

Club License—On-Sale and Sunday Intoxicating Liquor License Information

Thank you for your interest in the operation of a retail on-sale liquor establishment (club) in St. Paul Park.

On-sale intoxicating club liquor licenses may only be issued to an incorporated organization organized under the laws of the state for civic, fraternal, social, or business purposes, for intellectual improvement, or for the promotion of sports, or a congressionally chartered veterans' organization who has been in existence for at least 3 years. Sales will only be to members and bona fide guests.

In order to obtain an on-sale intoxicating club liquor license, you must meet all City Code, MN State statutes and rules, all Bureau of Alcohol, Tobacco and Firearms and MN Department of Public Safety Alcohol & Enforcement Division regulations in regards to liquor licensing, zoning and business operation.

You must be a citizen of the United States or a resident alien. You must be at least 21 years old. You must have a good morale character and repute. You may not have an interest in a manufacturer and wholesaler of alcoholic beverages. And, you must not have been convicted of a felony or willful violation of a federal, state, or local ordinance governing the manufacture, sale, distribution, or possession for sale or distribution of an alcoholic beverage (MS 340A.402 and St. Paul Park City Code Chapter 6)

To qualify for a license the club must have at least 30 members, been in continuous existence for at least three years, has owned or rented a building (suitable and adequate for the accommodation of its members) for more than one year, have an elected governing board and limit sales to members and bona fide guests. Granting of a license by the city is discretionary. (MS 340A.101 (7), 340A.404, 340A.408)

To open a club liquor establishment, you will need to:

- Submit proof verifying that the zoning of the property where the business will be located allows for such an endeavor. (For example, the premises must be within a commercial zoning district and no retail liquor license shall be granted for premises within 1,000 feet of any school or church.)
- Submit proof of Sales and Use Tax Permit Number which can be obtained from the MN Department of Revenue at (651) 296-6181.
- Submit proof of a Special Occupational Stamp which can be obtained from the Bureau of Alcohol, Tobacco, and Firearms at (1-800) 937-8864.
- Submit proof of Workers Compensation Insurance and Liquor Liability Insurance providing at least the minimum amounts required by Minnesota Statutes Section 340A.409.

- Submit proof of additional financial responsibility by submitting a bond of surety company with minimum coverage as described in Minnesota Statutes Section 340A.409 subd. 1.
- Submit proof of current year's real estate taxes are paid to date.
- Submit proof of establishment being a club as defined by Minnesota Statutes Section 340A.101 subd 7.
- Submit proof of membership and board of directors.
- Complete and submit the ON-SALE INTOXICATING LIQUOR LICENSE APPLICATION with the required fee of \$300 for the On-Sale License and additional \$200 if also applying for the optional Sunday license. Incomplete and/or falsified applications shall not be approved. *Cashiers Check Payable to the City St. Paul Park.*
- Complete and submit the attached PERSONAL HISTORY FORM for each partner/officer of the proposed business with the required fee of \$500 (or \$1,000 for investigations to be conducted outside the State of Minnesota). Allow at least 30 days for background checks to be completed.
- Complete and submit the APPLICATION FOR RETAIL BUYERS CARD and submit with buyer's card fee of \$10. *Payable to Department of Public Safety Alcohol & Gambling Enforcement Division or AGED.*

After all submittals are received and deemed complete and background checks have been conducted, your application will be placed on the next Council Agenda. City Council meetings are generally held the first and third Mondays of each month. You are not required but are encouraged to be in attendance at the meeting to answer any questions that may arise as the City Council determines whether or not to issue the liquor license. As such, you will be notified of the date of this meeting.

After approval by the St. Paul Park City Council, your application will be submitted to Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division for their approval. Allow for 15-30 days. The entire process may take 60-75 days to complete.

If you have any questions, please contact the City Clerk at (651) 459-9785.

Sincerely,

Sharon Ornquist
City Clerk

Enclosures

- On-Sale Intoxicating Liquor License Application
- Buyers Card application
- Personal History Form



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133
 (651) 201-7507
 FAX (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US



APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

An officer of the club seeking a license shall complete this application. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least fifty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide guests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

Workers Compensation Insurance Company _____ **Policy #** _____
Licensee's MN Sales and Use Tax ID Number _____ *To apply for MN sales and use tax number call (651) 296-6181*
Licensee's Federal Tax ID # _____

Corporation Name		Club Trade Name or DBA	
License Location (Street Address)		License Period FROM _____ TO _____	Business Phone () _____
Municipality	County	State	Zip Code
Building Owner's Name		Building Owner's Address	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Club Manager's Name	
Name of Member of Managing Board	DOB	Social Security #	Address
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The Licensee must have one of the following: CHECK ONE			
<input type="checkbox"/> A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person: \$100,000 more than one person: \$10,000 property destruction: \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM OR <input type="checkbox"/> B. A Surety bond from a surety company with minimum coverage as specified above in A. OR <input type="checkbox"/> C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.			
Give Date of Club Charter If Veterans or Fraternal Organization		Date of Incorporation	Number of Years of Continuous Existence of the Club
Number of Years in Current Quarters		Number of Club Members	Will the Club be issued a Lawful Gambling License? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Yes No 1. Are any members, officer, agents or employees paid profits from the sale of beverages to club members?
- Yes No 2. Are any employees paid salaries?
- Yes No 3. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If yes, give names, dates, and final outcome. _____
- Yes No 4. Does any wholesaler or manufacture of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? If yes, give details. _____
- Yes No 5. 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.
- Yes No 6. Will you serve liquor on Sunday? Amount of Sunday License Fee _____

