

CITY OF RICHFIELD

2020



**Application for
Alcohol License**

Part I – General Information

Directions:

Please read carefully. Each question MUST be answered.

This application must be completed by the appropriate applicant.

Individual as Applicant: an individual person

Corporation as Applicant: a corporate officer on the corporation's behalf

Partnership as Applicant: a partner on the partnership's behalf

Unincorporated Association as Applicant: manager or managing officer of the association's behalf

Check type of license (s) desired:

- On-Sale Liquor \$15,036.00 Sunday Liquor \$200.00 Tavern (dance) \$745.00
- Growler \$175.00 Taproom \$700.00 Cocktail Room \$800.00 Micro Distillery \$600.00
- Club (Veteran's organization) \$863.00 Wine \$1325.00 3.2 Percent Malt Liquor \$912.00

An additional investigation fee of \$824 will apply to all liquor licenses, except 3.2 percent malt liquor. (If applying to serve strong beer, you must select wine and 3.2 percent malt liquor)

- Outside seating with food/alcohol service – ***Special review will be required.*** See attachment

Type of Applicant: Individual Corporation Partnership Other Organization

Legal Name of Licensee: _____
(First) (Middle) (Last)

Licensee's Establishment Name (Trade Name/DBA): _____

Establishment Address: _____

Establishment Phone Number: _____

Contact Name and Phone Number for Application: _____

Preferred Mailing Address: _____
(City) (State) (Zip Code)

Section 1 – Type of Applicant

Complete Only Individual, Partnership, or Corporation/Other Organization in this Section

Individual

If applicable, complete this Section and Part II Personal History application

Full Name: _____ Title: _____
(First) (Middle) (Last)

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Partnership

If applicable, complete this Section for general and limited partners. A Part II Personal History application is required from each partner. You must attach a copy of your partnership agreement.

Full Name: _____ Email: _____
(First) (Middle) (Last)

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Full Name: _____ Email: _____
(First) (Middle) (Last)

Residence Address: _____ Phone: _____

Business Address: _____ Phone: _____

Designated Managing Partner: _____

Percentage of interest of each Partner:

Name	% Interest
_____	_____
_____	_____
_____	_____

Corporation/Other Organization

A Part II Personal History Form is required from each Corporate Officer. You must attach a true copy of the certificate of incorporation, articles of incorporation or association agreement and bylaws.

Name: _____ State of Inc./Assoc.: _____

Richfield Address: _____ Phone: _____

Home Office Address (if different): _____ Phone: _____

Officers of Corporation/Organization

President Name: _____ Email: _____

Address: _____ Phone Number: _____

Vice President Name: _____ Email: _____

Address: _____ Phone Number: _____

Secretary Name: _____ Email: _____

Address: _____ Phone Number: _____

Section 2 – Managers in Charge of Licensed Premises

A Part II Personal History Form is required from each manager/assistant manager, proprietor, or any other individual in charge of the licensed premises.

Name: _____	Title: _____
Address: _____	
Phone Number: (Work) _____	(Cell) _____ Email: _____
Name: _____	Title: _____
Address: _____	
Phone Number: (Work) _____	(Cell) _____ Email: _____
Name: _____	Title: _____
Address: _____	
Phone Number: (Work) _____	(Cell) _____ Email: _____

Section 3– Building Ownership Information

Name, Address & Phone Number of Building Owner, if other than Applicant. ***Include a copy of the lease agreement:***

If Building is owned by Applicant:	
Date purchased: _____	Purchase Price: _____ Down Payment: _____
Name of Person Purchased from: _____	
Address of Person: _____	Phone: _____
If there is a Mortgage or Contract for Deed (C/D)?: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mortgage or C/D Holder: _____	Amount: _____
Address: _____	
Term of Mortgage or C/D: _____	Interest Rate: _____
Amount of Mortgage Monthly Payment or C/D is being liquidated: _____	
Are Payments current? (If not, please explain): <input type="checkbox"/> Yes <input type="checkbox"/> No	

List all other persons, other than the applicant, who have financial interest, in whole or in part, in the business, buildings, premises, fixtures, furniture, or stock in trade, including but not limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Name: _____
(First) (Middle) (Last)

Address: _____ Phone: _____

Nature and Amount of Interest, Terms for Payment or Other Reimbursement:

Name: _____
(First) (Middle) (Last)

Address: _____ Phone: _____

Nature and Amount of Interest, Terms for Payment or Other Reimbursement:

Name: _____
(First) (Middle) (Last)

