

Please return to the City Administration Office, 540 West Hills Circle, Owatonna, MN 55060

- Application,
- License Application Report
- Minnesota Workers' Compensation Law Certification of Compliance,
- Certificate of liquor liability insurance,
- Copy of food license if applicable,
- Dance permit if applicable, and
- Fee(s).



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 133, St. Paul, MN 55101-5133
 Telephone 651-296-6979 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
 (former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
 (corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
 (To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
 (To apply call 651-290-3905)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
 City Clerk or County Auditor Signature _____ Date _____
 (title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-215-6209, or visit our website at www.dps.state.mn.us.

DATE: _____

CITY OF OWATONNA
LICENSE APPLICATION REPORT

TYPE OF LICENSE APPLIED FOR: Intoxicating Liq Non-Intoxicating Liq
 Dance Concerts Parade Sound Device Circus Show
 Theatricals Exhibition Transient Other Explain: _____

<u>NAME OF APPLICANT</u>			<u>D.O.B.</u>		
LAST	FIRST	MIDDLE	MO.	DAY	YR
_____	_____	_____	____/____/____	____	____

Address (Street Name and Number) _____ Apt. # _____

City _____ State _____ Zip Code _____

Please provide an original driver's license/picture identification and social security card to be verified.

Driver's License # _____ State _____ Expiration Date _____

Social Security # _____ Verified By _____

REPORT OF INVESTIGATION

RECOMMENDATIONS

DATE: _____

SIGNATURE INVESTIGATING AUTHORITY

COUNCIL ACTION

LICENSE: APPROVED DISAPPROVED

DATE OF COUNCIL ACTION: _____
AUTHORIZED SIGNATURE: _____
TITLE: _____

**-CERTIFICATION 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 MSS 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 and Industry.

Insurance Company Name: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____
(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

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.

Name: _____
(last, first, middle)

Doing Business As: _____
(business name if different than your name)

Business Address: _____

City, State, Zip: _____ Phone: () _____

Signature: _____ Date: _____



APPLICATION
DANCE PERMIT
SECTION 806:30 1992 ORDINANCE CODE
CITY OF OWATONNA

The undersigned is a current license holder of an "on-sale" liquor license and hereby applies for a license to authorize patron dancing in designated areas. Permit holder shall be responsible for policing dance areas, and failure to do so shall constitute a violation of the terms of the permit, and authorize the Council, upon a public hearing with ten days written notice, to revoke the permit or suspend said permit, separate from the "on-sale" license.

Term: July 1, _____ to June 30, _____

Fee: \$25.00

Name of Business

Signature

Business Address

Date

CITY OF OWATONNA LIQUOR LICENSE COMPLIANCE POLICY

The City of Owatonna is committed to insuring that alcoholic beverage products not be sold to persons under twenty-one (21) years of age by any business licensed to sell liquor.

To accomplish this goal, the City will enforce the following procedures:

1. All license holders will be subject to random compliance checks administered by the Owatonna Police Department.
2. If a license holder fails a compliance check, the license holder will be assessed a \$500 civil penalty. Failure to pay the penalty shall result in a hearing before the City Council and suspension of the license for up to sixty (60) days.
3. A second failed compliance check shall result in a civil penalty of \$1,000.00. In addition, the license holder shall be required to provide a written plan regarding employee training and/or other measures to improve compliance, within ten (10) working days of notice from the City regarding the failed compliance check. Failure to provide such a plan or payment of the civil penalty within the time frame established shall result in a hearing before the City Council, and suspension of the license for up to sixty (60) days.
4. A third failed compliance check within a twelve (12) month period or fourth within twenty-four (24) months, shall result in a hearing before the City Council, suspension of the license for up to sixty (60) days, and a civil penalty of \$2,000. Failure to pay the assessment shall result in revocation of the license.
5. Four failed compliance checks within twelve (12) months or five within twenty-four (24) months shall result in a revocation hearing before the City Council.

In addition to compliance checks, any violations of MN Statutes §340A.503, Subd. 2 shall be treated as offenses in the same manner as the compliance checks.

Employees responsible for making illegal sales will be referred to Steele County for prosecution.

**City of Owatonna
540 West Hills Circle
Owatonna, MN 55060**

Date: _____

The following named individual has made application with this agency for an **Intoxicating Liquor License**:

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex (M or F): _____

Social Security Number: (Optional) _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Owatonna for the purpose of obtaining an **Intoxicating Liquor License** with this agency per City Ordinance Section 806:10 or 811:15.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Notary:

State of Minnesota
County of Steele

Subscribed and sworn to before me this _____
day of _____, 20____.

Signature of Notary

(Seal)