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:

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

CITY OF FARMINGTON

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

CITY OF FARMINGTON

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.

_____ _____

Applicant Date

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Form FGTN2009

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required will be collected by the licensing agency and retained in their files. The information required is: name of insurance company, policy number, and dates of coverage or permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a $2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**Not** the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

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

( ) I have no employees.

( ) I am self-insured (include permit to self-insure).

( ) I have no employees who are covered by the workers' compensation law, (these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: _____
(Last) (Middle) (First)

Doing business as (DBA): _____
(Business name if different than your name)

Business address: _____
(Street) (City, State, ZIP)

Phone: _____ **Email:** _____

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, it 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 TDD651-282-6555

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. _____

Amount Received

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.

Business Name (Business, Partnership, LLC, Corporation)	DOB	SS#	Trade Name or DBA

Business Street Address	County	Business Phone

City	State	Zip Code

Permit Type	Type of Business (Restaurant, Dance Hall, etc.)
☐ Private Club ☒ Public Business	

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?	Is there a current 3.2 beer license to this business at this location?	Is application	If transfer, former license and business trade name
☒ Yes ☐ No	☒ Yes ☐ No	☒ Original ☐ Transfer	

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?
	☐ Yes ☒ 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. **THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.**

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.)