

## On-Sale Wine, Strong Beer, and Sunday Liquor License Information

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

On-sale Wine license may only be issued to hotels, restaurants, bowling centers, theaters, or congressionally chartered veterans organizations, and exclusive liquor stores. Strong beer may be sold under this license after first obtaining a license to sell 3.2% malt liquor and gross receipts are at least 60% attributable to the sale of food. In order to obtain an on-sale intoxicating 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 ON-SALE WINE LIQUOR LICENSE APPLICATION with the required fee of \$300. Complete and submit the CITY LIQUOR LICENSE APPLICATION for the 3.2% malt liquor on-sale license with the required fee of \$250 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 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. *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

- On-Sale Wine Liquor License Application
- City Liquor License Application (3.2% and Sunday)
- 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 COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 14% of alcohol by volume)



**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_  
 LICENSEE'S MN SALES & USE TAX ID # \_\_\_\_\_ To apply for MN Sales Tax # call (651) 296-6181  
 LICENSEE'S FEDERAL TAX ID # \_\_\_\_\_

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone ( ) ( )	Applicant's Home Phone ( ) ( )
City		County	State      Zip Code
Is this application <input type="checkbox"/> <b>New</b> or a <input type="checkbox"/> <b>Transfer</b>	If a transfer, give name of former owner		License period <b>From</b> <b>To</b>

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 Name and title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	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

**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 the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	
Hour's food will be available	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

**OTHER INFORMATION**

- Yes    No   1.   Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes    No   2.   Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_ . (If the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes    No   3.   During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.
- Yes    No   4.   Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome. \_\_\_\_\_
- Yes    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, give names and details. \_\_\_\_\_
- Yes    No   6.   Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. \_\_\_\_\_

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY OWN KNOWLEDGE

**Signature of Applicant**

The licensee must have one of the following: (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. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B.   A Surety bond from a surety company with minimum coverage as specified above in A.
- 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.

**IF LICENSE IS 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 OR 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, Municipal or County Ordinances relating to Intoxicating Liquor, except as follows: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department and Title

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. FOR INFORMATION REGARDING OBTAINING THIS STAMP, CONTACT THE BUREAU OF ALCOHOL TOBACCO AND FIREARMS AT (651) 726-0220 (PS9114-2006)

**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 attorney fees.



City of St. Paul Park  
 600 Portland Avenue  
 St. Paul Park MN 55071  
 (651) 459-9785

**APPLICATION FOR CITY LIQUOR LICENSE**

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner 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 (check one)						
<input type="checkbox"/> Club		<input type="checkbox"/> Restaurant		<input type="checkbox"/> Hotel		<input type="checkbox"/> Bowling Alley
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 INFORMATION						
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						

<b>OTHER INFORMATION</b>		
Names and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used (Note: the location manager must be listed):		
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 five year of the application?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	3. 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	4. 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	5. Will you serve liquor on Sunday?	
<b>BUILDING AND RESTAURANT</b>		
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 the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity
Hours food will be available	No. of people restaurant employs	Will food service be the principle business? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>I certify that I have read the above questions and that the answers are true and correct to the best of my own knowledge.</b>		
Name of applicant (please print or type) :		
Applicants Signature		
Date:		

FOR OFFICE USE ONLY:  
APPROVALS:

Department:	Signature:	Date:	Comments/report attached?
Risk Manager			
Police Chief			
City Clerk			
City Council	N/A		

<b>Required documents completed &amp; attached:</b>		Comments:
Application(s) (City)		
Application(s) (State)		
Proof of Insurance (Dram Shop)		
Proof of Insurance (Workers Comp)		
Fees paid		
Floor plan		
Proof of food sales (Wine only)		
Club plan		



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:


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\_\_\_\_.

\_\_\_\_\_