TYPE OF LICENSE (Check all that apply)

License Type	<u>Fee</u> (including investigation fee)	License Type		<u>Fee</u>
Off-Sale Intoxicating		Brewery Off-Sale	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	2	Consumption and Display		
3.2% Malt Liquor: Off-Sale	2	Liquor License Trar	nsfer Only	
Special Club Liquor	Calculated by Clerk's Office	On Sale Theater		
Dancing		2:00 A.M. (Issued by State) Calculated by St		Calculated by State
Additional Bar (each)		After Hours Entertainment		
			TOTAL DUE:	

BUSINES INFORMATION

Name of applicant (na	me of individual, partr	nership, corp	oration or associati	on):		
Applicant Address:						
City:	Sta	ate:		Zip:		
Applicant Phone:		Applican	t Email Address:			
Business Name/dba:						
Business Address:			City		MN	Zip
Business Phone:						
Minnesota Tax ID Nun	nber:		Federal Tax ID Nu	mber:		
List, if corporation, all s limited partnership, the				mber of shares	s owned. If pa	artnership or
State approximate dist	tance of this establishr	ment from ne	earest academy, col	llege, university	y, church, or	school:
Who will direct the op	eration of the busines	s or serve as	a manager on the p	oremises?		
Full Name:			Phone Number:			

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? Will serving of prepared food occur at this site? Yes No If yes, please attach license from MN Department of Health. NOTE: The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine 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 th license and 1 (we) will notify the City Council in writing of any changes in ownership in this business before the change made, for the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understar the giving of false information in this application, regardless of when it is discovered, and or the failure to provirequired pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permi issue hereunder and may be grounds for pros		VNER INFORMATION				
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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.