



City of Northfield  
 801 Washington Street  
 Northfield, MN 55057  
 Phone: 507-645-3001

**APPLICATION FOR CITY LIQUOR LICENSE**

**EVERY QUESTION MUST BE ANSWERED.**

<b>TYPE OF LICENSE(S) REQUESTED</b> (please check all that apply):						
<b>OFF SALE LICENSES</b>		<b>ON SALE LICENSES</b>				
3.2	3.2	Wine	3.2 & Wine	Intoxicating	Sunday	Club
<b>TYPE OF BUSINESS</b> (check one)						
Club		Restaurant		Hotel		Theater
<b>APPLICANTS FOR CLUB LICENSES ONLY – NUMBER OF CLUB MEMBERS</b> (check one)						
Under 200	201 to 500	501 to 1,000	1,001 to 2,000	2,001 to 4,000	4,001 to 6,000	6,000 or more
<b>APPLICANT INFORMATION</b>						
<b>Applicants Full Name:</b>						
First:			Middle:		Last:	
Trade Name or DBA:				E-mail Address:		
Business/legal name:						
Business Address			Business Phone:		Phone number where person filing application can be reached:	
City			County		State	Zip Code
U. S. Citizen:		Naturalized?			Social Security #	DOB
Yes      No		Yes      No If yes, give date/place:				
If license will be held by a business entity, indicate type of entity (sole proprietorship, partnership, corporation, limited liability company, etc.) and the State in which the business was established:						
Full names, titles, addresses, and date of birth of all owners, partners, and officers of business (attach additional sheet if necessary)						
Full Name & Title			Home Address		DOB	Social Security #
Full Name & Title			Home Address		DOB	Social Security #
Full Name & Title			Home Address		DOB	Social Security #

<b>CORPORATIONS</b>			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes                      No
If a subsidiary of another corporation, give name and address of parent corporation			
<b>OTHER INFORMATION</b>			
Full name, address and date of birth of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used (Note: the location manager must be listed):			
Full Name & Title		Address	DOB
Full Name & Title		Address	DOB
Full Name & Title		Address	DOB
<b>WORKERS COMPENSATION INSURANCE COMPANY</b>			
NAME:		POLICY #:	
Yes	No	1. Have you or has any other owner, partner, officer or manager ever had any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.	
Yes	No	2. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, attach a copy of the summons.	
Yes	No	3. Have you or has any other owner, partner, officer or manager had a liquor license revoked within five years of the application?	
Yes	No	4. Have you or has any other owner, partner, officer or manager of the licensee, within the last five years, been found guilty of or responsible for any misdemeanor, gross misdemeanor, felony or civil offense related to the business of the licensee? If yes, please attach a separate sheet noting the nature and place of the offense, the court or other authority in which the offense was adjudicated, and other pertinent information.	
Yes	No	5. Have the applicants any interest, directly or indirectly, in any other liquor establishments in Minnesota. If yes, give the name and address of the establishment(s).	
Yes	No	6. Do you or any other owner, partner, officer, or manager have any direct or indirect interest in a manufacturer, brewer, importer or wholesaler?	
Yes	No	7. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach names and details.	
Yes	No	8. Will you serve liquor on Sunday?	
Yes	No	9. Do you certify that you are in compliance with City Code Section 6-98 regarding server training?	
Yes	No	10. Do you acknowledge receipt & review of Northfield City Code Chapter 6 Alcoholic Beverages?	
<b>BUILDING AND RESTAURANT</b>			
Name of building owner		Owner's address	
Are Property Taxes delinquent? Yes                      No		Has the building owner any connection, direct or indirect, with the applicant? Yes                      No	Restaurant seating capacity
Hours food will be available	No. of people restaurant employs	Will food service be the principle business? Yes                      No	

**CITY OF NORTHFIELD - TENNESSEN WARNING**

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Northfield (“the City”). Private data is that information held by the City which is available to you but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the City Clerk

The dissemination and use of the private data we collect is limited to that necessary for the administration and management of the City’s Licensing Program. Persons or agencies with whom this information may be shared include:

1. City personnel, including law enforcement personnel, administering the licensing program.
2. The City Attorney and support staff in the City Attorney's office.
3. Federal, state, local and contracted private auditors.
4. Federal and State agencies with oversight or responsibility related to the licensed business.
5. Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other government agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

1. The right to see and obtain copies of the data maintained about you;
2. The right to be told the contents and meaning of the data; and
3. The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Northfield City Clerk at 801 Washington St., Northfield, MN 55057; (507) 645-3001. I have read and I understand the above information regarding my rights as a subject of government data.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Date

I declare that all information provided in this application and in related documents is truthful and accurate. I understand that untruthfulness or inaccuracy in any of this information may result in denial of the license.

I authorize the City of Northfield to investigate and make whatever inquiries are necessary to verify the information provided by me in connection with this application, and I authorize anyone contacted by the City of Northfield in this regard to speak with and provide requested information to the City of Northfield or its representatives.

I authorize the City of Northfield Police Department to undertake a criminal history check on me and I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Northfield Police Department for purposes of this application. Toward that end, my date of birth is \_\_/\_\_/\_\_\_\_.

This authorization will expire one year after the date of my signature.

**Applicants Signature:**

**Date:**

**FOR OFFICE USE ONLY:**

**APPROVALS:**

Department:	Signature:	Date:	Comments/report attached?
Risk Manager			
Police Chief			
City Clerk			
City Council	N/A		