

DOCUMENTS REQUIRED FOR RENEWAL OF ALL ALCOHOLIC BEVERAGE LICENSES

ALL APPLICATIONS REQUIRE THE FOLLOWING ATTACHED DOCUMENTS:

- City of Orono Application for Renewal of Annual Intoxicating Liquor, Wine, Club, 3.2 Percent Malt Liquor, and Setup Licenses
- Certificate of Compliance – Minnesota Worker's Compensation Law
- Form SP-C1 License Applicant Tax Identification Information

IN ADDITION, THE FOLLOWING DOCUMENTS ARE REQUIRED FOR EACH TYPE OF LICENSE:

ON- & OFF-SALE 3.2% MALT LIQUOR OR BEER LICENSEES

- Complete and return City renewal application and license fee.
- With the renewal application or no later than December 1, file two (2) copies of a certificate showing you have minimum insurance coverage as required by Orono City Code (see attached) and the State of Minnesota; OR attach two (2) copies of an affidavit stating you are exempt from the insurance requirements (see attached).

ON-SALE WINE LICENSEES:

- Complete and return City renewal application and license fee.
- With the renewal application or no later than December 1, file two (2) copies of a certificate showing you have minimum insurance coverage as required by Orono City Code (see attached) and the State of Minnesota; OR attach two (2) copies of an affidavit stating you are exempt from the insurance requirements (see attached).
- With the renewal application, file a statement, made by a certified public accountant, that shows total gross sales and total food sales for the preceding 12-month period January 1 through December 31.

ON-SALE LIQUOR LICENSEES:

- Complete and return City renewal application and license fee. One-half of the annual fee is due with the application and the second half is due by December 15.
- With the renewal application or no later than December 1, file two (2) copies of a certificate showing you have minimum insurance coverage as required by Orono City Code (see attached) and the State of Minnesota.
- With the renewal application, file a statement, made by a certified public accountant, that shows total gross sales and total food sales for the preceding 12-month period January 1 through December 31.

OFF-SALE LIQUOR LICENSEES:

- Complete and return City renewal application and license fee.
- With the renewal application or no later than December 1, file two (2) copies of a certificate showing you have minimum insurance coverage as required by Orono City Code (see attached) and the State of Minnesota.

ON-SALE CLUB LICENSEES:

- Complete and return City renewal application and license fee.
- With the renewal application or no later than December 1, file two (2) copies of a certificate showing you have minimum insurance coverage as required by Orono City Code (see attached) and the State of Minnesota.

**APPLICATION FOR RENEWAL OF ANNUAL INTOXICATING LIQUOR,
 WINE, CLUB AND 3.2 PERCENT MALT LIQUOR LICENSES**

City of Orono
 2750 Kelley Parkway, P.O. Box 66
 Crystal Bay, MN 55323
 Phone: (952) 249-4600

Directions: *This form must be filled out with typewriter or by printing in ink. If the application is by an individual person, by such person; if by a corporation, by an officer thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer.*

License year: 2015 (January 1 – December 31)

License type: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> On Sale Intoxicating Liquor (\$5,000.00) | <input type="checkbox"/> Club (\$200.00) |
| <input type="checkbox"/> Wine (\$2,000.00) | <input type="checkbox"/> 3.2% On-Sale (\$100.00) |
| <input type="checkbox"/> Sunday Liquor (\$200.00) | <input type="checkbox"/> 3.2% Off-Sale (\$50.00) |
| <input type="checkbox"/> Off Sale Intoxicating (\$150.00) | |

1. Complete the following information for the Licensee.

Licensee (Name of Individual, Partnership, Association or Corporation – Legal Name of the Business Entity)			
Business Trade Name			
Business Address (must be physical street address, no PO boxes)		City	State Zip Code
Mailing Address (if different)		City	State Zip Code
Contact Name	Phone	E-Mail Address	

2. If the above named licensee is an individual, complete the following:

First Name	Middle Name	Last Name	Date of Birth
Home Address		City	State Zip Code
Phone		Email	

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

A.	First Name	Middle Name	Last Name	Title	Date of Birth
	Home Address		City	State Zip Code	Phone
B.	First Name	Middle Name	Last Name	Title	Date of Birth
	Home Address		City	State Zip Code	Phone
C.	First Name	Middle Name	Last Name	Title	Date of Birth
	Home Address		City	State Zip Code	Phone

