

**APPLICATION
CITY OF VIRGINIA, MINNESOTA
ON-SALE LIQUOR LICENSE**

Workers Compensation Insurance Company Attach Form LIC

LICENSEE'S SALES & USE TAX ID # _____ To apply for MN sales tax number www.taxes.state.mn.us

LICENSEE'S FEDERAL TAX ID # _____ To apply go to www.irs.gov

Applicant's name (Person, partnership, LLC, Corporation)	DOB	Social Security #	Doing Business As or trade name	
License address		Business phone		Applicant's home phone
City	County	State	Zip Code	License period From _____ To _____

Give names used past 5 years, residence for past 5 years, DOB, Social Security #, title and age for all partners, or the officers and directors of a partnership or corporation. and the percent of stock held by each officer if applicable. Use additional paper if needed. Failure to list any information will be reasonable grounds to deny this application.

Name-First, Middle, Last	Social Security #	Title	DOB	Percent stock or partnership interest
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Address	City	State
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Name-First Middle, Last	Social Security #	Title	DOB	Percent stock or partnership interest
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Address	City	State
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Name—First Middle Last	Social Security #	Title	DOB	Percent stock or partnership interest
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Address	City	State
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Date of Incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes No
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Purpose of corporation	If a subsidiary of another corporation, give name
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1. Describe premises to be licensed (Where customers will be allowed to drink, list all decks patios, outside areas). If you only list an address or legal land description, only the inside of your building will be considered the premise.

Type of Business 1, Restaurant _____	2, Bowling Center _____	3. Hotel _____	4. Exclusive Liquor Store _____
Other (please describe) _____			

Number of months per year establishment will be open	Name of manager
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- Yes No 2. Is this business is in conjunction with any other business (resort, etc.), If yes describe the other business _____
- Yes No 3. Has applicant, partners, officers or employees ever had any Felony Convictions or Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, give date, charges and the outcome _____
- Yes No 4. Is the applicant or any of the associates in this application a member of the City Council in which the license will be issued? If yes, in what capacity? _____ (If the applicant for this license or any of the associates is the spouse of a member of the governing body or where a family relationship exists, the member shall not vote on this application.)
- Yes No 5. Have the applicants any interest, directly or indirectly, in any other liquor establishment in this city or any other city, or county issued license within Minnesota. If yes, give the name and address of the business _____

- Yes No 6. 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.
- Yes No 7. Will you serve liquor on Sunday? Amt of Sunday License Fee. (Restaurants, Bowling Ctr, Hotels Only)
- Yes No 8. Has a license been issued by the state or local health department for this establishment?-Attach copy

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

Name of applicant (please print or type) _____ Applicant's signature _____ Date _____

The Licensee must have one of the following:----**THE NAME of the INSURED must Match application EXACTLY the name of the APPLICANT**

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.
- or
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the State, Trust Funds having a market value of \$10,000 \$100,000 in cash or securities.

Background checks will cover Criminal and Financial information.
 Criminal check will look for liquor law violations within a five year period, Felonies within a five year period
 Financial check will look for ownership of a liquor license revoked within a 5 year period
 Financial Interests in Liquor Manufacturers or Wholesalers

REPORT BY POLICE

Criminal and Financial Back Ground check

A back ground check has been conducted on the applicant. No Criminal or Financial information was found that would cause denial of this application except as follows:

Signature of Police official _____ Position/Department _____ Date _____