



# City of Virginia

# On-Sale Liquor License Application

Annual Fee \$1450/year  
Sunday License Additional \$200/year  
License Year Ending December 31, \_\_\_\_\_

All licensees must have a \$20 retailer Buyers Card, renewable each year. New Licensees can call 651-296-6979 or visit the Department of Public Safety's website at <http://www.dps.state.mn.us/> for an application and instructions.

Worker's Compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_  
LICENSEE'S SALES & USE TAX ID # \_\_\_\_\_ To apply for a tax number call 651-282-5225 or 1-800-657-3605

Applicants Full Name (First, Middle, Last – No middle initials please).			Trade Name or DBA (Business, Partnership, Corporation – circle one)		
Applicant Address (Street Address)			Business Address (Street Address)		
City	County	Zip Code	City	County	Zip Code
Applicant's Home Phone ( )		Applicant Social Security No.	Business Phone ( )		License Period From To
Is applicant a US Citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth (Individual Applicant)	Is this application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer <input type="checkbox"/> Sunday Liquor If a transfer, give name of former owner		

**If a corporation, give name, title, address and date of birth of each officer. If a partnership, give name, address and date of birth of each partner.**

Partner/Officer Name and Title		Social Security #		Percent Stock or partnership interest	
Address		City	State	Zip	DOB
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### CORPORATIONS

State of Incorporation \_\_\_\_\_ Date of Incorporation \_\_\_\_\_ Purpose of Corporation \_\_\_\_\_  
 Certificate Number \_\_\_\_\_ Is corporation authorized to do business in Minnesota?  YES  NO  
 If a subsidiary of another corporation, give name and address of parent corporation. \_\_\_\_\_

### THE BUILDING

Name of Building Owners \_\_\_\_\_ Are the property taxes delinquent?  YES  NO  
 Owners Address \_\_\_\_\_ Has the building owner any connection direct or indirect with the applicant?  
 YES  NO  
 Describe the premises to be licensed (such as first floor, second floor, basement, etc.) \_\_\_\_\_

Seating Capacity \_\_\_\_\_ Number of people restaurant employs \_\_\_\_\_ Square Footage of Establishment \_\_\_\_\_ Hours food will be available \_\_\_\_\_  
 Name of Manager \_\_\_\_\_ How many months per year establishment will be open \_\_\_\_\_

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

