Fax: 763.427.5543
www.cityoframsey.com

APPLICATION MATERIAL CHECKLIST

	$500 Non-Refundable Investigation/Background check fee
	License Fee: The City's license period is July 1 through June 30. If application is for less than the 12-month period, fee can be prorated per quarter. Contact Business Licensing administrator for fee amount. Fee schedule at cityoframsey.com.
	Color Copy of Driver's License for Applicant
	Background Check Form for Liquor Establishments
	Tennessean Warning
	Articles of Incorporation
	Copy of Restaurant license from Anoka County Health Department: Refer to page 3
	Building Lease Agreement
	Certificate of Liquor Liability Insurance: Name on the Certificate must match Licensee Name exactly including LLC or Inc. Add "Continuous until cancelled" to Description box if policy dates do not cover license period. Certificate holder must say "City of Ramsey". All locations where alcohol will be sold or consumed must be listed in Description box (i.e. Patio, Deck, etc)
	Certificate of Workers Compensation Insurance
	MN AGE Certification of On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License ----- OR ----- **MN AGE Application for Off-Sale Intoxicating Liquor License** ----- OR ----- **View All MN AGE Alcohol License Forms**
	Optional 2AM Closing License Application & Check payable to "MN DPS/AGED". Available for On-Sale liquor licensees only.
	Copy of Floor Plan/Rooms: On-Sale licenses, list where intoxicating liquor will be consumed or sold
	MN AGE Buyer's Card + $20 Check Payable to **"***MN DPS/AGED"*. Be sure to sign Buyer's Card.

Notes:
(1) A MN Department of Public Safety, Alcohol & Gambling Enforcement Division (AGED) inspection will be required of all newly built facilities for Off-Sale license applicants prior to issuance of license.
(2) A public hearing will be required for all liquor license applications.

NEW LIQUOR LICENSE APPLICATION

7550 Sunwood Dr NW, Ramsey MN 55303 (763) 427-1410

TYPE OF LICENSE

- ☐ Off-Sale Intoxicating
- ☐ On-Sale Intoxicating
- ☐ Sunday Liquor
- ☐ Wine (Includes Sunday)
- ☐ 3.2% Malt Liquor: On-Sale
- ☐ 3.2% Malt Liquor: Off-Sale
- ☐ Special Club Liquor
- ☐ Brewpub Off-Sale Liquor
- ☐ Brewer Off-Sale Liquor
- ☐ Brewer Taproom On-Sale
- ☐ Microdistillery Off-Sale
- ☐ Microdistillery Cocktail
- ☐ Room On-Sale Culinary Class

❖ **New Applications require a Non-Refundable Investigation fee of $500**

Name of applicant (name of individual, partnership, corporation or association):	
Applicant Address:	
Applicant City/State/Zip:	
Applicant Phone:	Applicant Email Address:
Applicant Cell Phone:	
Business Name/DBA:	
Business Address:	
Business Phone:	Business Website:
Minnesota Tax ID Number:	Federal Tax ID Number:
Anoka County Property ID Number:	
LICENSE PERIOD: JULY 1-JUNE 30	*Fees are prorated based on the month of start date.*
Date you desire to start serving liquor:	
Address where future Renewals should be mailed to:	
If different from above, address where License(s) should be mailed to:	

Full names, residences and business addresses and telephone numbers of the owner or owners of the <u>building</u> wherein the licensed business will be located.	
Full Name:	Phone Number:
Residence Address:	
Business Address:	Business Phone Number:
Full Name:	Phone Number:
Residence Address:	
Business Address:	Business Phone Number:
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. Attach a copy of the lease.	
FINANCIAL INTEREST CRITERIA:	
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 limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and person who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant. If necessary, use additional sheets.	
Full Name:	Phone Number:
Address:	
Nature of Interest, etc.:	
Terms of Payment:	
Full Name:	Phone Number:
Address:	
Nature of Interest, etc.:	
Terms of Payment:	

DESCRIPTION OF PROPOSED BUSINESS:

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, dancing, live music and amplified music (if any) and type of food menu.

What is the seating capacity of the restaurant?	Indoor seating:	Outdoor seating:

Minimum seating requirements: On-Sale Intoxicating/Sunday is 30 and Wine is 25

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, PLEASE ATTACH PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED.

Describe the general area and all rooms where intoxicating liquor is to be sold and consumed, **including outdoor areas**. Attach indoor & outdoor floor plans showing dimensions and indicating number of persons intended to be served in the rooms.

*Are you planning on selling lower-potency Hemp-derived edibles and/or beverages? ☐ Yes ☐ No

If yes, please provide your state registration number:

**Requires additional registration with the city, see https://www.cityoframsey.com/1052 for details.*

Will serving of prepared food occur at this site? ☐ Yes ☐ No

If yes, please attach license from Anoka County Health Department.