Before an on-sale intoxicating liquor license is issued under this division to an individual who is a nonresident of the city, to more than one individual whether or not they are residents of the city, or to a corporation, partnership or association, the applicant shall appoint in writing a natural person who lives within 25 miles of the licensed establishment in the city as its manager or agent. Such manager or agent shall, by the terms of his written consent, take full responsibility for the conduct of the licensed premises and serve as agent for service of notices and other process relating to the license. Such manager or agent must be a person who, by reason of age, character, reputation and other attributes, could qualify individually as a licensee. If such manager or agent ceases to live within 25 miles of the city or ceases to act in such capacity for the licensee without appointment of a successor, the license issued pursuant to such appointment shall be subject to revocation or suspension. (Orono Minnesota City Code 34-85)

3. Complete the following information for the manager of the above-named business:

First Name	Middle Name	Last Name	Date of Birth
Home Address		City	State Zip Code
Phone		Email	

4. Has there been a change of manager, operating officer or agent in charge of the licensed premises since the date of the last renewal application? (This is defined as the person responsible for day-to-day operating decisions of the premises.) _____ No; _____ Yes.

If yes, describe the changes and the date of City Council approval (if required).

5. Have there been any changes in ownership or control of the licensee or enlargement or alteration of the licensed premises since the date of the last renewal application? (This includes any transfer of stock or change of officers or directors of a corporation.) _____ No; _____ Yes.

If yes, describe the changes and the date of City Council approval (if required).

6. Have there been any other changes to the information contained in the original or previous renewal applications which have not been submitted to the City? _____ No; _____ Yes.

If yes, describe these changes and/or include floor plan. _____

7. Are any real estate taxes, personal property taxes, special assessments or other financial claims of the City of Orono delinquent or unpaid for the premises licensed? _____ No; _____ Yes.

If yes, give details. _____

8. Have you received any summons during the past year under M.S. 340.951? (This is a claim for injury resulting from the sale of liquor filed under your dram shop insurance.) _____ No; _____ Yes.

If yes, attach a copy of each summons received.

9. Applicant and his associates in this application will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor, wine, or 3.2 percent malt liquor or beer and the Orono City Code, and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.
10. As the person executing this application for this license, I acknowledge that an investigation will be conducted for use in determining my qualifications. I hereby expressly authorize release of any and all information which any organization, company or person may have, including information of a confidential or privileged nature. I hereby release the City and any organization, company or person furnishing information to the City, as expressly authorized above, from any liability for damage which may result from furnishing the information requested.
11. In accordance with M.S. 13.04, the information requested on this form will be used by the City of Orono in the issuance of your license or processing of your renewal application. Per Chapter 30 of the Orono Minnesota City Code, a computerized criminal history inquiry and/or a driver's license history inquiry on the applicant may be conducted to verify the information provided with the application. The information that you supply on this form will become public information when received by the City of Orono. Under Minnesota law (M.S. 270.72), the City may be required to provide the business tax identification number and social security number of each applicant to the Minnesota Commissioner of Revenue.

Any falsification of answers to the above questions will result in denial of the application.

Signature of Applicant

Title

Print Name

Date

For Office Use Only

Review by Administration:

Approved Denied NA

By: _____

Review by Police Department:

Approved Denied NA

By: _____

Comments: _____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 Minnesota Statutes, Chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
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BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
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COUNTY	E-MAIL ADDRESS
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

NUMBER 1 – Workers' compensation insurance policy information

INSURANCE COMPANY NAME (not the insurance agent)	NAIC Number.	
POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE

NUMBER 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

- I have no employees. (See Minn. Stat. § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (include a copy of authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

- Other: _____.

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or on a tape. <http://www.dli.mn.gov/WC/PDF/mnlic04.pdf>

**Form SP-CI
LICENSE APPLICANT:**

Pursuant to Minnesota statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

LICENSE BEING APPLIED FOR OR RENEWED: _____

LICENSING AUTHORITY: _____ City of Orono, Hennepin County, Minnesota

LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (If applicable):

Applicant's Name _____
(First) (Middle) (Last)

Applicant's Address _____
(Street) (City) (State) (Zip)

Social Security Number: _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____
(Street) (City) (State) (Zip)

MINNESOTA TAX IDENTIFICATION NO: _____

FEDERAL TAX IDENTIFICATION NO: _____

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature _____ Position (Officer, Partner, etc.) _____ Date _____

City of Orono Insurance Requirements

Orono Municipal Code Sec. 34-87. Financial responsibility of licensees.

