



Home of Como Falls  
Cityofhokah-mn.gov

**APPLICATION FOR CITY LIQUOR LICENSE RENEWAL**

**Valid: April 7, 2016 to April 6, 2017**

For renewals all required materials and associated documents must be submitted by March 1<sup>st</sup>. 2016

**Please answer all questions.** If a corporation, an officer shall execute this application.

Workers Compensation Insurance Company Name \_\_\_\_\_ Policy # \_\_\_\_\_

LICENSEE'S MN SALES & USE TAX ID # \_\_\_\_\_

LICENSEE'S FEDERAL TAX ID# \_\_\_\_\_

TYPE OF BUSINESS (circle one)						
<input type="checkbox"/> Convenience Store	<input type="checkbox"/> Restaurant	<input type="checkbox"/> Bar	<input type="checkbox"/> Cater			
TYPE OF LICENSE(S) REQUESTED (please check all that apply):						
3.2% LICENSES			INTOXICATING LICENSES			
On sale	Off Sale		On Sale	Wine	Sunday	Club
Applicant's full name:			Trade Name or DBA:			
Business name (Business, partnership, LLC, Corporation):						
Business Address			Business Phone:		Applicants Home Phone	
City		County		State	Zip Code	
U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No		Naturalized? <input type="checkbox"/> Yes <input type="checkbox"/> No  If yes, give date/place: _____			DOB	
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 Full Name & Title		Address			DOB	
Partner/Officer Full Name & Title		Address			DOB	
Partner/Officer Full Name & Title		Address			DOB	

CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
OTHER INFORMATION			
Full Name & Title		Address	DOB
Full Name & Title		Address	DOB
Full Name & Title		Address	DOB
Full Name & Title		Address	DOB
<input type="checkbox"/> Yes <input type="checkbox"/> No	1. Has 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.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. Has applicant, partners, officers or employees had an intoxicating liquor license revoked within the last five years of the application?		
<input type="checkbox"/> Yes <input type="checkbox"/> No	4. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota. If yes, give the name and address of the establishment(s).		
<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, attach names and details.		
<input type="checkbox"/> Yes <input type="checkbox"/> No	6. Will you serve liquor on Sunday?		
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
Are Property Taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect, with applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	
Hours food will be available	No. of people restaurant employs	Will food be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.			
Name of applicant (please print or type):			
Applicants Signature			
Date:			

## LICENSE, BUYERS CARD & INVESTIGATION FEE SCHEDULE

On-Sale Intoxicating	\$700.00
On-Sale Intoxicating - Special Sunday	\$50.00
Off-Sale Intoxicating	\$100.00
Wine On-Sale	\$700.00
On-Sale Special (Temporary) Off- Sale 3.2 (Kwik Trip)	\$15.00
Buyers Card (submit separate check made out to: "Liquor Control Division")	\$20.00
Single Investigation	\$200.00
Partnership Investigation	\$500.00
Corporation Investigation	\$700.00

## Insurance Information

- 1. Liability Insurance** - Minnesota State Statutes 340A.409 (Liability Insurance) addresses the issues relating to liquor liability insurance (see attached).
  
- 2. Insurance Certificate** - The only acceptable proof of insurance is a Certificate of Insurance bearing a policy number, showing coverage limitations, and with a coverage period running from **April 7, 2016 to April 6, 2017**. The cancellation clause of all insurance certificates submitted shall read as follows: *"Should any of the above described policies be canceled before the expiration date thereof, the issuing company will mail 30 days written notice to the certificate holder named to the left."* Finally, please be certain that the exact name of the corporation appears on all insurance documents.
  
- 3. Exemptions for 3.2 Malt Liquor and Wine Licenses** - The Liquor Liability insurance requirement does **not** apply to certain 3.2 malt liquor or wine licenses provided an Affidavit of Exemption form is submitted with documentation from your distributor stating that:
  - a. 3.2 sales were less than \$25,000 for the preceding year - for On-Sale 3.2 Malt Liquor Licenses; or
  - b. Wine sales were less than \$25,000 for the preceding year - for Wine Licenses; or
  - c. 3.2 sales were less than \$50,000 for the preceding year - for Off-Sale 3.2 Malt Liquor Licenses.

For **new** applications, applicant may submit a written statement, which projects that sales are anticipated to fall with these guidelines.

## **Checklist of Items Required for Liquor License**

1. **Renewal** - Renewal of Intoxicating Liquor, Wine, or Club License. This form, and completed MN Dept. Public Safety Renewal of Liquor, Wine, Club or 3/2% Licenses Form.
2. **Payment** - Payable to "City of Hokah" (license fee)
3. **Proof of Liquor Liability Insurance** - Notes: Certificate must cover same period as license period and certificate must bear the exact corporate name (if not a corporation, individual names must appear on certificate).  
**OR**  
Affidavit of Exemption - In lieu of Liquor Liability Insurance for malt liquor and wine licenses only.
4. **Workers Compensation Insurance/Certificate of Compliance.**

**AFFIDAVIT OF EXEMPTION  
FROM PROOF OF FINANCIAL RESPONSIBILITY  
PER M.S. 340A.409, SUBD. 4**

STATE OF MINNESOTA  
COUNTY OF \_\_\_\_\_ }SS

\_\_\_\_\_

being first duly sworn on  
oath, states and alleges (select one(s) which apply):

1. That he/she is the holder of an On-Sale 3.2 malt liquor license and that sales for the past year, under said license, were less than \$25,000; and/or
2. That he/she is the holder of an On-Sale wine license and that sales for the past year, under said license, were less than \$25,000; and/or
3. That he/she is the holder of an Off-Sale 3.2 malt liquor license and that sales for the past year, under said license, were less than \$50,000.

Affiant further authorizes the City of Hokah or the State of Minnesota to examine any and all business records to establish the above stated sales.

\_\_\_\_\_

Applicant

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

My commission expires:

\* For **new** applications, applicant may submit a written statement, which projects that sales are anticipated to fall within these guidelines.