



**City of Maplewood**  
 Office of the City Clerk  
 1830 County Road B East | Maplewood, MN 55109  
 651-249-2005 | 651-249-2957 (fax)  
[www.MaplewoodMN.gov](http://www.MaplewoodMN.gov)

Approved By:  
 Building Official  
 City Manager  
 City Planner  
 Fire Marshal  
 Fee Paid: \_\_\_\_\_  
 Receipt #: \_\_\_\_\_

**OFF-SALE 3.2% MALT LIQUOR  
 JANUARY 1 THROUGH DECEMBER 31, ANNUALLY**

*Guidance relating to 3.2% Liquor is contained in the Maplewood City Code, Chapter 6 (Alcoholic Beverages). All license holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.*

**LICENSE APPLICATION CHECKLIST**

**To prevent delay, please ensure the following information is submitted.  
 Incomplete applications are not accepted and will be returned immediately.**

- Applications:
  - Off-Sale 3.2% Malt Liquor License application
  - Retail Liquor License - Supplement application
  - Personal Financial Statement
  - MN Dept of Public Safety (AGED) Certification Form
- Fees
  - Off-Sale 3.2% Malt Liquor License           \$350
  - Background Investigation                         \$500
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder.
  - If the address of the insured is different than the establishment to be licensed, please list the licensed establishment address in the *Description of Operations* area of the certificate.
  - Coverage is required to reflect the entire license period (e.g. 1/1/2017 to 12/31/2017) or certificate must state "continuous until cancelled" in the *Description of Operations* area of the certificate.
  - Minimum amounts of coverage are as follows:
    - \$300,000 General Liability
    - \$310,000 Liquor Liability
  - Insurance requirement does not apply to licensees who establish by affidavit that their establishment conducted sales of less than \$25,000 of 3.2% malt liquor in the preceding year.

**Applicant Information (individual who executes and signs this application)**

Name of Applicant \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Business Owner Information:**

Name of Owner \_\_\_\_\_

Address \_\_\_\_\_



Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Owner is a:  Natural Person  Partnership  Corporation  Foreign Corporation

If partnership/corporation, list all partners or officers of corporation with 5% or more interest

\_\_\_\_\_  
Name Percentage Owned Name Percentage Owned

\_\_\_\_\_  
Name Percentage Owned Name Percentage Owned

\_\_\_\_\_  
Name Percentage Owned Name Percentage Owned

***\*\*Each listed corporate officer/owner/partner must complete a separate Retail Liquor License Supplement application and Personal Financial Statement; the City must be notified when there is a change in the partners/officers***

**Business Information (Maplewood location, to be licensed)**

Name of Business: \_\_\_\_\_ DBA \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Business Website \_\_\_\_\_ Opening Date \_\_\_\_\_

**Establishment Manager Information (person who manages the purchase and sale of alcohol at the establishment)**

Name of Manager: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Email Address: \_\_\_\_\_

***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***

Renewal notice should be mailed to: \_\_\_\_\_

Attn: \_\_\_\_\_

**Tax Identification Information:**

Please provide one of the following:

Federal Tax ID \_\_\_\_\_

MN State Tax ID \_\_\_\_\_

SSN \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*MN §270C.72 requires the licensing authority to, upon request, provide to the Minnesota Commissioner of Revenue the business identification number or social security number of each license applicant.*

**Workers' Compensation Coverage:**

I carry Workers' Compensation Insurance

Insurance Company Name: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

I am Self-Insured (attach a copy of the permit to self-insure)

I am not required to have workers' compensation liability coverage

*MN §176.182 requires 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 MN §176.181, Subd.2. Upon request, the information will be furnished to the Department of Labor and Industry.*

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The data in this application will be used to approve your license and shall be deemed public unless private by State Statute. 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 will familiarize myself with the provisions of the Maplewood City Code, and with applicable Minnesota Statutes and federal regulations. This business will be conducted in compliance with the above regulations, statutes and ordinances, and it is understood that failure to do so may constitute grounds for denial, suspension or revocation of this license.

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 investigate and make whatever inquiries necessary to verify the information provided.

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