

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-714-3524**

Thank you for your interest in obtaining a liquor license from the City of Woodbury. Below are step by step instructions for completing the application. **All application materials must be received before your application will be processed.**

A background investigation fee is due at the time of application. This fee is \$500 for intoxicating liquor licenses (fee is \$250 if the business/corporation is remaining the same as on current Woodbury license), including wine licenses and \$250 for 3.2% malt liquor licenses.

Annual Fees for intoxicating liquor licenses are as follows:

- On Sale \$10,000
- On Sale Sunday \$200
- On Sale Wine & Beer \$2,000
- Off Sale \$200

Annual Fees for 3.2 percent malt liquor licenses are as follows:

- On Sale \$500
- Off Sale \$100

Your license fee will be prorated based on the month your license is to be effective. Our license year runs April 1 – March 31. You will be advised of the amount due after your application has been turned in and will be required to submit the payment upon demand.

Upon receipt of the application/background packet, the Woodbury Police Department will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed. After the background investigation, a public hearing date will be set and property owners within a five hundred-foot radius of the establishment will be notified of the hearing. A notice will also be published in the newspaper. Public Hearings take place at our City Council meetings, which are held the second and fourth Wednesday of each month.

If the Woodbury City Council approves your license, the application goes to the State of MN for final approval (intoxicating & wine licenses only). The State requires an inspection of all wine establishments and liquor stores. The inspector for this area is Mike McManus. You may contact Mr. McManus at 651-775-5282 to arrange to have your business inspected after the City approves your license, otherwise he will contact you when he receives our paperwork. If your business will be located in a new building, it is recommended that you contact Mr. McManus sometime during the application process to find out what he looks for in his inspection so there are no surprises at the end.

Your license will be mailed to you after final state approval. **You can expect the total processing time of your application to be approximately 60-90 days.**

Once a license has been issued, it is your responsibility to contact the Woodbury Administration Department- City Clerk Division with any management changes or building changes. All new general managers and bar managers will need to submit a Part II application packet with the required documents.

The fee for proposed building enlargement and/or alteration is \$50. There is no additional fee for management changes.

Liquor license applications can be obtained by contacting the Woodbury Administration Department-City Clerk Division at 651-714-3524. The application includes a copy of the Woodbury City Ordinance Chapter 4, Alcoholic Beverages. A copy of the City Ordinance can be viewed on the City's website at www.ci.woodbury.mn.us. A copy of the MN State Statute can be viewed on their website at www.leg.state.mn.us, select MN statutes, entire chapter, 340a.

Other City of Woodbury departments you may need to contact:

Building Inspections: 651-714-3543

Community Development: 651-714-3533

Fire Department (non-emerg) 651-714-3600

Note: If you need a notary public, there are several available at the Woodbury Police Department, as well as City Hall. Business hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.

Please direct questions regarding liquor license process to:

Kimberlee Blaeser, City Clerk
Woodbury Administration Department – City Clerk Division
kblaeser@ci.woodbury.mn.us
651-714-3524

Instructions for Applying for a Liquor License

Application for Retailer's (Buyer) Card for liquor or wine

This State of Minnesota form must be completed and mailed along with the \$20.00 fee to:

Department of Public Safety
Liquor Control Division
444 Cedar Street/Suite #133
St. Paul, MN 55101-2156

MN Dept. of Public Safety Application for/Certification of Liquor License

This form is required by the State of MN. Please complete the form and return with the City of Woodbury application packet.

City of Woodbury Application Part I - General Information

This form must be completed and signed in the presence of a notary public by the following person:

Individual App.: by such individual
Partnership App.: by one of the partners
Corporation App.: by an officer of the corporation (see app., #7)
Unincorporated App.: by the manager or managing officer (see app., #7)

Please complete questions 1-4 and 9-22. Complete one of the following depending on the type of business: 5, 6, 7, or 8. You must also include your company financial statements. Pay special attention to the additional items that need to be submitted with the application.

