



# City of Virginia

# On-Sale Wine License Application

Annual Fee \$100/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
Partner/Officer Name and Title	Social Security #	Percent Stock or partnership interest		
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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 Beer (3.2) License in conjunction with the regular On Sale Wine 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

\*\*\*\*\*

**The Licensee must have one of the following. 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 coverages as specified.  
OR
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 cash of securities.

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**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.

Please return completed form to:

City Clerk's Office, 327 First Street South, Virginia, MN 55792 Telephone (218) 748 -7500

Updated 8/02