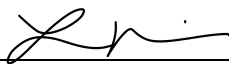


TYPE OF LICENSE
(Check all that apply)

	<u>License Type</u>	<u>Fee</u> <small>(not including investigation fee)</small>		<u>License Type</u>	<u>Fee</u>
	Off-Sale Intoxicating			Brewery Off-Sale	
	On-Sale Intoxicating			Brewery Taproom On-Sale	
	Sunday Liquor			Microdistillery Off-Sale	
	Wine (Includes Sunday)			Microdistillery Cocktail Room	
	3.2% Malt Liquor: On-Sale			Consumption and Display	
	3.2% Malt Liquor: Off-Sale			Liquor License Transfer Only	
	Special Club Liquor	Calculated by Clerk's Office		On Sale Theater	
	Dancing			2:00 A.M. (Issued by State)	Calculated by State
	Additional Bar (each)			After Hours Entertainment	
					TOTAL DUE:

BUSINESS INFORMATION

Name of applicant (name of individual, partnership, corporation or association):					
Applicant Address:					
City:		State:		Zip:	
Applicant Phone:		Applicant Email Address:			
Business Name/dba:					
Business Address:		City		MN	Zip
Business Phone:					
Minnesota Tax ID Number:				Federal Tax ID Number:	
List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:					
State approximate distance of this establishment from nearest academy, college, university, church, or school:					
Who will direct the operation of the business or serve as a manager on the premises?					
Full Name:				Phone Number:	

BUILDING OWNER INFORMATION			
Full Name:			Phone Number:
Address:			
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?			
Indoor Seating:		Outdoor Seating:	
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)			
Will serving of prepared food occur at this site?		Yes	No
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:			
NOTE: The license period for all liquor licenses is September 1 – August 31.			
Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" which is made a part thereof, will be just cause for revocation of your license.			
I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any changes in ownership in this business before the change is made, for the approval of the Alcohol, Gambling, & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.			
Signature: 		Date:	
Signature:		Date:	

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.