



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

- Approved By:
- Building Official
 - City Council
 - City Manager
 - City Planner
 - Fire Marshal
 - Patio
 - Sunday Sales
 - 2AM
- Fee Paid: _____
Receipt #: _____

ON-SALE INTOXICATING LIQUOR

JANUARY 1 THROUGH DECEMBER 31, ANNUALLY

Guidance relating to Intoxicating 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:
 - City of Maplewood Forms*
 - On-Sale Intoxicating Liquor license application
 - Retail Liquor License - Supplement application
 - Personal Financial Statement
 - MN Dept of Public Safety-Alcohol and Gambling Enforcement Division (AGED) Forms*
 - Certification Form
 - Application for Retailer's (Buyer's) Card
 - Application for Optional 2AM Liquor license (if applicable)
- Fees (payable to the City of Maplewood unless noted otherwise)
 - On-Sale Intoxicating Liquor license *See attached fee schedule*
 - Sunday Sales (if applicable) **\$200**
 - Patio license (if applicable) **\$200**
 - Maplewood 2AM license (if applicable) *See attached fee schedule*
 - Background Investigation **\$500**
 - AGED 2AM license (if applicable) *See attached fee schedule* (payable to the MN Dept of Public Safety)
 - Retailer's (Buyer's) Card **\$20** (payable to the MN Dept of Public Safety)
- 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

Please include this page with your application



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

Establishment Type: Restaurant Hotel/Motel Bowling Center Nightclub

Will this establishment be open on Sunday: Yes No

If yes, an additional Sunday Liquor license is required.

If yes, provide the seating capacity of establishment, for the purpose of serving meals to guests: _____

(Establishment must operate as a restaurant and serve meals regularly, with table seating capacity for 30 or more persons at one time).



Will this establishment have an outdoor patio: Yes No
If yes, an additional Patio license is required.

Will this establishment be open until 2:00 A.M.: Yes No
If yes, an additional (City and State) 2AM Liquor license is required.

Will applicant pay 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**

Is property owned or leased? Own Lease

Describe the premise to be licensed (e.g 1st floor, 2nd floor, basement, entire building, etc). _____

Is establishment is operated in conjunction with another business? Yes No
If yes, please describe other business _____

Is the establishment located within 1,000 feet of a state hospital, training school, reformatory or prison? Yes No

Will gambling be conducted at this establishment, or in any room adjoining the establishment? Yes No

If yes, give details including type of gambling and name of organization responsible for gambling activity _____

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.



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 _____

On-Sale Intoxicating Liquor Fee Schedule	
<input type="checkbox"/> Class A <input type="checkbox"/> First time applicants (unless Class D) <input type="checkbox"/> Establishments reporting 60% or more annual gross sales in non-liquor related items <input type="checkbox"/> Establishments with occupancy limits of 150 or less.	\$ 7,000
<input type="checkbox"/> Class B Establishment reporting 30% to 59% annual gross sales in non-liquor related items.	\$ 8,500
<input type="checkbox"/> Class C Establishments are exempt from percentage of gross sales in non-liquor related items but must meet requirements established by State law in Sunday sales	\$ 11,000
<input type="checkbox"/> Class D Establishments are for Golf Courses selling liquor 8 months or less during the year.	\$ 4,667

2am License Fee Schedule (to be used for both City & State License)	
<input type="checkbox"/> Up to \$100,000 in on sale gross receipts for alcoholic beverages	\$ 300
<input type="checkbox"/> Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages	\$ 750
<input type="checkbox"/> Over \$500,000 in on sale gross receipts for alcoholic beverages	\$ 1,000
<input type="checkbox"/> On-Sale 3.2% Beer or Set Up licensees	\$ 200
<input type="checkbox"/> Did not sell alcoholic beverages for a full 12 months prior to this application	\$200