

# **CITY OF FARMINGTON LICENSE PROCESS**

## **Consumption and Display Permit**

A consumption and display permit is issued to a business and allows individuals to bring in their own liquor for consumption on the premises. The business owner cannot sell or store liquor on the premises. Please review Title 3 Chapter 11A of the city code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a consumption and display permit:

1. Application forms and fees should be submitted to the city of Farmington.
2. A background check will be performed by the Farmington Police Department.
3. The application will be submitted to the City Council for approval. Council meetings are held the first and third Mondays of every month.
4. Upon City Council approval, the application is submitted to the state for approval and a license is issued. The state can take up to one week to approve it. The entire application process takes approximately four weeks.
5. Fees: Consumption and Display Permit \$300/year  
Investigation Fee \$100

If you have questions, please contact:

Shirley Buecksler, City Clerk

City of Farmington

430 Third Street

Farmington, MN 55024

Tel: 651-280-6803

E-mail: [SBuecksler@FarmingtonMN.gov](mailto:SBuecksler@FarmingtonMN.gov)



## Checklist for Consumption and Display Permit

**Business Name:** \_\_\_\_\_

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

### **Required Documents**

### **Applicant Initials**

### **City Staff Initials**

1. City of Farmington Consumption and Display Application	_____	_____
2. State License Application	_____	_____
3. Workers' Comp. Certificate of Compliance	_____	_____
4. All applicable Fees (See fee schedule below)	_____	_____

### **Consumption and Display Permit Fees**

Consumption and Display Permit	\$300
Investigation Fee	\$100
State Fee (Paid to the state)	\$250



## Application for Consumption and Display Permit

### EVERY QUESTION MUST BE ANSWERED UNLESS OTHERWISE NOTED

If a corporation, an officer must execute this application; if a partnership, LLC, a partner must execute this application.

### APPLICANT INFORMATION

Applicant's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Full Middle Name) (Last)

Are you a U.S. citizen? Yes \_\_\_\_ No \_\_\_\_ Naturalized? Yes \_\_\_\_ No \_\_\_\_  
If yes, date/place \_\_\_\_\_

Type of Business Restaurant \_\_\_\_\_ Hotel \_\_\_\_\_ Other \_\_\_\_\_

Trade Name or DBA: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Business, partnership, LLC, corporation)

Business Address: \_\_\_\_\_  
(Street) (City, State, ZIP) (County)

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Licensee's MN Sales & Use Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

### CORPORATIONS

**If a corporation, give name (first, middle & last), title, address and date of birth for each officer. If a partnership, LLC, give name, address and date of birth of each partner:**

Partner/Officer Full Name & Title	Address	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_\_ Certificate Number \_\_\_\_\_

Is corporation authorized to do business in Minnesota? Yes \_\_\_\_ No \_\_\_\_

If a subsidiary of another corporation, give name and address of parent corporation: \_\_\_\_\_

\_\_\_\_\_

## OTHER INFORMATION

Names (first, middle & last), and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used.

**NOTE: The location manager must be listed.**

Full Name & Title	Address	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer all of the following:**

- \_\_\_Yes \_\_\_No Has the applicant, partners, officers or employees ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.
- \_\_\_Yes \_\_\_No During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, please attach a copy of the summons.
- \_\_\_Yes \_\_\_No Has the applicant, partners, officers or employees had an intoxicating liquor license within five years of this application?
- \_\_\_Yes \_\_\_No Does the applicant have any interest, directly or indirectly, in any other liquor establishments in Minnesota? If yes, please give the name and address of the establishment(s).
- \_\_\_Yes \_\_\_No Does any person other than the applicants listed here, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach the names and details.
- \_\_\_Yes \_\_\_No Do you acknowledge review of the Farmington City Code Chapter 3 regarding alcoholic beverages? (Can be viewed on the City's website, or paper copies are available upon request.)

## LOCATION INFORMATION

Name of building owner: \_\_\_\_\_ Owner's address: \_\_\_\_\_

Does the building owner have any connection, direct or indirect, with the applicant? Yes \_\_\_ No \_\_\_

Are property taxes current? Yes \_\_\_ No \_\_\_ Posted occupant load of establishment: \_\_\_\_\_

Are there any plans currently pending or anticipated for the sale or transfer of the business or premises for which the license is applied? Yes \_\_\_ No \_\_\_

Days/hours business will be open: \_\_\_\_\_

Number of people business employs: \_\_\_\_\_

I certify that I have read this entire application and that the responses given are true and correct to the best of my knowledge. I am aware that any misrepresentation in such responses may result in rejection of this application. I authorize the city of Farmington to investigate the information and contact persons/organizations named on this application.

Name of Applicant (please print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

### APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk/Deputy Clerk	_____	_____	_____

Please return completed application to: **City of Farmington  
Attn: Liquor Licensing  
430 Third Street  
Farmington, MN 55024**

**CITY OF FARMINGTON**  
**GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Farmington is requesting your authorization and consent to permit the City to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
Number Street City County State Zip Code

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? \_\_\_\_\_ If yes, please state place and nature of offense: \_\_\_\_\_

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "City") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the City to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the City will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of that intent.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full Name Printed)

Please return to:  
City of Farmington  
Attn: Administration  
430 Third Street  
Farmington, MN 55024

## CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

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

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

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Applicant

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Date

## Form FG TN2009

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED**

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, subdivision 2, by providing the name of the insurance company, the policy number, and the dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1982 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 1600  
 St. Paul, MN 55101  
 651-201-7507 Fax 651-297-5259 TDD 651-282-6555

**NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.**

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT  
 PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. \_\_\_\_\_

Policy No. \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

Licensee's MN Sales & Use Tax ID # \_\_\_\_\_ To apply for MN Tax ID# 651-296-6181

Licensee's Federal Tax ID # \_\_\_\_\_ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Amount Received

Business Name (Business, Partnership, LLC, Corporation)		DOB	SS#	Trade Name or DBA	
Business Street Address				County	Business Phone
City				State	Zip Code
Permit Type <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Public Business		Type of Business (Restaurant, Dance Hall, etc.)			
Full Name of Business or Club Manager		DOB	Address of Manager		
Name of Building Owner			Address of Owner		
Are the club or business premises separate from any other business establishment? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is there a current 3.2 beer license to this business at this location? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Is application <input checked="" type="checkbox"/> Original <input type="checkbox"/> Transfer	
If transfer, former license and business trade name					
If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer. If a club, state the name and address of each officer or director.					
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.					
Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location	
Membership requirements				Does club store liquor for members? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.					
I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. <b>THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.</b>					
Permittee Signature _____		Print Name _____		Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					
City/County Auditor Signature _____				Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					