City of Woodbury Application Part II - Personal History Information

This form must be completed and signed in the presence of a notary public by:

- each partner or proprietor
- each officer or director
- each general manager and bar manager
- each person who by combined ownership or control has an interest in a corporation or association in excess of 5% (or in the case of off sale, 1%)

Each person required to complete the Part II application must also submit signed a signed Data Practices Advisory. In addition, each of these persons, with the exception of general managers and bar managers must also submit:

- Authorization to Release Detox Center Information (4)
- Authorization to Release Financial Records (3)
- Authorization for Release of Information (Human Services)
- A short autobiography
- Financial statements



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
 (Not to exceed 14% of alcohol by volume)



EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company. Name _____ Policy # _____
 LICENSEE'S MN SALES & USE TAX ID # _____ To apply for MN Sales Tax # call (651) 296-6181
 LICENSEE'S FEDERAL TAX ID # _____

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone ()	Applicant's Home Phone ()
City		County	State Zip Code
Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner		License period From To
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title		Address	Social Security # DOB
Partner/Officer Name and Title		Address	Social Security # DOB
Partner/Officer Name and Title		Address	Social Security # DOB
Partner/Officer Name and Title		Address	Social Security # DOB
CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No		Restaurant seating capacity
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No
Describe the premises to be licensed			
If the restaurant is in conjunction with another business (resort etc.), describe business			
NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED			

OTHER INFORMATION

- Yes No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No 2. Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____ (If the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes No 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.
- Yes No 4. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome. _____
- Yes No 5. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details. _____
- Yes No 6. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. _____

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

Signature of Applicant

The licensee must have one of the following: (Check one)

- A. Liquor Liability Insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

If no, state reason. _____

Signature County Attorney _____

County _____

Date _____

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor, except as follows: _____

Signature _____

Department and Title _____

Date _____

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. FOR INFORMATION REGARDING OBTAINING THIS STAMP, CONTACT THE BUREAU OF ALCOHOL TOBACCO AND FIREARMS AT (651) 726-0220 (PS9114-2006)

NOTICE

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.



**Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555**

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee:\$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933) (To Apply call 651-296-6181)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____ <small>(Partner/Officer Name (First Middle Last))</small>	_____	_____	_____
_____ <small>(Partner/Officer Name (First Middle Last))</small>	_____	_____	_____

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-714-3524**

**APPLICATION FOR ON/OFF SALE
LIQUOR LICENSE
CITY OF WOODBURY, MINNESOTA**

PART I - GENERAL INFORMATION

Directions: Fill out completely and legibly using typewriter or blue/black ink. Indicate if you are the individual, partner, corporation officer, association officer, or manager.

1. Name of applicant: (position in individual partnership, corporation, association, LLC etc.)
Name: _____ Position: _____
(First) (Middle) (Last) (Date of Birth)

2. Business Name: _____
Business Address: _____ Phone: _____

If business is to be conducted under a designation, name or style other than full individual names of the applicant, attach two copies of the trade name certificate, as required by *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.

3. Type of applicant:
 Individual Partnership LLC
 Corporation Association or other: _____

4. Type of license applicant seeks:
 On Sale Intoxicating On Sale "Sunday Sales" On Sale 3.2% Beer
 On Sale Wine On Sale Club/Commercial Recreational Club
 Off Sale

INDIVIDUAL APPLICATION
Complete 5a, 5b, 5c, 5d, and proceed to question 9

5 (a). Full Name: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

Business Address: _____ Phone: _____
(City) (State) (Zip Code)

_____ Phone: _____
(Street)

_____ Phone: _____
(City) (State) (Zip Code)

How long have you been in business at this address: _____

(b). The full name, residence address and telephone number of the agent in charge of the individual owner's premises at such time as the owner is absent.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

(c). The full name, address, and phone number of the assistant manager, food manager, and beverage manager.

Assistant Manager: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

Food Manager: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

Beverage Manager: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

(d). *A Part II – Personal History form must be completed and attached for each of the individuals in 5a, 5b, and 5c.*

PARTNERSHIP OR LLC APPLICATION
 Complete 6a, 6b, 6c, 6d, and proceed to question 9

6 (a). If the applicant is a partnership or LLC state full names, residence and business addresses, phone numbers and interest of each member.

