



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 445 Minnesota St., Suite 1600, St. Paul, MN 55101  
 (651) 201-7507  
 FAX (651) 297-5259 TTY (651) 282-6555  
 WWW.DPS.STATE.MN.US



## APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

An officer of the club seeking a license shall complete this application. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least thirty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide guests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

**Workers Compensation Insurance Company** \_\_\_\_\_ **Policy #** \_\_\_\_\_  
**Licensee's MN Sales and Use Tax ID Number** \_\_\_\_\_ *To apply for MN sales and use tax number call (651) 296-6181*  
**Licensee's Federal Tax ID #** \_\_\_\_\_

Corporation Name		Club Trade Name or DBA	
License Location (Street Address)		License Period FROM _____ TO _____	Business Phone ( ) _____
Municipality	County	S _____ tate	Zip Code
Building Owner's Name		Building Owner's Address	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Club Manager's Name	
Name of Member of Managing Board	DOB	Social Security #	Home Address
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The Licensee must have one of the following: CHECK ONE			
<input type="radio"/> 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 <input type="radio"/> B. A Surety bond from a surety company with minimum coverage as specified above in A. OR <input type="radio"/> C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.			
Give Date of Club Charter If Veterans or Fraternal Organization		Date of Incorporation	Number of Years of Continuous Existence of the Club
Number of Years in Current Quarters		Number of Club Members	Will the Club be issued a Lawful Gambling License? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Yes  No 1. Are any members, officer, agents or employees paid profits from the sale of beverages to club members?
- Yes  No 2. Are any employees paid salaries?
- Yes  No 3. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If yes, give names, dates, and final outcome. \_\_\_\_\_
- Yes  No 4. Does any wholesaler or manufacture of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? If yes, give details. \_\_\_\_\_
- Yes  No 5. 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 6. Will you serve liquor on Sunday? Amount of Sunday License Fee \_\_\_\_\_

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

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Name of Applicant (Please Print) \_\_\_\_\_

**IF LICENSE ISSUED BY THE COUNTY BOARD: REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature County Attorney \_\_\_\_\_ County \_\_\_\_\_ Date \_\_\_\_\_

**REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE**

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, or Municipal Ordinances relating to Intoxicating Liquor, except s follows:

\_\_\_\_\_

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Police Department or Sheriff's Name	Title	Signature
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<p><b>LICENSE APPROVAL OR DENIAL</b> License <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>Signature City Clerk or County Auditor _____ Date _____</p>	<p><b>LICENSE APPROVAL OR DENIAL</b> License <input type="checkbox"/> Granted <input type="checkbox"/> Denied</p> <p>Signature Director Alcohol &amp; Gambling Enforcement _____ Date _____</p>
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**NOTICE**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorneys fees. MS 604.113

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU. FOR INFORMATION CALL (513) 684-2979 OR 1-800-937-8864