



NEW LIQUOR LICENSE APPLICATION

3400 Plymouth Blvd, Plymouth, MN 55447

(763) 509-5080

TYPE OF LICENSE(S)

- | | |
|---|--|
| <input type="checkbox"/> Off-Sale Intoxicating | <input type="checkbox"/> Brewpub Off-Sale Liquor |
| <input type="checkbox"/> On-Sale Intoxicating | <input type="checkbox"/> Brewer Off-Sale Liquor |
| <input type="checkbox"/> Sunday Liquor | <input type="checkbox"/> Brewer Taproom On-Sale |
| <input type="checkbox"/> Wine (Includes Sunday) | <input type="checkbox"/> Microdistillery Off-Sale |
| <input type="checkbox"/> 3.2% Malt Liquor: On-Sale | <input type="checkbox"/> Microdistillery Cocktail Room |
| <input type="checkbox"/> 3.2% Malt Liquor: Off-Sale | <input type="checkbox"/> On-Sale Culinary Class |
| <input type="checkbox"/> Special Club Liquor | <input type="checkbox"/> Consumption and Display |

❖ **New Applications require a Non-Refundable Investigation fee of \$500**

Name of Applicant (name of individual, partnership, corporation or association to be licensed):	
Name of Operating Manager:	
Applicant Address:	
Applicant City/State/Zip:	
Applicant Phone:	Applicant Email Address:
Applicant Cell Phone:	
Business Name/DBA*:	
Business Address:	
Business Phone:	Business Website:
Minnesota Tax ID Number:	Federal Tax ID Number:
Hennepin County Property ID Number:	
LICENSE PERIOD:	
List date you desire to start serving liquor: _____ to January 31, _____.	
<p>*IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH COPY OF THE CERTIFICATE OF ASSUMED NAME, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE OFFICE OF THE SECRETARY OF STATE.</p>	

Full names, residences and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located.

Full Name:	Phone Number:
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Residence Address:

Business Address:	Business Phone Number:
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Full Name:	Phone Number:
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Residence Address:

Business Address:	Business Phone Number:
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Where the building is owned by someone other than the applicant, describe in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc: (Attach a copy of the lease)

FINANCIAL INTEREST CRITERIA:

Give full names, addresses and telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. This shall include, but not limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and person who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant. **If necessary, use additional sheets.**

Full Name:	Phone Number:
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Address:

Nature of Interest, etc.:

Terms of Payment:

Full Name:	Phone Number:
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Address:

Nature of Interest, etc.:

Terms of Payment:

DESCRIPTION OF PROPOSED BUSINESS:

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, dancing, live music and amplified music (if any) and type of food menu:

What is the seating capacity of the restaurant?

Indoor seating:

Outdoor seating:

Minimum seating requirements: On-Sale Intoxicating/Sunday is 30 and Wine is 25.

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED.

*The term "Licensed Premises" is defined as the exact rooms and square footage in a compact and contiguous building or structure situated on the premises and any **outdoor enclosed seating** area contiguous to that building or structure as described in the license application.*

Describe the general area and all rooms, including the floor number and **outdoor areas**, where intoxicating liquor is to be sold and consumed: (Attach floor plan with dimensions, seating areas and number of persons to be served in each room.)

Will prepared food be served at this site?

Yes No

If yes, please attach license from Hennepin County Health Department.

What permits or licenses required by the State of Minnesota have been applied for or issued for the premises?

Are any real estate taxes, special assessments, or other financial claims of the City of Plymouth or State of Minnesota delinquent or unpaid for the premises to be licensed?

Yes No

If yes, please give details.

The data on this form will be used to consider your liquor 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 required by State law or City ordinance to answer any questions to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Plymouth from processing your application.

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LIQUOR LICENSE.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE.

(Signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME this _____ day of _____, 20_____

My Commission expires on: _____

Signature of Notary Public



OPERATING MANAGER (IF DIFFERENT THAN OWNER)

BACKGROUND INVESTIGATION CONSENT RELEASE

3400 Plymouth Blvd, Plymouth, MN 55447

(763) 509-5080

As the designated Operating Manager, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

Operating Manager Information

First Name Middle Name Last Name

Home Address:

City/State/Zip:

Home Phone:

Business Phone:

Date of Birth:

Place of Birth:

Driver's License Number

State

Social Security Number:

Physical Attributes:

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of a crime relating to this type of license? YES NO

If yes, state jurisdiction, type of violation and disposition:

TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. 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 Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that 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 that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is related to the matter for which the license is sought, according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

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

Operating Manager
Signature

Date:

These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.



**CERTIFICATE OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW**

3400 Plymouth Blvd., Plymouth, MN 55447

(763) 509-5080

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

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 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. This information will be collected by the City and retained in the files.