- (a) *Proof.* No 3.2 percent malt liquor, wine or liquor license shall be issued or renewed unless and until the applicant has provided proof of financial responsibility imposed by Minn. Stat. §340A.801 by filing a certificate that there is in effect an insurance policy or pool providing minimum coverages of \$100,000.00 because of bodily injury to any one person in any one occurrence, \$300,000.00 because of bodily injury to two or more persons in any one occurrence, in the amount of \$10,000.00 because of injury to or destruction of property of others in any one occurrence, \$100,000.00 for loss of means of support of any one person in any one occurrence, and, subject to the limit for one person, \$300,000.00 for loss of means of support of two or more persons in any one occurrence. An annual aggregate policy limit for dramshop liability of not less than \$300,000.00 per policy year may be included in the policy provisions.
- (b) *Insurance not required.* Subsection (a) of this section does not apply to licensees who by affidavit establish that they are:
 - (1) On-sale 3.2 percent malt liquor licensees with sales of less than \$25,000.00 of 3.2 percent malt liquor for the preceding year;
 - (2) Off-sale 3.2 percent malt liquor licensees with sales of less than \$50,000.00 of 3.2 percent malt liquor for the preceding year;
 - (3) Holders of on-sale wine licenses with sales of less than \$25,000.00 for wine for the preceding year; or
 - (4) Holders of temporary wine licenses issued under law.
- (c) *Insurance certificate requirements.* Whenever an insurance certificate is required by this division, the applicant shall file with the city clerk a certificate of insurance showing that the limits are at least as high as required, that coverage is effective for at least the license term approved, and that such insurance will not be canceled or terminated without 30 days' written notice served upon the city clerk. Cancellation or termination of such coverage shall be grounds for license revocation.
- (d) *Documents submitted to commissioner.* All proofs of financial responsibility and exemption affidavits filed with the city under this section shall be submitted by the city to the commissioner.

Additional Information Regarding Liquor Liability Insurance Certificates

1. The name on the insurance certificate must match EXACTLY with the LICENSEE NAME given on the renewal or new application.

Example: If the renewal form lists ABC Company, Inc, the insurance certificate must also read ABC Company, Inc., not just ABC Company leaving off the Inc.

2. If your renewal form states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH licensee names and the trade name.

Example: Mark & Jane Anderson, Anderson's Eatery. The insurance certificate must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.

3. The date of expiration for the insurance certificate must match the exact dates of the City's license and show coverage for the ENTIRE LICENSE PERIOD. The license period for the City of Orono is January 1 through DECEMBER 31.
4. The address on the insurance certificate is the same address as the PHYSICAL LOCATION OF THE LICENSED PREMISES. No home addresses.

**AFFIDAVIT ESTABLISHING THAT
NO INSURANCE IS REQUIRED
FOR 3.2 PERCENT MALT LIQUOR LICENSEES
OR HOLDERS OF ON-SALE WINE LICENSES**

3.2 percent malt liquor licensees and holders of on-sale or temporary wine licenses may either show proof of insurance, or in place of insurance, provide an affidavit stating that their on-sale for the previous year is less than \$25,000 and that the off-sale for the previous year is less than \$50,000.

Please complete the following information, check the appropriate license(s), sign and have your signature notarized.

As licensee of _____, I certify that:
(trade name of business)

- My sales of on-sale 3.2 percent malt liquor were less than \$25,000 for the preceding year.
- My sales of off-sale 3.2 percent malt liquor were less than \$50,000 for the preceding year.
- My sales of on-sale wine were less than \$25,000 for the preceding year.
- I hold a temporary wine license issued under the law.

Signature of licensee: _____ Date: _____

STATE OF MINNESOTA
COUNTY OF HENNEPIN

This instrument was acknowledged before me this _____ day of _____, 20____
by _____, as _____
(person's name) (title)
of _____
(trade name of business)

Notary Public

(STAMP)

Note to Clerk only:

No on-sale intoxicating liquor license renewal application shall be considered by the council until the applicant has filed with the city clerk a statement made by a certified public accountant, setting forth the total gross sales and the total food sales of the restaurant for the 12-month period immediately preceding the date for filing renewal applications. (Orono Minnesota City Code 34-93)

Has generally not been required – would point to code if city felt there was an issue.