



300 Third Avenue Northeast  
 Cambridge, MN 55008  
 www.ci.cambridge.mn.us

(763) 689-3211  
 (763) 689-6801 FAX

**Every question must be answered. If you are a corporation, an officer shall execute this application. If a partnership or LLC, a partner shall execute this application. License period is January 1 – December 31 of each year.**

**APPLICATION TO SELL:**     3.2 Off-Sale                       3.2 On-sale

Fee for 3.2 license	\$400.00
Wine & 3.2 license (on-sale only)	\$800.00

Licensee's MN Sales and Use Tax ID #: To apply for a MN Sales Tax # call 651.296.6181		
Licensee's Federal Tax ID #:		
Workers Compensation Insurance Company Name:	Policy Number:	Coverage Dates:

Email address for license renewals: \_\_\_\_\_

Applicant's Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone:
City	County	State / Zip	E-mail
Date of Birth	Social Security Number	Driver's License Number	State of Issuance for DL
If a corporation, give the name, title, address, date of birth, and social security number of each officer. If a partnership or LLC, give name, address, date of birth, and social security number of each partner			
Partner/Officer Full Legal Name & Title	Address	Social Security #	Date of Birth
Partner/Officer Full Legal Name & Title	Address	Social Security #	Date of Birth
Partner/Officer Full Legal Name & Title	Address	Social Security #	Date of Birth
Partner/Officer Full Legal Name & Title	Address	Social Security #	Date of Birth

## CORPORATIONS

Date of Incorporation	State of Incorporation	Certificate Number	Is the corporation authorized to do business in Minnesota? <input type="checkbox"/> yes <input type="checkbox"/> no
-----------------------	------------------------	--------------------	--

**If a subsidiary of another corporation, give name and address of parent corporation**

### Building and Restaurants

Name of Building Owner:		Owner's Address:	
Are property taxes current?  <input type="checkbox"/> yes <input type="checkbox"/> no	Does the building owner have any connection either direct or indirect with the applicant?  <input type="checkbox"/> yes <input type="checkbox"/> no	Restaurant Seating Capacity:	
Hours food will be available:	Is food service the principle business?  <input type="checkbox"/> yes <input type="checkbox"/> no	Number of Employees:	Will the restaurant be open all year long?  <input type="checkbox"/> yes <input type="checkbox"/> no

Describe the premises to be licensed:

### Other Information

- yes     no    1. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802)? If yes, attach a copy of the summons.
- yes     no    2. Has applicant, partners, officers or employees ever had any Felony Convictions or Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, give date, charges and final outcome.
- 
- yes     no    3. Do you (applicant) have any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and details.
- 
- 
- yes     no    4. Does any person other than the applicant(s) have any right, title or interest in the furniture, fixtures, or equipment in the licensed premises? If yes, give the name(s), address(es), and details.
- 
- yes     no    5. Has a restaurant license been issued by the state or local health department for this establishment? Please attach a copy of your restaurant license.

yes  no 6. If on-sale, will you serve on Sunday? **(Additional fee for Sunday License is \$200.00)**

yes  No 7. All employees must be trained on 3.2 sales and your company's carding policy within 90 days after employment and on an annual basis. *Please provide a signed affidavit with the application who conducted your training, your establishment's carding policy, and the training dates for all current employees.* This is a condition of renewal of your license (§114.019).

**If there is a problem with this establishment's license or a failed alcohol compliance check who do you want the City to call?**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Yes  No 8. I have applied with the State of Minnesota for a Buyer's Card. *Please attach copy of the card or the application for the card.*

### **Liquor Liability Insurance (Dram Shop)**

ATTACH CERTIFICATE OF INSURANCE TO THIS FORM

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

Check one:

A Liquor Liability Insurance (Dram Shop)

- \$50,000 per person,
- \$100,000 more than one person;
- \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

Please review Insurance Certificate before submitting:

- Must be Certificate of Insurance (Declarations or Binders not accepted)
- Licensee name on this application and the Insurance Certificate must match EXACTLY.
- Must provide physical address of licensed location (No PO Boxes accepted)
- Dates of coverage must cover the entire license period.

**or**

B. A surety bond from a surety company with minimum coverage as specified in A.

**or**

C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities. 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 or engage in any activity in Minnesota until the applicant

presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, 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. 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.

The Licensee must have one of the following (check one):

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- or
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- or
- C. A certificated statement that the business will have less than \$50,000 in annual sales and is therefore exempt from the liquor liability insurance requirement.

### **Oath and Signature of Applicant**

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

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

#### **Classification of Data Provided**

Under MN statute §13.41 sub.2 names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under MN statute §13.02 sub.12 as private or sub.13 as protected nonpublic, is public data. Public data is available to any person upon written request to the City of Cambridge.

The purpose of this data collection is to determine whether you meet the statutory qualifications and requirements for the license you have applied. Data from your application will also be relied upon for contact and communication purposes by the City of Cambridge.

**Report by Police Chief**

I certify that to the best of my knowledge, the applicants named above have not been convicted within the last five years for any violations of State law or municipal ordinance relating to the sale of liquor, except as follows:

\_\_\_\_\_

\_\_\_\_\_  
Police Chief's Signature

\_\_\_\_\_  
Date

**City Administrator**

I certify that the Cambridge City Council has approved the issuance of a license to the above applicant after reviewing their application information and criminal history background check information.

\_\_\_\_\_  
City Administrator's Signature

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU. FOR INFORMATION CALL (513) 684-2979 OR 1-800-937-8864



300 Third Avenue Northeast  
Cambridge, MN 55008  
www.ci.cambridge.mn.us

(763) 689-3211  
(763) 689-6801 FAX

**Informed Consent for Background Investigation for License Application**  
(A separate form must be filled out for each applicant, officer, and/or partner)

The following named individual has made application with this the City of Cambridge for a liquor, wine, 3.2 or tobacco license. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. The information provided below is to assist the BCA's investigation.

**PLEASE PRINT LEGIBLY**

<b>Last Name of Applicant</b>	<b>First Name (full name please)</b>	<b>Middle Name (full name)</b>	
<b>Any Maiden, Alias or Former Name(s)</b>			
<b>Date of Birth (MM/DD/YYYY)</b>	<b>Sex</b>	<b>Race</b>	<b>Social Security Number</b>

I, \_\_\_\_\_, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Cambridge and the Cambridge Police Department for the purpose of conducting a criminal background check for determining eligibility for a liquor/wine/3.2 or tobacco license within the City as outlined in Minn. Stat. §340A.802.

The authorization shall expire one year from the date of my signature.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

STATE OF MINNESOTA     )  
COUNTY OF ISANTI       )

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the foregoing instrument and acknowledged to me that e/she executed the same for the purposes and consideration therein expressed.

GIVEN UNDER MY HAND and seal of office this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary's signature

\_\_\_\_\_  
Date