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

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.

NUMBER 1 – Complete if insured by business:

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

NUMBER 2 – Complete if self-insured:

- I have attached a copy of the permit to self-insure.

NUMBER 3 – Complete this portion if exempt:

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

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

- Other: _____

ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:

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	Title	Date
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DRAM SHOP INSURANCE EXEMPTION

3.2 ON-SALE OR 3.2 OFF-SALE MALT LIQUOR LICENSES

3400 Plymouth Blvd, Plymouth, MN 55447

(763) 509-5080

I hereby certify under penalty of perjury that I have applied for a 3.2 liquor license and that the sales of such beverages are less than \$25,000 per year for on-sale and less than \$50,000 for off-sale. **This provision does not apply for licensees who have the combination of Wine and 3.2 Malt Liquor Licenses.**

The following list of my wholesale suppliers is true and correct:

Signature of Applicant

Date

Subscribed and sworn to before me this
_____ day of _____, 20_____.

Notary Public

(Notary Seal)

CHECKLIST OF ITEMS TO INCLUDE WITH APPLICATION

	\$500 Non-Refundable Investigation/Background Check fee
	License Fee: The City's license period is Feb. 1 through Jan 31. If application is for less than the 12-month period, please contact the City Clerk for the prorated amount. License Fees are listed on Page 9.
	Colored copy of Driver's License for Applicant/Owner (FRONT ONLY)
	Background Consent for owner(s): Refer to page 4
	Colored copy of Driver's License for Operating Manager (FRONT ONLY)
	Background Consent for Operating Manager: Refer to pages 5
	Articles of Incorporation
	Certificate of Assumed Name: Refer to page 1
	Copy of Restaurant license from Hennepin County Health Department: Refer to page 3
	Building Lease Agreement, Purchase Agreement, Property Tax Statement or Deed
	Certificate of Workers Compensation Insurance
	Floor plan showing the dimensions and indicating number of persons intended to be served in the rooms
	Certificate of Liquor Liability Insurance: Coverage must expire January 31, _____ OR state "Continuous Until Cancelled." Refer to example on page 8 for Wine, On-Sale Liquor, and Off-Sale Liquor Licenses. <i>Attach certificate of liquor liability insurance with application or email to jgallup@plymouthmn.gov</i>

Please check zoning requirements with the Plymouth Planning Department before submitting your application.

SUPPLEMENTAL STATE FORMS NEEDED FOR LICENSES BELOW

Forms available at: <https://dps.mn.gov/divisions/age/forms-documents/Pages/default.aspx>

	Certificate of an On-Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License (3.2 Off-Sale, On-Sale & Sunday and Wine & 3.2)
	Application for Off-Sale Intoxicating Liquor License (Off-Sale) <i>340A.412 Subd. 3: A municipality may not issue more than one off-sale intoxicating liquor license to any one person or for any one place.</i>
	Application for County/City On-Sale Wine License (Wine & 3.2)
	Application for Retailer's (Buyer's) Card for Liquor and Wine (Off-Sale, On-Sale, Club and Wine) Applicant sends this form & fee directly to the State (address on application). The City does not have these cards and does not process them. Your Buyer's card is not your license to sell liquor, it is only to purchase the liquor.

Contact City Clerk for additional paperwork for Club, Consumption and Display, Distiller or Taproom.

License Fees

Type of License	Fee
Investigation/Background Check (Non-Refundable)	\$500.00
A. Liquor	
On-Sale	\$8,240.00
Off-Sale	\$380.00
Club	\$300.00
Wine	\$2,000.00
Liquor – Sunday	\$200.00
Culinary Classes On-Sale	\$100.00
B. Consumption and Display	
Regular	\$300.00
Non-Profit	\$150.00

Type of License	Fee
Operating Manager when done alone*	\$50.00
C. 3.2 Percent Malt Liquor	
On-Sale	\$500.00
Off-Sale	\$100.00
D. Brewer	
Brewpub Off-Sale	\$380.00
Small Brewer Off-Sale	\$380.00
Brewer Taproom	\$2,500.00
E. Micro Distillery	
Off-Sale	\$380.00
Cocktail Room On-Sale	\$2,500.00



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	

Licensee Name and Trade Name WITH ADDRESS OF ESTABLISHMENT must appear here exactly as on the MN State Renewal form, including spelling and punctuation

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUB INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Liquor Liability						

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Note Outdoor seating area if applicable.

*Policy effective dates must read: 02/01/22 to 01/31/23 OR CONTINUOUS UNTIL CANCELLED

CERTIFICATE HOLDER	CANCELLATION
City Clerk City of Plymouth, MN 3400 Plymouth Blvd. Plymouth, MN 55447	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE