



City of South St. Paul

Liquor License Application

City Clerk's Office
 125 3rd Avenue North
 South St. Paul, MN 55075
 (651)554-3204
 Email: cityclerk@southstpaul.org

For office use only:

Date: _____ Amount Paid: \$ _____ License #: _____ Council Date: _____

Consumption & Display Permit: \$300.00

- Permits for Consumption and Display expire annually on March 31 of each year, coinciding with the permit issued by the Commissioner of the Department of Public Safety.
- New applications require a public hearing on the application, at the public hearing the City Council may impose reasonable conditions on the applicant in order to protect the health, safety and general welfare of the public.
- No more than one license shall be directly or indirectly issued within the City to any one person.
- A permit shall be issued to the applicant only and only for the compact and contiguous premises described in the application.
- A permit is not transferrable to another person, place or business.
- Application for a Consumption & Display Permit, must also be made to the Commissioner of Public Safety, Alcohol and Gambling Enforcement Division; an additional application and fee are required.

Business Name:	Business Phone:
Address:	City, State, Zip
Please Check: _____ Corporation _____ Partnership _____ Individual _____ Other	

Owner of Business or Individual Applying for License:	Phone:
Address:	City, State, Zip
Social Security #: <i>(Required by MN Statutes 270C.72)</i>	Drivers License #: _____ State of Issuance: _____
Minnesota Business Tax ID#:	Federal Business Tax ID#

Business Manager if different from Applicant:

Manager's Name:	Home Address:
Phone:	Date of Birth:
Driver's License Number:	State of Issuance:

PLEASE COMPLETE BACK SIDE OF APPLICATION 

Certificate of Compliance—Minnesota Workers' Compensation Law

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor Industry.

Insurance Company Name (not the agent)	Policy Number:
Dates of Coverage: _____ to _____	
OR	
REASON FOR EXEMPTION FROM WORKERS' COMPENSATION	
<i>If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.</i>	
I am not required to have workers' compensation liability coverage below: <input type="checkbox"/> I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee) <input type="checkbox"/> I am self-insured for workers' compensation (attached a copy of the authorization to self-insure from the Minnesota Department of Commerce). <input type="checkbox"/> I have no employees but they are not covered by the workers' compensation law (See Minn. Statutes 176.041 for a list of excluded employees.)	
<i>I certify that the information provided above is accurate and complete and that a valid workers compensation policy will be kept in effect at all times as required by law.</i>	

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

Date of Application:

(x) Signature of Applicant



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600
 St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TDD651-282-6555

NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
 PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. _____

Policy No. _____ Dates of Coverage _____

Licensee's MN Sales & Use Tax ID # _____ To apply for MN Tax ID# 651-296-6181

Licensee's Federal Tax ID # _____ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Amount Received

Business Name (Business, Partnership, LLC, Corporation)		DOB	SS#	Trade Name or DBA	
Business Street Address				County	Business Phone
City				State	Zip Code
Permit Type <input type="checkbox"/> Private Club <input checked="" type="checkbox"/> Public Business		Type of Business (Restaurant, Dance Hall, etc.)			
Full Name of Business or Club Manager		DOB	Address of Manager		
Name of Building Owner			Address of Owner		
Are the club or business premises separate from any other business establishment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is there a current 3.2 beer license to this business at this location?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Is application	If transfer, former license and business trade name
				<input checked="" type="checkbox"/> Original <input type="checkbox"/> Transfer	
If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer. If a club, state the name and address of each officer or director.					
Full Name	DOB	SS#	Address		
Full Name	DOB	SS#	Address		
Full Name	DOB	SS#	Address		
For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.					
Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location	
Membership requirements				Does club store liquor for members?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.					
I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.					
Permittee Signature _____		Print Name _____		Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					
City/County Auditor Signature _____				Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					