



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222
 St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TDD651-282-6555

NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSEES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
 PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. _____

Policy No. _____ Dates of Coverage _____

Licensee's MN Sales & Use Tax ID # _____ To apply for MN Tax ID# 651-296-6181

Licensee's Federal Tax ID # _____ A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Amount Received

Applicants Full Name (Business, Partnership, LLC, Corporation)		DOB	SS#	Trade Name or DBA	
Business Street Address			County	Business Phone	
City			State	Zip Code	
Permit Type <input type="checkbox"/> Private Club <input type="checkbox"/> Public Business		Type of Business (Restaurant, Dance Hall, etc.)			
Full Name of Business or Club Manager		DOB	Address of Manager		
Name of Building Owner			Address of Owner		
Are the club or business premises separate from any other business establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is there a current 3.2 beer license to this business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is application <input type="checkbox"/> Original <input type="checkbox"/> Transfer If transfer, former license and business trade name	
If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer. If a club, state the name and address of each officer or director.					
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
Full Name		DOB	SS#	Address	
For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.					
Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location	
Membership requirements				Does club store liquor for members? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.					
I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.					
Permittee Signature _____				Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					
City/County Auditor Signature _____				Date _____	
(Signature certifies all above information to be correct and permit has been approved by city/county.)					