(1). Full Name: _____ Interest: _____ %
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)
 Business Address: _____ Phone: _____
(Street)

(City) (State) (Zip Code)

(2). Full Name: _____ Interest: _____ %
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)

Business Address: _____ Phone: _____
(City) (State) (Zip Code)
(Street)
(City) (State) (Zip Code)

(If additional space is necessary, attach additional sheets.)

(b). The managing partner will be:

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

Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

(c). Please attach one copy of the partnership or LLC agreement and one copy of the Certificate of Trade Name under provisions of *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.

(d). *A Part II – Personal History form must be filled out and attached for each of the individuals listed in 6a and 6b.*

CORPORATION OR ASSOCIATION APPLICATION
Complete 7a, 7b, 7c, 7d, and proceed to question 9

7 (a). Full Name: _____ State of Incorporation/Association: _____
(First) (Middle) (Last)

Woodbury Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Home Office Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

(b). The full names, residence address, and telephone number of all officers of said corporation/association:

President: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Vice President: _____
(First) (Middle) (Last) (Date of Birth)

Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Secretary: _____

Residence Address: _____ Phone: _____
(First) (Middle) (Last) (Date of Birth)
(Street)
(City) (State) (Zip Code)

Treasurer: _____
 Residence Address: _____ Phone: _____
(First) (Middle) (Last) (Date of Birth)
(Street)
(City) (State) (Zip Code)

(c). The full names, residence address, and telephone numbers of all persons who singly or together with their spouses and his or her parents, brother, sister, or children own or control an interest in said corporation or association:

Full Name: _____ Interest: _____ %
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Full Name: _____ Interest: _____ %
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Full Name: _____ Interest: _____ %
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

(If additional space is necessary, attach additional sheets.)

- (d). **ATTACH:**
- 1) One copy of Certificate of Incorporation or Organization
 - 2) One copy of Articles of Incorporation, Partnership, Association, or LLC Agreement
 - 3) One copy of By-Laws to the application
 - 4) Foreign corporation shall attach one copy of Certificate of Authority, as described in *M.S.A. Chapter 303*

(e). **A Part II – Personal History form must be filled out and attached for individuals listed in 7b and 7c.**

CLUB APPLICATION
Complete 8a, 8b, 8c, 8d, and proceed to question 9

- 8 (a). If the applicant is a club, state name of club: _____
 Date that the club was first incorporated: _____
 Place of such organization: _____
 Present number of members: _____
- (b). The full names, positions, residence addresses, and phone numbers of all officers, executive committee members and member of board of directors:

Full Name: _____ Position: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Full Name: _____ Position: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

- (c). Attach one copy of the Articles of Incorporation and By-laws of the club.
- (d). A sworn statement that the Club has been in existence for more than one year must be submitted. A person who has personal knowledge of the facts stated therein shall make the statement. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.
- (e). *A Part II – Personal History form must be filled out and attached for the individuals listed in 8b.*

9. If the liquor premise is within 1,000 feet of a church or school structure, submit a plot plan, showing the dimensions, locations of the premise, street access, parking facilities, and the location and the distance of the closest point of the church structure of the closest public school.

10. How is the premise zoned under the Woodbury zoning ordinance?

11. State full names, residence and business addresses, and phone number of the owner (s) of the building wherein the licenses business will be located, if the owner is other than the applicant.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
 Residence Address: _____ Phone: _____
(Street)
(City) (State) (Zip Code)

12. Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangements, such as, terms of the lease, monthly rental, renewal privileges, etc. **(One copy of the lease or purchase agreement shall be attached):**

13. If the building is owned by the individual applicant, partnership, corporation or association, state:

- (a) Date Purchased: _____
- (b) Name and address of person purchased from: _____
- (c) Purchased price: _____ Amount of down payment: _____
- (d) Are there any delinquent payments on the mortgage and/or contract for deed? _____

ATTACH A COPY OF THE MORTGAGE OR CONTRACT FOR DEED.