What other permits or licenses required by the State of Minnesota have been applied for or issued for the premises?

Are any real estate taxes, person property taxes, special assessments, or other financial claims of the City of Ramsey or State of Minnesota delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No

If yes, please provide details:

The data on this form will be used to consider your liquor license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are required by State law or City ordinance to answer any questions to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Ramsey from processing your application.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LIQUOR LICENSE.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE.

_____

(Signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME this_____day of_____, 20_____

_____

Signature of Notary Public

My Commission expires on: _____

DRAM SHOP INSURANCE EXEMPTION

ON-SALE OR OFF-SALE 3.2 MALT LIQUOR LICENSES

7550 Sunwood Dr NW, Ramsey MN 55303 (763) 427-1410

I hereby certify under penalty of perjury that I have applied for a 3.2 liquor license and that the sales of such beverages are less than $25,000 per year for on-sale and less than $50,000 for off-sale. **This provision does not apply for licensees who have the combination of Wine and 3.2 Malt Liquor Licenses.**

The following list of my wholesale suppliers is true and correct:

Signature of Applicant	**Date**
Subscribed and sworn to before me this _____day of_____, 20_____. _____ Notary Public	*(Notary Seal)*

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	

INSURED

Licensee Name and Trade Name WITH ADDRESS OF ESTABLISHMENT must appear here exactly as on the MN State Renewal form, including spelling and punctuation

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE $
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) $
							MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
	OTHER:						$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT $
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT $
	Liquor Liability						

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Note Outdoor seating area if applicable.

***Policy effective dates must read:**
07/01/24 to 06/30/25
OR
"CONTINUOUS UNTIL CANCELLED"

CERTIFICATE HOLDER	CANCELLATION
City of Ramsey **7550 Sunwood Dr NW** **Ramsey, MN 55303**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD

Full names, residences and business addresses and telephone numbers of the owner or owners of the <u>building</u> wherein the licensed business will be located.	
Full Name:	Phone Number:
Residence Address:	
Business Address:	Business Phone Number:
Full Name:	Phone Number:
Residence Address:	
Business Address:	Business Phone Number:
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. Attach a copy of the lease.	
FINANCIAL INTEREST CRITERIA:	
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 limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and person who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant. If necessary, use additional sheets.	
Full Name:	Phone Number:
Address:	
Nature of Interest, etc.:	
Terms of Payment:	
Full Name:	Phone Number:
Address:	
Nature of Interest, etc.:	
Terms of Payment:	

DESCRIPTION OF PROPOSED BUSINESS:

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, dancing, live music and amplified music (if any) and type of food menu.

What is the seating capacity of the restaurant?	Indoor seating:	Outdoor seating:

Minimum seating requirements: On-Sale Intoxicating/Sunday is 30 and Wine is 25

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, PLEASE ATTACH PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED.

Describe the general area and all rooms where intoxicating liquor is to be sold and consumed, **including outdoor areas**. Attach indoor & outdoor floor plans showing dimensions and indicating number of persons intended to be served in the rooms.

*Are you planning on selling lower-potency Hemp-derived edibles and/or beverages? ☐ Yes ☐ No

If yes, please provide your state registration number:

**Requires additional registration with the city, see https://www.cityoframsey.com/1052 for details.*

Will serving of prepared food occur at this site? ☐ Yes ☐ No

If yes, please attach license from Anoka County Health Department.

What other permits or licenses required by the State of Minnesota have been applied for or issued for the premises?

Are any real estate taxes, person property taxes, special assessments, or other financial claims of the City of Ramsey or State of Minnesota delinquent or unpaid for the premises to be licensed? ☐ Yes ☐ No

If yes, please provide details:

The data on this form will be used to consider your liquor license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are required by State law or City ordinance to answer any questions to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Ramsey from processing your application.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LIQUOR LICENSE.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE.

_____

(Signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME this_____day of_____, 20_____

_____

Signature of Notary Public

My Commission expires on: _____

DRAM SHOP INSURANCE EXEMPTION

ON-SALE OR OFF-SALE 3.2 MALT LIQUOR LICENSES

7550 Sunwood Dr NW, Ramsey MN 55303 (763) 427-1410

I hereby certify under penalty of perjury that I have applied for a 3.2 liquor license and that the sales of such beverages are less than $25,000 per year for on-sale and less than $50,000 for off-sale. **This provision does not apply for licensees who have the combination of Wine and 3.2 Malt Liquor Licenses.**

The following list of my wholesale suppliers is true and correct:

Signature of Applicant	**Date**
Subscribed and sworn to before me this _____day of_____, 20_____. _____ Notary Public	*(Notary Seal)*

ACORD®

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A :	
	INSURER B :	
	INSURER C :	
	INSURER D :	

