



Intoxicating Liquor License Application

<u>Type of License (Select all that apply)</u>	<u>Fee</u>
On-Sale Liquor	\$3000
On-Sale Sunday	\$200
3.2% On-Sale Malt Liquor	\$250
3.2% Off-Sale Malt Liquor	\$90
Brewer Taproom/Growler	\$500
Wine	\$600
Club	\$275

Minnesota Tax ID:
 Federal Employer ID:
 Social Security/ITIN:
(if an individual)
 Date of Birth if applying
 as an Individual:

Legal Name

Business Name (dba)

Business Address

Mailing Address (if different than business address)

Phone

Email

Proof of Worker's Compensation Insurance Coverage

Insurance Company:

Dates of coverage:

Policy Number:

I am not required to have workers' compensation liability coverage because:
 I have no employees covered by the law
 Other (specify on an attached document)

*All applicants must attach or email a certificate of liability insurance with **liquor liability coverage** that corresponds with the license period (January 1 - December 31). If the period covered does not match, a comment that "liquor liability is continuous until canceled" must be noted. Certificates can be emailed to steven.anderson@ci.marshall.mn.us

Section 2: Employees

General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premise.

Name:

Name:

Address:

Address:

Phone:

Phone:

Position/Title:

Position/Title:

Is alcohol awareness training provided for staff on alcohol service techniques? Yes No

if yes, how often is the training provided:

Section 3: Corporations

If the licensee is a corporation, partnership or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address

If more than five partner's or officers please attach as a list.

Scan the QR code to view the City of Marshall Ordinance pertaining to Alcoholic Beverages



Consent for the Release of Information

City of Marshall Ordinance 6-51 requires that all applicants be checked for violations of federal or state law or of municipal ordinances.

The following named individual has made application with the City of Marshall.

Name (First, Middle, Last):

Maiden/Former Name:

Date of Birth:

Gender:

Driver License/I.D. Number:

DL/ID State of Issuance:

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall.

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

I have received from the City of Marshall a copy of Marshall City Code, Chapter 6 (Alcoholic Beverage) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Marshall Police Department to investigate and make inquiries that are necessary to verify the information provided.

Applicant Signature

Date

PUBLIC SAFETY REVIEW

By: _____ Date: _____
Director of Public Safety or Designee

ICR #: _____

Office of City Clerk
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www.ci.marshall.mn.us