14. Give full names, addresses, phone number 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 the payment or other reimbursement. (This shall include, but not limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.):

Full Name: _____ Phone: _____
 Address: _____
 Nature of Interest, etc.: _____

Full Name: _____ Phone: _____
 Address: _____
 Nature of Interest, etc.: _____

If this application is for premises either planned, under construction, or undergoing substantial alternation, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or designs are on file with the manager of the building and the department of community development, no additional plans need be filed with this application.

15. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms):

16. What permits required by the Federal Government have been applied for or issued for the premises: In what name were these applied for or issued, and what is the nature of the permit:

17. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises. In what name were these applied for or issued, and what is the nature of the permit or license:

18. Are any real-estate taxes, personal property taxes, special assessments, or other financial claims of the City of Woodbury delinquent or unpaid for the premises to be licensed: Yes No

If yes, give details: _____

19 (a). Are the premises located within 500 feet of any public school? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the public school). Yes No

(b). If the application is for a club, are the premises located within 500 feet of a church?
 Yes No

(c). Are the premises located within 500 feet of any church? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the church).
 Yes No

20. If the premise is a hotel or motel, is there a dining room, open to the general public, with a minimum floor area of 900 square feet seating a minimum of 30 persons, and are there a minimum of 50 guest rooms provided? Yes No

21. If the premise is a restaurant, is there a minimum floor area of 1200 square feet for dining, open to the general public, and provisions for seating a minimum of 50 persons at one time? Yes No

22. Names, residence addresses and phone number of two persons who have known the applicant for a period of two (2) years and who will vouch for sobriety, honesty, and general good character of the applicant.

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street) (City) (State) (Zip Code)

Full Name: _____
(First) (Middle) (Last) (Date of Birth)
Residence Address: _____ Phone: _____
(Street) (City) (State) (Zip Code)

23. List the following related to Insurance:
Name of Insurance Company: _____
Address: _____
Insurance Company Contact Person: _____
Phone: _____
Type of Insurance coverage and amount: _____

A financial statement of net worth and a **short autobiography** must accompany this application for all persons who are required to complete a Part II Personal Information Form. (Except – Manager, Assistant Manager, Food Manager, and Beverage Manager provided these individuals are not partners officers of the corporation or do not hold an interest in excess of five (5) percent.)

Any falsification of answers to the above questions will result in denial of the application.

SIGNATURE OF APPLICANT: _____

State of _____

County of _____

On this _____ day of _____, 20____, _____ personally appeared before me,
_____ who is personally known to me,
_____ whose identity I verified on the basis of _____
_____ whose identity I verified on the oath/affirmation of _____, a credible witness,
to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

Notary Public

Seal

My Commission Expires

State of Minnesota 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 and license number (if renewal):	License Number #:
Licensing Authority (name of city, county, or state agency issuing license):	
License Renewal Date:	

PERSONAL INFORMATION:			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address		City	State Zip Code

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

Applicant Signature: _____

Signature _____ Title _____ Date _____



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 133
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 (5/06)

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CITY CLERK DIVISION
KIM BLAESER, CITY CLERK – 651-714-3524**

LIQUOR LIABILITY (DRAM SHOP) REQUIREMENTS:

Be advised that the State of Minnesota, Statute Section 340A.409 requires that every person, firm or corporation licensed to sell intoxicating and/or non-intoxicating liquor, On-Sale or Off-Sale, must “demonstrate proof of financial responsibility”. The proof of financial responsibility can be shown by filing one of the following:

1. A certificate of insurance that there is in effect an insurance policy or pool providing coverage of at least:
 - \$50,000 of coverage because of bodily injury to any one person in any occurrence
 - \$100,000 of coverage because of bodily injury to two or more persons in any one occurrence
 - \$10,000 of coverage because of injury to or destruction of property of others in any one occurrence
 - \$50,000 of coverage for loss of means of support of any one person in any one occurrence
 - \$100,000 of coverage for loss of means of support two or more persons in any one occurrence

A liability insurance policy must provide that it may not be canceled for any cause, except for non-payment of premium, by either the insured or the insurer unless the canceling party has first given 30 days’ notice in writing to the issuing authority of intent to cancel the policy.

