



NEW LIQUOR LICENSE APPLICATION

3400 Plymouth Blvd, Plymouth, MN 55447

(763) 509-5080

TYPE OF LICENSE

- | | |
|---|--|
| <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):	
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:	
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.	

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, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. Attach a copy of the lease.

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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:

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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:

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. IF THE PLANS OR DESIGNS ARE ON FILE WITH THE MANAGER OF THE BUILDING AND THE CITY OF PLYMOUTH, NO ADDITIONAL PLANS NEED BE FILED WITH THIS APPLICATION.

State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed, **including outdoor areas**. Attach a floor plan showing dimensions and indicating number of persons intended to be served in the rooms.

Will serving of prepared food occur 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, person property taxes, special assessments, or other financial claims of the City of Plymouth delinquent or unpaid for the premises to be licensed? Yes No
If yes, please give details.

LICENSE PERIOD:

List date you desire to start serving liquor: _____ to January 31, _____.

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.

(Signature of applicant)

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

My Commission expires on: _____

Signature of Notary Public



OWNER

**DEPARTMENT OF PUBLIC SAFETY
BACKGROUND INVESTIGATION CONSENT RELEASE**

3400 Plymouth Blvd, Plymouth, MN 55447

(763) 509-5080

As a license applicant, 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.

Type of License: New Liquor License

Owner 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:

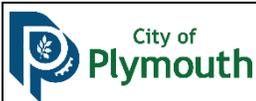
1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Plymouth.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further 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.

Owner 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.

**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
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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
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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:
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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.



DRAM SHOP INSURANCE EXEMPTION

ON-SALE OR OFF-SALE 3.2 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

	<u>\$500 Non-Refundable Investigation/Background check fee</u>
	<u>License Fee:</u> 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.
	Copy of Driver’s License for Applicant (Owner) (FRONT ONLY)
	Background Consent for owner(s): Refer to page 4
	Copy of Driver’s License for Operating Manager (FRONT ONLY)
	Background Consent for Operating Manager: Refer to pages 5
	<u>Articles of Incorporation</u>
	<u>Certificate of Assumed Name:</u> Refer to page 1
	<u>Copy of Restaurant license from Hennepin County Health Department:</u> Refer to page 3
	<u>Building Lease Agreement</u>
	<u>Certificate of Workers Compensation Insurance</u>
	<u>Certificate of Liquor Liability Insurance:</u> 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. Attach certificate of liquor liability insurance with application <i>or email to sengdahl@plymouthmn.gov</i>

The City of Plymouth posts proposed ordinances for Council consideration. Go to www.plymouthmn.gov and click on “I want to” and select “view proposed ordinances” or click on “City Council Documents” under “City Council” on the home page.

