

Off-Sale Intoxicating Liquor License Information

Thank you for your interest in the operation of a retail off-sale liquor establishment in St. Paul Park.

In order to obtain an off-sale retail 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 & Gambling 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 a 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 open a retail 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 a 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.
- Complete and submit the OFF-SALE INTOXICATING LIQUOR LICENSE APPLICATION with the required fee of \$100. Incomplete and/or falsified applications shall not be approved. *Payable to the City of 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 \$20.00. *Payable to Department of Public Safety Alcohol & Gambling Enforcement Division.*

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

- Off-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 OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received

Workers compensation insurance company. Name _____ Policy # _____

Licensee's MN Sales and Use Tax ID # _____ To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # _____

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____	Applicant's Home Phone #	
City	County	State	Zip Code
Name of Store Manager	Business Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

- If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? Yes No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
- Is establishment located near any state university, state hospital, training school, reformatory or prison? Yes No If yes state approximate distance. _____
- Name and address of building owner: _____
 Has owner of building any connection, directly or indirectly, with applicant? Yes No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? Yes No If yes, in what capacity? _____
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?
 Yes No If yes, give name and address of establishment. _____

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. Yes No Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes No Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____
12. State Number of Employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? Yes No If yes, give dates, charges and final outcome.

4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.
 Yes No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

Check one

- 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.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Print name of applicant & title	Signature of Applicant	Date
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REPORT BY POLICE/SHERIFF'S DEPARTMENT

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 as follows:

Police/Sheriff's Department	Title	Signature
County Attorney's Signature		PS 9136-(2006)

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651)726-0220



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	

PS 9135 (5/06)

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:

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 _____, 19____.
