



City of Maplewood | **Citizen Services Department**
1830 County Road B East | Maplewood, MN 55109
651-249-2005 | 651-249-2009 (fax)

INTOXICATING LIQUOR LICENSE APPLICATION
JANUARY 1ST THROUGH DECEMBER 31ST, ANNUALLY

Guidance relating to Intoxicating Liquor is contained in the Maplewood City Code, Chapter 6. All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a license application, the applicant and their business associates declare that they meet the requirements for issue of said license and that such business will be operated in compliance with the above regulations, statutes and ordinances. Knowingly submitting an incomplete or inaccurate application constitutes fraudulent application; failure to comply with the aforesaid regulations, statutes and ordinances; or conviction for related felony or misdemeanor violations constitutes grounds for denial, suspension, or revocation of licenses.

EVERY QUESTION MUST BE ANSWERED

Applicant Full Name _____ Date of Birth _____
Job Title _____ Drivers' License # _____ State _____
Phone Number (_____) _____ Email Address _____

Business Name: _____ DBA _____
Business Address _____ Suite _____ Maplewood, MN _____
Business Phone (_____) _____ Business Email _____
Business Website _____ Opening Date _____
Federal Tax ID # _____ Minnesota Tax ID # _____

Intoxicating Liquor License Type: Club Off-Sale On-Sale Wine/3.2 On-Sale
Establishment Type: Restaurant Hotel/Motel Bowling Center Nightclub Bottle Club Liquor Store

If **Club, On-Sale, or Wine**; will your establishment be open on Sunday: Yes No
If yes, the City's *annual* fee for a Sunday Liquor License is \$200.00.
If yes, provide the seating capacity of establishment, for the purpose of serving meals to guests: _____
(*Establishment must operate a restaurant and serve meals regularly, with table seating capacity for 30 or more persons at one time.*)

If **Club, On-Sale, or Wine** – Will your establishment have an outdoor patio: Yes No
If yes, the City's *annual* fee for an outdoor patio is \$200.00. See "Patio Requirements for Liquor License Holders".

If **Club, On-Sale or Wine** are you planning to be open until 2:00 A.M.: Yes No
If yes, please submit an AGED Application for Optional 2AM Liquor License
If yes, please list the days of the week you will be open: _____

The City's *annual* 2:00 A.M. Closing Fee is based on gross receipts as follows:
\$300.00 if up to \$100,000 in gross receipts | \$750.00 if over \$100,000 in gross receipts | \$1,000.00 if over \$500,000 in gross receipts



If **Wine**; do you intend to sell strong beer: Yes No

If yes, gross receipts must be at least 60% attributable to the sale of food (annual submission of receipts is required)

If **On-Sale**, is applicant paying the liquor license fee in two installments? Yes No

If yes, it is understood that the second half payment is due **on or before June 15 of each year**

If **Off-Sale**, do you intend to deliver liquor by vehicle? Yes No

If yes, provide number of motor vehicle permits issued by Liquor Control Commissioner for current year: _____

If a corporation, date of incorporation _____, State in which incorporated _____

_____ 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

Please provide the information for the manager that will be responsible for the day-to-day operations of the business locally.

****Each manager must complete a separate Retail Liquor License Supplement application; The City must be notified with 48hrs when there is a change in manager:**

Name: _____ Date of Birth _____

Home Phone Number: _____ Email Address: _____

Home Address: _____ City: _____ State: _____ Zip Code: _____

If corporation/partnership, list all partners or owners of corporation with officer's with 5% or more interest including name, address and phone number. **The City must be notified when there is a change in partners/officers:**

<u>%</u>	<u>Name</u>	<u>Address (include city, state, zip code)</u>	<u>Phone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****Each listed corporate officer/owner/partner must complete a separate Retail Liquor License Supplement application and Personal Financial Statement**

If Club, list members of managing board including name, address and phone number. **The City must be notified when there is a change in managing board members:**

<u>Name</u>	<u>Address (include city, state, zip code)</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

****Each listed managing board member must complete a separate Retail Liquor License Supplement application**

Legal description of the land upon which the building is located: _____

Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state: _____

Is the establishment located near a state university, state hospital, training school, reformatory or prison? Yes No

If yes state approximate distance: _____



Are you building a new building, or making structural changes to an existing building, for the purposes of which this application is being submitted? Yes No If yes, Financing of the construction of this building will be as follows _____

If yes, contact the City's Building Department at (651) 249-2300 for plan reviews, building permits and inspection of premise

Does the owner/partners intend to possess, operate or permit the possession of any gambling device and apparatus, or permit any gambling therein on the licensed premises or in any room adjoining the licensed premises? Yes No

If yes, give details: _____

Does any person other than the owner/partners, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises?: Yes No

If yes, give name and details: _____

Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? Yes No

If no, explain: _____

If leasing, please state name, address and phone number of the building owner: *(include a copy of the lease agreement)*:

Name: _____ Phone Number: _____

Street: _____ City: _____ State: _____ Zip Code: _____

Does the owner of the building have any connection, directly or indirectly with applicant? Yes No

If yes, explain: _____

Are the taxes on the above property delinquent? Yes No

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties, but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Maplewood a copy of Maplewood City Code, Chapter 6 (Alcoholic Beverages) and will familiarize myself with the provisions contained within it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Maplewood to conduct a background check and make whatever inquiries necessary to verify the information provided.

Signature of Applicant _____ Date _____

Office Use Only

On-Sale, Club or Wine: Sunday License Yes No | 2AM License Yes No | Patio License Yes No

Date Approved by Council _____

Reviewed by City Manager or Designee _____ Date _____

Reviewed by City Planner _____ Date _____

Reviewed by Fire Marshal _____ Date _____

Reviewed by Building Official _____ Date _____

License Fee Paid \$ _____ Date _____ Receipt No. _____ License No. _____