



City of Maplewood | **Office of the City Clerk**  
1830 County Road B East | Maplewood, MN 55109  
651-249-2005 | 651-249-2009 (fax)

**ON-SALE 3.2% INTOXICATING MALT LIQUOR - TEMPORARY**

Guidance relating to On-Sale 3.2% Intoxicating Malt Liquor is contained in the Maplewood City Code, Chapter 6, Article II. All permit holders are required to be familiar with the provisions of this Chapter and with applicable Minnesota Statutes and federal regulations.

In submitting a permit 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 permits.

**PERMIT APPLICATION CHECKLIST:**

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

- On-Sale 3.2% Intoxicating Malt Liquor permit application
- Permit fee of \$55 per day
- Certificate of Insurance naming the City of Maplewood as the Certificate Holder and, in the *description of operations* area of the certificate, the address at which the permit will be used and the date(s) of event. Minimum amounts of coverage should be as follows:
  - \$300,000 Liquor Liability
  - \$50,000 Workers' Compensation
- Signed lease or letter of agreement (if operating on property not owned by applicant or in conjunction with an event not coordinated by applicant)

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

Name of Applicant \_\_\_\_\_

Job Title \_\_\_\_\_ E-mail Address \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

**Organizations Information** (responsible for liquor sales)

Name of Organization \_\_\_\_\_

Type of Organization  Fraternal  Veterans  Religious  Non-Profit  Other \_\_\_\_\_

**\*\*A Temporary On-Sale 3.2% Intoxicating Malt Liquor permit may only be issued to a club or charitable, religious, or nonprofit organization**

Organization Address \_\_\_\_\_

Organization Telephone (\_\_\_\_\_) \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_ MN Tax ID# \_\_\_\_\_

**Event Information** (to be held in Maplewood):

Name of Event \_\_\_\_\_

Event Address \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Alternate Telephone (\_\_\_\_\_) \_\_\_\_\_

Date(s) of Event \_\_\_\_\_ Time of Event: To \_\_\_\_\_ From \_\_\_\_\_

Purpose for which permit has been applied for \_\_\_\_\_

\_\_\_\_\_

Person in Charge of Event \_\_\_\_\_

Home Address: \_\_\_\_\_

Telephone \_\_\_\_\_ Driver's License No. \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Applicant Initials Are Required For Following Statements:**

\_\_\_\_\_ Permit holder shall serve 3.2% Intoxicating Malt Liquor in accordance with City Code of Ordinances and State Law

\_\_\_\_\_ Only 3.2% Intoxicating Malt Liquor will be sold. **STRONG BEER SALES ARE PROHIBITED.**

\_\_\_\_\_ Good judgment will be used in sales and display of 3.2% Intoxicating Malt Liquor, especially at picnics, recreational areas, and festivals.

\_\_\_\_\_ Individuals making sales are responsible for people 3.2% Intoxicating Malt Liquor is sold to, and a special effort will be made to restrict all sales to people over 21 years of age.

\_\_\_\_\_ All sales persons are 21 years of age.

\_\_\_\_\_

The data in this application will be used to approve your permit. Upon approval of permit, the information contained in this application 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 permit if you do not provide it.

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

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

**OFFICE USE ONLY**

Approved by City Manager or Designee \_\_\_\_\_ Date \_\_\_\_\_

Copied to the Police Department \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_ Date \_\_\_\_\_ Receipt No. \_\_\_\_\_ Permit No. \_\_\_\_\_

**STATE STATUTE REQUIREMENTS:  
TAX CLEARANCE**

Minnesota Statute Chapter 270C, Section 72 requires the licensing authority to provide to the Minnesota Commissioner of Revenue the Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service;
3. **Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.**

Please supply the following information and return along with your application to the licensing authority:

Applicant's Full Name _____		Job Title _____	
SSN _____ - _____ - _____	Driver's License Number _____		State _____
Business Name _____	Business Trade Name _____		
Business Address _____	City _____	State _____	ZipCode _____
Federal Tax ID _____	MN State Tax ID _____		

**STATE STATUTE REQUIREMENTS:  
PROOF OF WORKERS' COMPENSATION**

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 in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

**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 and/or is falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund. Provide the information specified above in the following spaces, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation:**

<input type="checkbox"/> I carry Workers' Compensation Insurance Insurance Company Name (not the name of the agent): _____ Workers' Compensation Policy Number: _____ Effective Date: _____ Expiration Date: _____
<input type="checkbox"/> I am Self-Insured and have attached a copy of the permit to self-insure
<input type="checkbox"/> I am not required to have workers' compensation liability coverage because: <input type="checkbox"/> I have no employees. <input type="checkbox"/> I have employees but they are not covered by the Workers' Compensation law. (See MN Statute § 176.041 for a list of excluded employees) Explain why your employees are not covered: _____ _____ <input type="checkbox"/> Other: _____

I have read and understand my rights and obligations with regard to business license, permits and workers' compensation coverage and I certify that the information provided is true and correct.

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