

# **CITY OF FARMINGTON LICENSE PROCESS**

## **Brew Pub License**

A brew pub license can only be issued to applicants who already have an on-sale intoxicating liquor or 3.2 beer/wine license. Please review Title 3 Chapter 12 of the city code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a brew pub license:

1. Application forms, fees and a Certificate of Insurance showing liquor liability coverage through December 31 of the current year should be submitted to the city of Farmington.
2. A background check will be performed by the Farmington Police Department.
3. A public hearing is required to be held at a City Council meeting. The public hearing requires 10 days' notice prior to the meeting. The public hearing notice is submitted to the newspaper a week prior to this 10-day period. 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: Brew Pub License \$250/year  
Investigation Fee \$100

If you have questions, please contact:

Cynthia Muller, Administrative Assistant  
City of Farmington  
430 Third Street  
Farmington, MN 55024  
Tel: 651-280-6803  
E-mail: [CMuller@FarmingtonMN.gov](mailto:CMuller@FarmingtonMN.gov)



# City of Farmington

## **Checklist for Brew Pub License**

Applicant must have an on-sale intoxicating liquor or 3.2 beer/wine license.

**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.

<b><u>Required Documents</u></b>	<b><u>Applicant Initials</u></b>	<b><u>City Staff Initials</u></b>
1. City of Farmington Brew Pub License Application	_____	_____
2. State Form Brew Pub Off-sale (if applicable)	_____	_____
3. Copy of On-Sale Intoxicating Liquor or 3.2 Beer/Wine License	_____	_____
4. Workers' Comp. Certificate of Compliance	_____	_____
5. All applicable fees (See fee schedule below)	_____	_____
6. Certificate of liability insurance	_____	_____
7. Floor plan of premises	_____	_____

### **Brew Pub License Fees**

Brew Pub Fee	\$250/year
Investigation Fee (Not charged for renewals)	\$100



# City of Farmington

## Application for Brew Pub License

**Applicant must have an on-sale intoxicating liquor or 3.2 beer/wine license first.**

**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 \_\_\_\_\_

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

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

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

Business Phone: \_\_\_\_\_ Applicant's Home 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 has 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 Do 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 Will you serve liquor on Sunday?
- 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 / RESTAURANT 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 food will be available: \_\_\_\_\_

Number of people restaurant employs: \_\_\_\_\_ Will food service be the principal business? \_\_\_Yes \_\_\_No

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.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
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 222, St. Paul, MN 55101-2156  
 651-201-7531 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION FOR BREW PUB OFF SALE  
 INTOXICATING LIQUOR LICENSE**  
Must be a licensed brew pub in order to apply for this license

Fees: Brew Pub Off Sale Fee: \$ \_\_\_\_\_ Sunday License: \_\_\_ YES \_\_\_ NO Sunday License Fee: \$ \_\_\_\_\_  
 Workers Comp Ins Co \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Minnesota Tax ID Number \_\_\_\_\_ Federal Tax ID Number \_\_\_\_\_

Licensee's Name (business, partnership, LLC, corporation)	DOB	Social Security Number	DBA or Trade Name
Business address		Phone Number	Fax Number
City	State	Zip Code	License Period From _____ To _____
Name of Store Manager		Phone Number	DOB (Individual Applicant)

If a corporation or LLC, state name, date of birth, social security number, address, title and share held by each officer.  
 If a partnership, state names, address and date of birth of each partner.

Partner Officer (first, middle, last)	DOB	SS#	Title	Shares	Business Address
Partner Officer (first, middle, last)	DOB	SS#	Title	Shares	Business Address
Partner Officer (first, middle, last)	DOB	SS#	Title	Shares	Business Address
Partner Officer (first, middle, last)	DOB	SS#	Title	Shares	Business Address

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporated in \_\_\_\_\_, amount paid in capital \_\_\_\_\_. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? \_\_\_ YES \_\_\_ NO
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. \_\_\_\_\_
3. Is establishment located near any state university, state hospital, training school, reformatory or prison? \_\_\_ YES \_\_\_ NO If yes, state approximate distance \_\_\_\_\_
4. Name and address of building owner: \_\_\_\_\_  
 \_\_\_\_\_  
 Has owner of building any connection, directly or indirectly, with applicant? \_\_\_ YES \_\_\_ NO
5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? \_\_\_ YES \_\_\_ NO If yes, in what capacity? \_\_\_\_\_
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. \_\_\_\_\_
7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? \_\_\_ YES \_\_\_ NO If yes, give name and address of establishment. \_\_\_\_\_
8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? \_\_\_ YES \_\_\_ NO

9. State whether applicant has or will be granted, an on-sale liquor license in conjunction with this off-sale liquor license and for the same premises. \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Will be granted
10. State whether applicant has or will be granted a Sunday on-sale liquor license in conjunction with the regular on-sale liquor license. \_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_ Will be granted
11. If this application is for a County Board off-sale license, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State number of employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval.

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. \_\_\_\_\_
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances? If so, give dates and details \_\_\_\_\_
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including state liquor penalties? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, give dates, charges and final outcome. \_\_\_\_\_
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802? \_\_\_\_\_ YES \_\_\_\_\_ NO If yes, attach a copy of the summons.

This license must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM).

Check One

- \_\_\_\_\_ 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.
- \_\_\_\_\_ A surety bond from a surety company with minimum coverage as specified in A.
- \_\_\_\_\_ A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Print name of applicant and title	Signature of applicant	Date
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REPORT BY POLICE / 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 or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature
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County Attorney's Signature
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IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco and Firearms. For information call (651) 726-0220