

CITY OF FARMINGTON

LICENSE PROCESS

3.2 On-Sale Beer and Wine License

Strong Beer License

Wine licenses can be issued to restaurants for the sale of wine not exceeding 14% alcohol. A holder of a wine license who is also licensed to sell on-sale 3.2 beer and whose gross receipts are at least 60% attributable to the sale of food, is authorized to sell intoxicating malt liquor at on-sale without an additional license. Please review Title 3 Chapter 12 Section 4E of the City Code. All licenses expire December 31 of each year. Following is the process to obtain a 3.2 on-sale beer and wine license:

1. Application forms, fees, and a Certificate of Insurance showing liquor liability 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. The State can take up to one week to approve it. At this time, the applicant should submit an application to the state for a Buyer's Card which enables them to buy wine and beer to sell. Upon State approval, a license is issued. The entire application process takes four weeks.
5. Fees: On-Sale Beer \$250/year
Wine \$300/year
Wine License Investigation Fee \$100

Total Fees: \$650

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



Checklist for 3.2 On-Sale 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.

<u>Required Documents</u>	<u>Applicant Initials</u>	<u>City Staff Initials</u>
1. City of Farmington Liquor License Application (Form LLIC2009)	_____	_____
2. State License Certification Form (Form 9011-5/06)	_____	_____
3. Application for City/County On-Sale Wine License	_____	_____
4. Workers' Comp. Certificate of Compliance (Form FGTN2009)	_____	_____
5. All applicable Fees (See fee schedule below)	_____	_____
6. Certificate of liability insurance	_____	_____
7. Floor plan of premises	_____	_____
8. Application for Retailer's (Buyer's) Card for Liquor/Wine*	*Applicant sends form directly to State of MN Alcohol and Gambling Enforcement Division	

3.2. On-Sale Beer and Wine License Fees

3.2. On-Sale Beer	\$250/year
On-Sale Wine	\$300/year
Wine Investigation Fee (Not charged for renewals)	\$100



Application for City 3.2 On-Sale Beer and Wine License
(Form LLIC2009)

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

Type of License Requested _____ 3.2.On-Sale Beer _____ Wine _____ Strong Beer

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 _____ Bowling Alley _____ Billiard Parlor

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 (AGED)
445 Minnesota Street, Suite 222, 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 Renewal 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: 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# _____
(To Apply call 651-296-6181)

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

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

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

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 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.
(Form 9011-12/09)



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION

444 Cedar St., Suite 222, St. Paul, MN 55101-5133
 (651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555

www.dps.state.mn.us

APPLICATION FOR COUNTY/CITYON-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 New ___ Transfer ___ Renewal ___	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 MN? Yes _____ 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? Yes _____ No _____	Has the building owner any connection, direct or indirect, with the applicant? Yes _____ No _____	Restaurant Seating Capacity	
Hours food will be available	Number of people restaurant employs	Number of months per year restaurant will be open	Will food service be the principle business? Yes _____ 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	
<input type="checkbox"/> Yes <input type="checkbox"/> 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?
<input type="checkbox"/> Yes <input type="checkbox"/> 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).
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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.
<input type="checkbox"/> Yes <input type="checkbox"/> 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 REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU. FOR INFORMATION CALL (513) 684-2979 or 1-800-937-8864.

NOTICE

A \$30 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.