INSURED

Licensee Name and Trade Name WITH ADDRESS OF ESTABLISHMENT must appear here exactly as on the MN State Renewal form, including spelling and punctuation

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE $
	CLAIMS-MADE OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) $
							MED EXP (Any one person) $
							PERSONAL & ADV INJURY $
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE $
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG $
	OTHER:						$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) $
	ANY AUTO						BODILY INJURY (Per person) $
	ALL OWNED AUTOS / SCHEDULED AUTOS						BODILY INJURY (Per accident) $
	HIRED AUTOS / NON-OWNED AUTOS						PROPERTY DAMAGE (Per accident) $
							$
	UMBRELLA LIAB OCCUR						EACH OCCURRENCE $
	EXCESS LIAB CLAIMS-MADE						AGGREGATE $
	DED RETENTION $						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y / N						PER STATUTE OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N / A						E.L. EACH ACCIDENT $
	(Mandatory in NH)						E.L. DISEASE - EA EMPLOYEE $
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - POLICY LIMIT $
	Liquor Liability						

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Note Outdoor seating area if applicable.

***Policy effective dates must read:**
07/01/24 to 06/30/25
OR
"CONTINUOUS UNTIL CANCELLED"

CERTIFICATE HOLDER	CANCELLATION
City of Ramsey **7550 Sunwood Dr NW** **Ramsey, MN 55303**	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE

ACORD 25 (2014/01) The ACORD name and logo are registered marks of ACORD

CITY OF RAMSEY
REQUEST FOR BACKGROUND CHECK INFORMATION

DATA PRIVACY ADVISORY: The data supplied on this form will be used to assess the qualifications for a license. This data is not legally required but the City will not be able to grant the license without it. If a license is granted, the data will constitute a public record. The data is needed to distinguish this application from others, to identify this application in City license files, to verify the identity of the applicant, to contact the applicant if additional information is required and to determine if the applicant meets all ordinance requirements.

INFORMATION TO BE USED FOR BUSINESS LICENSE PROCESSING ONLY

Ramsey Police Department Records Division

Please print legibly – All Fields MUST Be Completed *(Enter "N/A" if not applicable)*

Type of License Applied For: **Intoxicating Liquor Sales** □ **Off-Sale** □ **On-Sale**

Business Name:_____

Business Address:_____

Applicant Information: □ Manager □ Owner

Driver's license, State ID, or Military ID Number (*attach copy*): _____

Full Name:_____ Date of Birth:_____
First Middle Last

Phone (*daytime*):_____ Sex:_____ Race:_____

Local Address: _____ MN _____
Street City State Zip Code

Other Names Used (*in past 5 years*):_____

Other Addresses (*in past 5 years*):_____
(Attach separate sheet if necessary)

I, the undersigned, do hereby authorize the RAMSEY POLICE DEPARTMENT to disclose all criminal history record information for the purpose of licensing with the City of Ramsey. This authorization shall be valid for one year from the date of my signature.

_____ _____
Applicant Signature *Date*

FOR OFFICE USE ONLY

Checks: □ MN Criminal History □ Local Police Records

Comments: _____

Background Check Processed by:_____ Date:_____

Revision 12/23

REPORT BY POLICE

Applicant Name: _____ Date: _____

DBA: _____ License Type: _____

A background check has been conducted on the applicant. Findings as follows:

_____

_____

_____

Recommendation:

