



City of Virginia

On-Sale Beer License Application

Annual Fee \$150/year
License Year Ending December 31, _____

“Beer” means malt liquor containing not less than one-half of one percent of alcohol by volume nor more than 3.2 percent alcohol by weight. This definition includes so-called “malt coolers” with the alcoholic content limits stated herein.

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application. If this is a first application, attach a copy of the articles of incorporation and by laws.

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

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 _____

Will Food Service be the principal business of the establishment? _____ How many months per year establishment will be open _____

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

OTHER INFORMATION

- A. Have the applicant or associates been granted an On-Sale Wine License in conjunction with the regular On Sale Beer license?
 YES NO
- B. Is the applicant or any of the associates in this application a member of the City Council that will issue this license?
 YES NO If yes, under 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.)
- C. During the past license year has a summons been issued under the liquor civil liability law (Dram Shop) (MS.340A 802).
 YES NO If YES, attach copy of the summons.
- D. Has the applicant or any of the associates in this application been convicted during the past five years of any violation of federal, State or local liquor laws in this state or any other state? YES NO

If yes, give date and details _____

- E. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures, or equipment in the licensed premises? YES NO

If yes, give name and address of the establishment. _____

- F. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? YES NO

If yes, give name and address of establishment.

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

 Name of Applicant (Please print or type)

 Signature of Applicant

 Date

REPORT BY POLICE 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

Police Department Name	Title	Signature
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IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCHOL, TOBACCO AND FIREARMS. FOR INFORMATION, PLEASE CALL (612) 290-3496.