2. A bond or surety company with minimum coverage as provided in 1 above (or)
3. A certificate of the commissioner of finance that the licensee has deposited with the commission of finance \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000.

****Insurance certificates must have the licensed Corporation Name and DBA (Doing Business As), and the licensed business address listed on the certificate. The insurance expiration date must run concurrent with the license year (April 1 – March 31). Copies transmitted by fax machine are acceptable. Please fax to the attention of Kim Blaeser, City Clerk at 651-714-3529.****

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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 (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-714-3524**

**PART II - LIQUOR APPLICATION
PERSONAL HISTORY INFORMATION FORM**

Directions: This form must be completed by the by each manager, proprietor or other person with management responsibilities for the premises.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
US Citizen: (circle one) Yes No	Naturalized: (circle one) Yes No	If yes, give date & place:	
Marital Status: (circle one) Married Single Divorced			
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter: Applicant is a registered voter: Yes No (circle one) If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

I. PART II General Manager

				Date:
Street	City	State	Zip Code	
5. List the name, location, and type of business or occupation the applicant have been engaged in over the past ten (7) years. List most recent business first.				
Name of business/occupation:				
Location:				
Street	City	State	Zip Code	
Years in business/occupation:				
Person engaged in business/occupation:				
<i>If additional businesses - please write information on back.</i>				
6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:				
Name of Employer:				
Company Name:			Phone:	
Address:				
Street	City	State	Zip Code	
Contact person:				
Name of Employer:				
Company Name:			Phone:	
Address:				
Street	City	State	Zip Code	
Contact person:				
Name of Employer:				
Company Name:			Phone:	
Address:				
Street	City	State	Zip Code	
Contact person:				
7. List all the convictions of a felony crime or violation of any ordinance other than a misdemeanor traffic violation for the applicant:				
Nature of conviction:			Date:	
Place of conviction:				
Street	City	State	Zip Code	

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

Signature of Applicant:

Subscribed and sworn before me a Notary Public

On this _____ day of _____, 20_____

Notary Signature: _____

My commission expires on: _____ Seal

****THIS DOCUMENT IS TO BE COMPLETED BY SOLE OWNER, BY EACH PARTNER, BY EACH OFFICER, OR DIRECTOR, BY EACH MANAGER, PROPRIETOR OR OTHER PERSON WITH MANAGEMENT RESPONSIBILITIES FOR THE PREMISES, BY EACH PERSON WHO BY COMBINED OWNERSHIP OR CONTROL HAS INTEREST IN A CORPORATION OR ASSOCIATION IN EXCESS OF 5%.****

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
APPLICATION FOR LICENSE
DATA PRACTICES ADVISORY**

PLEASE READ CAREFULLY BEFORE SIGNING:

In accordance with the Minnesota Government Data Practices Act, the City of Woodbury is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include:

1. Woodbury Police Department Personnel
2. Washington County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide information relevant to determining your suitability to obtain a permit.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat the information as private.

I HAVE READ AND UNDERSTAND THAT INFORMATION ABOVE REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

Date

Signature of Applicant



Each person required to complete the Part II Application must submit this form.

AUTHORIZATION TO RELEASE INFORMATION

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, _____, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Police Department and authorized personnel of the City of Woodbury. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Woodbury Police Department and its consultants. This consent for the release of data is for the purpose of determining my suitability for obtaining a Liquor license in the City of Woodbury. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

Signature

Date Signed

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125
Telephone: 651-714-3524**

**PART II - LIQUOR APPLICATION
PERSONAL HISTORY INFORMATION FORM**

Directions: This form must be completed by the sole owner, by each partner, by each officer, or director, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
US Citizen: (circle one) Yes No	Naturalized: (circle one) Yes No	If yes, give date & place:	
Marital Status: (circle one) Married Single Divorced			
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter: Applicant is a registered voter: Yes No (circle one) If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

5. List the name, location, and type of business or occupation the applicant have been engaged in over the past ten (7) years. List most recent business first.