□ Approval

□ Denial

Chief of Police Signature: _____ Date: _____

DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE

PLEASE RETURN THIS APPLICATION WITH FEE $20.00

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
City of Ramsey			

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

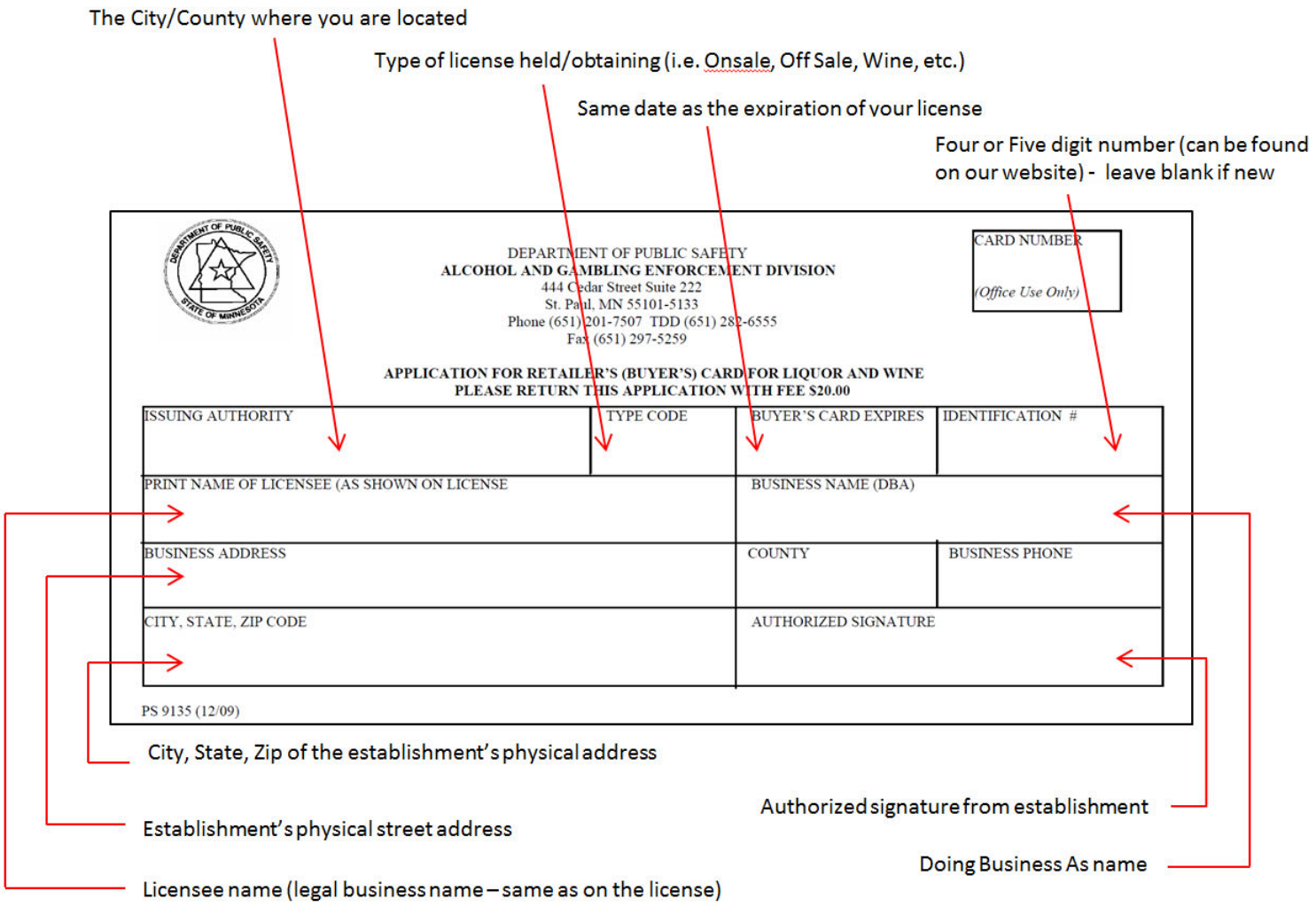
Business Phone

City, State, Zip Code

Authorized Signature

_____

Buyer's Card


The City/County where you are located
Type of license held/obtaining (i.e. Onsale, Off Sale, Wine, etc.)
Same date as the expiration of your license
Four or Five digit number (can be found on our website) - leave blank if new
DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259
CARD NUMBER
(Office Use Only)
APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE $20.00
ISSUING AUTHORITY
TYPE CODE
BUYER'S CARD EXPIRES
IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE
BUSINESS NAME (DBA)
BUSINESS ADDRESS
COUNTY
BUSINESS PHONE
CITY, STATE, ZIP CODE
AUTHORIZED SIGNATURE
PS 9135 (12/09)
City, State, Zip of the establishment's physical address
Authorized signature from establishment
Establishment's physical street address
Doing Business As name
Licensee name (legal business name – same as on the license)

SAMPLE

DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE $20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
St. Paul	ONSS	8/10/2014	12345

PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE	BUSINESS NAME (DBA)	
Lauren's Restaurants LLC	Lauren's Bar & Grill	
BUSINESS ADDRESS	COUNTY	BUSINESS PHONE
987 Monopoly Road	Ramsey	651/201-7507
CITY, STATE, ZIP CODE	AUTHORIZED SIGNATURE	
St. Paul, MN 55101	Lauren	

PS 9135 (12/09)

CITY OF RAMSEY

TENNESSEN WARNING

In connection with your request for a license, the City of Ramsey has asked that you provide 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 private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*

2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*

3. You are required to supply the requested information.

4. The known consequences of supplying the requested information are as follows: *Loss or denial of the requested license if you owe the State of Minnesota delinquent taxes, penalties or interest.*

5. The known consequences of refusing to supply the requested information is: *Your request for a license cannot be processed.*

6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

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

_____ _____

Date Signature of Applicant

_____

Print Name

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 requirement 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. 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.***

1. Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____

OR

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

☐ I have no employees covered by the law.

☐ 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).

Name: _____
(Last, First, Middle)

Doing Business As: _____
(Business Name if different than your name)

Business Address: _____

City, State, ZIP: _____ Phone: ( ) _____

Signature: _____ Date: _____