Address: _____ Phone: _____

Nature and Amount of Interest, Terms for Payment or Other Reimbursement:

Section 4 – Business Assets
All Applicants complete this Section

Uses of Funds	Sources of Funds
Merchandise/Inventory for Resale \$ _____ Business Property: a) Land and buildings \$ _____ <i>enter "0" if rented</i> b) Equipment and furnishings \$ _____ Other uses of funds, if any _____ \$ _____ _____ \$ _____ _____ \$ _____ Total Requirements \$ _____	Indebtedness owed to seller \$ _____ <i>Seller provides portion of financing to acquire existing business after closing date.</i> Loans from financial institutions \$ _____ Loans from relatives \$ _____ Loans from others individuals \$ _____ Other outside sources, if any \$ _____ Opening investment by owners: a) Individual (Sole Proprietorship) \$ _____ b) Two or More Individuals (Partnership) \$ _____ c) Stockholders (For issuance of stock and for capital contributed, if any) \$ _____ Total Sources and Investment \$ _____
Is Applicant's premise a Restaurant? <input type="checkbox"/> Yes <input type="checkbox"/> No Is Applicant's premises part of a Hotel? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section 5 -- Premises Information

If the applied-for Premises is planned, under construction, or undergoing substantial alteration, the Application must be accompanied by a set of preliminary plans showing the design of the proposed Premises to be licensed, unless such plans are already on file with the City.

Square Footage to be occupied: _____

List all rooms and areas where alcohol will be consumed **a floor plan of the licensed premises, including all rooms and areas where liquor is to be consumed must be provided**

Number of Indoor Seats: _____

Proximity to Closest Point of Nearest Church: _____

Proximity to Closest Point to Nearest School: _____

Number of Outdoor Seats: _____

Are there any real estate taxes, personal property taxes, special assessments or other financial claims of the State, County, School District, or City of Richfield delinquent or unpaid for the Premises?

- Yes No

If Yes, list the years for which such taxes are delinquent, and provide copies of any agreements relating to the payment of the taxes:

Section 6 – On-Sale Intoxicating Liquor License

Complete this Section if applying for an On-Sale Intoxicating Liquor License.

Hotels: Is there a dining room serving the general public at tables and having facilities for seating at least 30 guests at one time? Yes No

Are there no fewer than 125 guest rooms, each room having no less than 150 square feet?
 Yes No

Restaurants: Are meals regularly prepared and served at tables to the general public, with facilities serving no fewer than 40 guests at one time? Yes No

Sunday On-Sale Intoxicating Liquor License Applicants: Does the proposed licensed premises serve no less than 40 guests at one time? Yes No

Section 7 – On-Sale Wine License

Are meals regularly prepared and served at tables to the general public, with facilities serving no fewer than 40 guests at one time? Yes No

Section 8 – Veteran’s Organization or Club

Do you limit access to the organization’s facilities to member and their bona fide guests?
 Yes No

APPLICANT’S STATEMENT

I declare that the information I have provided on this application is truthful and I understand falsification of answers on this application will result in denial of the application.

I hereby authorize the City of Richfield to have access to all sources of information which may be consulted to verify the information I have provided above. This includes authorization to check criminal history records if any have been asked to provide that information.

Applicant Signature

Date

Printed Name of Applicant

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: _____
(NOT the insurance agency)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: _____

(Or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by law.

() Other (Specify): _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

(SIGNATURE)

(DATE)

Sp:C1

City of Richfield License Applicant Information

Under Minnesota Law (M.S. 270C.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

Please print or type

Name of license being applied for or renewed: _____

Licensing Authority (Name of city, county, or state agency issuing license): _____

Licensing (or renewal) date: _____

Personal Information:

Applicant's last name	First name and initial	SSN or ITIN (if applicable)
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Applicant's address	City	State	Zip Code
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Business Information (if applicable):

Business name _____

Business address	City	State	Zip Code
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Minnesota tax identification number _____

Federal tax identification number _____

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature _____

Title _____

Date _____

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

IN CONNECTION WITH YOUR REQUEST FOR A LICENSE, THE CITY HAS ASKED THAT YOU PROVIDE IT WITH INFORMATION ABOUT YOURSELF WHICH IS CLASSIFIED AS EITHER PRIVATE OR CONFIDENTIAL BY THE MINNESOTA GOVERNMENT DATA PRACTICES ACT (M.S.A 13.04). ACCORDINGLY, THE CITY IS REQUIRED TO INFORM YOU OF THE FOLLOWING:

