



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
 Licensing@MaplewoodMN.gov

Approved By:
 Building Official
 City Council
 City Manager
 City Planner
 Fire Marshal
 Fee Paid: _____
 Receipt #: _____

OFF-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*
 - Off-Sale Intoxicating Liquor License application
 - Retail Liquor License - Supplement application
 - Affidavit
 - MN Dept of Public Safety-Alcohol and Gambling Enforcement Division (AGED) Forms*
 - Application for an Off-Sale Intoxicating Liquor License
 - Application for Retailer's (Buyer's) Card
- Fees
 - Off-Sale Intoxicating Liquor License \$200
 - Background Investigation \$500
 - 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

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 _____

Is property owned or leased? Owned Leased

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.

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 _____