

Date Received: _____
 License No.: _____
 Date Approved: _____

**CITY OF INVER GROVE HEIGHTS
 LIQUOR LICENSE RENEWAL APPLICATION**

TYPE OF LICENSE:

_____ ON-SALE	<u>License Fee – Based on Gross Annual Liquor Sales</u>	
	\$0-250,000	\$3,500
\$_____ GROSS ANNUAL SALES	\$250,001-\$500,000	\$4,500
	\$500,000-\$1,000,000	\$7,000
	\$1,000,001 and above	\$10,000
_____ SUNDAY ON-SALE	\$200 - Pro-rated Quarterly	
_____ ON-SALE WINE	\$650 - Pro-rated Quarterly	
_____ SPECIAL CLUB	\$225 - Pro-rated Quarterly	
_____ BOTTLE CLUB	\$300 - Pro-rated Quarterly	
_____ OFF-SALE	\$200 - Pro-rated Quarterly	
_____ 3.2 ON-SALE	\$350	
_____ 3.2 OFF-SALE	\$100	

RENEWAL INVESTIGATION FEE: \$50.00

LICENSE IN THE NAME OF: _____

DBA: _____

ADDRESS: _____ ZIP CODE: _____

PHONE: (____) _____ EMAIL: _____

LICENSE FEE: \$ _____ + **INVESTIGATION FEE:** \$ _____

TOTAL DUE = \$ _____

REQUIRED ATTACHMENTS:

- _____ 1. Insurance Certificate dates covering January 1, 2017 to December 31, 2017 OR must state "continuous until canceled"
- _____ 2. Certified Statement of Gross Annual Liquor Sales for fiscal year 2015

DATE: _____ SIGNATURE: _____

LIQUOR LICENSE HOLDERS CERTIFICATION
License Period: January 1, 2017 - December 31, 2017

City of Inver Grove Heights, County of Dakota

Licensee Name (Individual, Partnership, Corporation): _____

Address to send renewal requests: _____

Email Address to send renewals: _____

License Type (circle one): On-Sale Off-Sale 3.2 On-Sale 3.2 Off-Sale

If a Partnership, State the Name and Address of Each Partner; If a Corporation, State the Name and Address of Each Officer. All named persons are required to complete a background release form including the Operation Manager.

PLEASE STATE FULL FIRST, MIDDLE AND LAST NAMES (NOT INITIALS), HOME ADDRESS AND BIRTHDATES, include a copy of the Driver's License (front and back)

Partner/Officer Name (First, Middle, Last)	Address	Birthdate
Partner/Officer Name	Address	Birthdate
Operation Manager Name	Address	Birthdate

Operation Manager Additional Information: DATE OF HIRE: _____

EMAIL ADDRESS: _____ CELL PHONE: (_____) _____

I hereby swear and affirm under the penalties of perjury that all of the information provided above is true and correct.

License Holder (Company Name): _____

Print Name : _____
License Holder Representative

Signature: _____
License Holder Representative

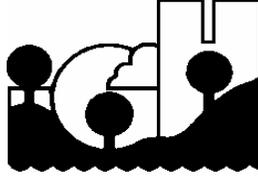
Subscribed and Sworn to Before Me this

_____ day of _____, 20_____

Notary Public

My Commission Expires _____

City of Inver Grove Heights



**Complete Consent
Form for each Officer
and Operation
Managers**

**License/Permit Applicant Criminal History Background Check Consent Form
General Authorization and Release**

To: The City of Inver Grove Heights, the Inver Grove Heights Police Department and the Minnesota Bureau of Criminal Apprehension:

I, _____, hereby authorize and grant my informed consent to permit you to obtain, release to and make available to the City of Inver Grove Heights and/or its agents and/or representatives, data classified as private which concerns me and which may be in or come into your possession. The data, which by my signature, I authorize to be released, consists of both public and private data as defined in Minnesota Statutes 13.02, Subdivision 12 and has been collected by you as a result of my contact and associations with you and/or your representatives. The information for which release is authorized includes all data which has been collected, created, received, retained or disseminated in whatever form it exists that in any way relates to my dealing with any law enforcement agency and specifically includes criminal history data that will be obtained from the MN Bureau of Criminal Apprehension. I understand that the purpose of permitting the City of Inver Grove Heights to have access to this information is to determine my suitability for issuance of a liquor license from the City of Inver Grove Heights.

By signing this authorization, I hereby release the MN Bureau of Criminal Apprehension, the City of Inver Grove Heights, its officers and its agents from any and all liability resulting from the release, receipt or use of all data, regardless of accuracy. *Failure to sign this authorization form will disqualify me from receiving a City License/ Permit from the City of Inver Grove Heights.*

This authorization shall be valid for the period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice pursuant to this consent to the City of Inver Grove Heights.

PLEASE NEATLY PRINT THE INFORMATION REQUESTED BELOW. INCOMPLETE OR ILLEGIBLE FORMS WILL BE RETURNED AND WILL SLOW YOUR APPLICATION PROCESS.

_____	_____	_____
<i>Last Name</i>	<i>First Name</i>	<i>Full Middle Name</i>
_____	_____	_____
<i>Date of Birth (mm/dd/year)</i>	<i>Male/Female</i>	<i>Driver's License Number</i>
_____		_____
<i>Street Address</i>		<i>City, State, ZIP</i>

NOTE: THIS IS A LEGALLY BINDING AUTHORIZATION. YOU MAY WISH TO CONSULT WITH A LAWYER BEFORE SIGNING.

_____	_____
<i>Signature</i>	<i>Date</i>

PLEASE ATTACH COPY OF YOUR DRIVER'S LICENSE, COLOR PREFERRED, WITH PICTURE OF LICENSE HOLDER AND DATA CLEARLY VISIBLE AND LEGIBLE

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
---	------	-------	----------

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
--	----------------	-----------------

NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

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

ALL APPLICANTS COMPLETE THIS PORTION:

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 (mandatory)	TITLE	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.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.