1. The Purpose and intended use of the information requested is: To determine if you are eligible for a license from the City of Richfield.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is: The information, or further investigation could disclose information, which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is: Your request for a license cannot be processed.
5. The following persons and entities are authorized by law to receive the information if provided: Staff of Richfield Public Safety Department, Bureau of Criminal Apprehension, Hennepin County Warrant Office, Ramsey County Warrant Office, State of Minnesota – Driver License Section, Hennepin County Auditor, and other governmental agencies necessary to process your application.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

SIGNATURE: _____ DATE: _____

**OUTSIDE SEATING WITH FOOD/ALCOHOL SERVICE ATTACHMENT
(if applicable)**

CITY OF RICHFIELD
OUTSIDE SERVICE OF ALCOHOL PROCEDURE/CRITERIA

TO: Parties Interested In Outside Seating for Alcohol/Food Service

FROM: Matt Brillhart - Planning
Rick Regnier - Inspections
Jennifer Anderson - Licensing/Health
Jay Henthorne - Police
Wayne Kewitsch - Fire

SUBJECT: Procedure/Criteria for Outside Service of Alcohol/Food

PROCEDURE:

All requests received by the City for an expanded patio/exterior premises must be reviewed by a staff committee including, but not limited to: Planning, Building Inspection, Police, Fire and Licensing/Health staff. Requests will be evaluated for compliance with building, fire, and health code requirements and with the criteria established herein. **The request should be initially submitted to the Planning Division and will be routed to the other divisions noted above for their review.** Following a favorable review by staff, requests will be reviewed by senior staff and ultimately referred to the City Council for final approval.

- The initial request for consideration must include:
 1. A letter outlining the proposed plans for the area,
 2. The dates the outdoor seating area will be open,
 3. Drawing of the area specifically showing the proposed location area (Parking areas may not be identified as a location for outside seating).
This drawing should include the specific number of tables and chairs.

CRITERIA:

The following criteria will be considered by staff as areas that must be in compliance before an approval will be given:

Planning & Zoning

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- Planning staff will evaluate requests on a case-by-case basis to determine if the additional outdoor seating increases the parking needs and therefore requires an amendment to the conditional use permit.
- Outdoor seating is not permitted on public sidewalks or in the City Boulevard.

Building Inspections

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- The Minnesota State Disability Code requires that there be a clear passageway of at least 4 feet to accommodate physically challenged individuals. In situations where it is not possible to accommodate seating and still maintain this 4-foot area, the plans will be denied.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- All required exits from the building must remain clear and unobstructed.

Licensing/Environmental Health

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- A plan must be included to address how staff will monitor the service of alcohol, wine or malt liquor so that underage individuals are unable to access alcohol from those establishments licensed to sell alcohol, wine or malt liquor. Adequate barriers (fencing, brick walls, etc.) must be present in an outside café area to keep the access of alcohol from underage youth and to prevent them from illegally obtaining alcohol.
- The outside seating area may only be accessed from within the establishment in those establishments where there is any service of alcohol, wine or malt liquor.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- Food must be served in conjunction with the sale of any alcohol, wine or malt liquor.
- The applicant must furnish to the Public Safety Department proof of liquor liability insurance that covers the exterior of the establishment’s premises and must name the City as an additional named insured in the policy providing such insurance
- The hours of operation must be identified.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- The applicant shall indemnify and hold the City and the City’s officials and employees harmless from any loss, cost, damage and expenses arising out of the use, design, operation or maintenance of the outside café.
- Applicant must possess a valid food establishment license.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- Live music is prohibited on the exterior of the establishment.
- There shall be no wait stations located outside the interior of the establishment for purposes of waiting on or serving customers.
- No tables, chairs, furnishings, planters, railings or other obstructions shall be placed or remain on a sidewalk café between November 1st and April 1st except on a day to day basis when the sidewalk café is open for business.

Police & Fire

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- Access for emergency medical response crews including stretchers must be provided and maintained.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- Outdoor seating will not unduly restrict fire lanes.

Route to:

- _____ P&Z
- _____ Bldg
- _____ Lic/Hlth
- _____ Police
- _____ Fire

- The applicant must furnish to the Public Safety Department, evidence that public liability insurance has been procured for any death or personal injury arising from the ownership, maintenance, or operation of the outside café in amounts not less than \$100,000 for injury to or death of one person, of \$300,000 for any once incident, and not less than \$50,000 for damage to property arising from any one incident. The applicant shall maintain such insurance in effect at all times during the term of the permit. The City shall be named as an additional named insured in the policy providing such insurance.