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Signature of Applicant

Date

IF LICENSE ISSUED BY THE COUNTY BOARD: REPORT OF COUNTY ATTORNEY

- Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason. _____
- _____
- _____

Signature County Attorney

County

Date

REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except s follows:

Police Department or Sheriff's Name

Title

Signature

LICENSE APPROVAL OR DENIAL

License Granted Denied

Signature City Clerk or County Auditor Date

LICENSE APPROVAL OR DENIAL

License Granted Denied

Signature Director Alcohol & Gambling Enforcement Date

NOTICE

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorneys fees. MS 604.113

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THE BUREAU OF ALCOHOL TOBACCO AND FIREARMS ISSUES THIS STAMP. FOR INFORMATION CALL (651) 726-0220

(PS 9016-06)



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 133
St. Paul, MN 55101-5133
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER
<i>(Office Use Only)</i>

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	

PERSONAL HISTORY FORM

IN SUPPORT OF A LIQUOR LICENSE APPLICATION

Directions: This form must be filled out using a typewriter or by printing in ink by the sole owner, by each partner, by each officer or director, by each manager, proprietor or person with management responsibilities for the premises, and by each person who has any interest in a corporation or association.

1. Name and Address:

True Name: _____
Residence Address: _____
Telephone: _____

2. Business Name and Address:

Business Name: _____
Business Address: _____
Telephone: _____

3. Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

4. Are you a United State Citizen? Yes No

5. Are you Naturalized? Yes No

If yes, give date and place: _____

6. Marital Status Single Married Divorced

If married, true name, place and date of birth, and residence address of spouse:

Name: _____
Address: _____
Place of Birth: _____ Date of Birth: _____

6. Cont.

If you have ever used or been known by a name or names other than the true name given above, list such name(s) and information concerning dates and places used:
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7. Are you a registered voter: Yes No

If yes, where are you registered: _____

8. Is your spouse a registered voter: Yes No

If yes, where is spouse registered: _____

9. Address(es) at which you have lived during preceding ten years. Begin with present or last address and work back:

Number and Street	City and State	Dates

10. Address(es) at which your spouse has lived during preceding ten years. Begin with present or last address and work back:

Number and Street	City and State	Dates

11. Kind, name and location of every business or occupation you have been engaged in during the preceding ten years. Begin with present to last occupation and work back:

Business or Occupation	Street Address	City and State	Dates

12. Kind, name and location of every business or occupation your spouse has been engaged in during the preceding ten years. Begin with present or last occupation and work back:

Business or Occupation	Street Address	City and State	Dates

13. Names and address(es) of your employers and partners, if any, of the preceding ten years. Begin with present or last one first and work back:

Names of employers and Partners	Street Address	City and State	Dates

14. Names and address(es) of your spouse's employers and partners, if any, for the preceding ten years. Begin with present or last one first and work back:

Names of employers and Partners	Street Address	City and State	Dates

15. Have you, your spouse, a parent, brother, sister or child of either of you, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?

Yes No

If yes, give information as to the time, place and offense for which convictions were had:

16. Have you, your spouse, or a parent, brother, sister or child of either of you, ever been engaged as an employee or in operating a saloon, hotel, restaurant, café, tavern or other business of a similar nature:

Yes No

If yes, give information as to the time, place and length of time:

17. Have you been in military service: Yes No

If yes, was discharge(s) ever other than honorable? Yes No

(Copies of discharge papers may be required)

18. Names, residence addresses, business addresses, and telephone numbers of each person who is engaged in Minnesota in a business of selling, manufacturing or distributing intoxicating liquor and who is nearer of kin to you or your spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of your or your spouse:

True Name: _____	Relationship: _____
Residence Address: _____	Telephone: _____
Business Address: _____	Telephone: _____

True Name: _____	Relationship: _____
Residence Address: _____	Telephone: _____
Business Address: _____	Telephone: _____

19. Are you a manufacturer or wholesaler of alcoholic beverages or interested directly or indirectly in the ownership or operation of any retail business selling alcoholic beverages?

Yes No

20. Are you a person who is directly or indirectly, interested in other establishments in the City of St. Paul Park to which either an "On Sale" or "Off Sale" license has been issued?

Yes No

If yes, list names and addresses and interest:

Name	Address	Interest

21. What is the amount of investment that you have or will have in the business, building, premises, fixtures, furniture, stock in trade, etc?

State the Source of such money and attach proof:

22. Have you any interest in any previous intoxicating license that was revoked, suspended or not renewed? Yes No

If yes, explain in detail:

23. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes No

If yes, state circumstances:

24. List the names, residences, and business addresses of three residents of the United States of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to your character:

Name	Residence Address	City and State	Dates

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

A financial statement of net worth and a short autobiography must accompany this application for all persons who are required to complete a Personal History Form (exception: Manager—provided the individual is not a partner or officer of the corporation).

I hereby understand and agree that the information revealed in support of an application for ownership or management of a licensed on or off sale liquor establishment in the City of St. Paul Park will be used in accordance with Federal, State, and local laws regarding privacy of records.

I declare that the information provided is truthful, and I authorize the City of St. Paul Park to investigate the information and contact the persons named herein.

Signature

Title

Date

Subscribed and sworn to before me this _____ day of _____, _____.