Name of business/occupation:

Location:

Street

City

State

Zip Code

Years in business/occupation:

Person engaged in business/occupation:

If additional businesses - please write information on back.

6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:

Name of Employer:

Company Name:

Phone:

Address:

Street

City

State

Zip Code

Contact person:

Name of Employer:

Company Name:

Phone:

Address:

Street

City

State

Zip Code

Contact person:

Name of Employer:

Company Name:

Phone:

Address:

Street

City

State

Zip Code

Contact person:

7. List all the convictions of a felony crime or violation of any ordinance other than a misdemeanor traffic violation for the applicant:

Nature of conviction:

Date:

Place of conviction:

Street

City

State

Zip Code

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

Signature of Applicant: _____

Subscribed and sworn before me a Notary Public

On this _____ day of _____, 20_____

Notary Signature: _____

My commission expires on: _____ Seal

Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**

AUTHORIZATION TO RELEASE FINANCIAL RECORDS

I have applied to the City of Woodbury, Minnesota for a liquor license. Minnesota State Statute 340A.412, sub. 2, requires that the city conduct a financial investigation of each such applicant. I hereby authorize you to release and/or provide copies of all financial data created, stored, or maintained by your institution relative to my financial transactions, to the City of Woodbury, Department of Administration, Clerk Division.

Signature	Date
Printed Name	Social Security #
Street Address	Date of Birth
City State Zip	Telephone number



Each person required to complete the Part II Application must submit this form.

AUTHORIZATION TO RELEASE INFORMATION

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, _____, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Police Department and authorized personnel of the City of Woodbury. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Woodbury Police Department and its consultants. This consent for the release of data is for the purpose of determining my suitability for obtaining a Liquor license in the City of Woodbury. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

Signature

Date Signed

Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125

Authorization for Release of Information

Re: _____ Birth Date: _____
(Please Print Full Name)

AKA: _____

Maiden Name: _____

I hereby authorize and grant my informed consent to permit the Minnesota Department of Human Services to release to and make available to the Woodbury Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data as defined by Minnesota Statue 13.02, Subdivision 12, and has been collected by you as a result of my contact and associations with you, and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form that in any way relates to my dealings with you or your agency. This information includes, but is not limited to, data regarding mental illness or chemical dependency.

I understand that access to this information is to determine my eligibility for employment.

This authorization shall be valid for a period of one year but I reserve the right to, at anytime prior to that expiration, cancel the written authorization by providing written notice to the Woodbury Police Department or to you of that fact.

Signature (Full Name)

Date

Expiration Date of Release

Kimberlee K. Blaeser, 651-714-3524
City of Woodbury Contact Person/Telephone Number

Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.

**CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**

**FAX TO: RAMSEY COUNTY DETOX
 651-266-4539**

**FROM: Kim Blaeser, City Clerk
 City of Woodbury
 651-714-3524 - Phone
 651-714-3529 - Fax**

AUTHORIZATION TO RELEASE DETOX CENTER INFORMATION

I _____ DOB: _____

Address: _____

Telephone: _____, authorize RAMSEY COUNTY
DETOX

to release to the Woodbury Police Department any information that may pertain to my
admittance at their facility. I have also been known by the name(s) of:

Signed: _____

Date: _____

This authorization expires one year from date of signing.

Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.

CITY OF WOODBURY
DEPARTMENT OF ADMINISTRATION
CLERK DIVISION
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125

FAX TO: DAKOTA COUNTY DETOX
651-437-6161

FROM: Kim Blaeser, City Clerk
City of Woodbury
651-714-3524 - Phone
651-714-3529 - Fax

AUTHORIZATION TO RELEASE DETOX CENTER INFORMATION

I _____ DOB: _____

Address: _____

Telephone: _____, authorize DAKOTA COUNTY DETOX

to release to the Woodbury City Clerk's Office any information that may pertain to my admittance at their facility. I have also been known by the name(s) of:

Signed: _____

Date: _____

This authorization expires one year from date of signing.