



City of Nerstrand
221 Main Street
Nerstrand, MN 55053
(507) 332-8000
cityclerknerstrand@gmail.com

Application for Temporary On-Sale Intoxicating Liquor License, One-Day Consumption and Display Permit, or Off-Sale Liquor License

Every question must be answered, or City Staff may reject the application as incomplete. The applicable application fee must be submitted with the application, or City Staff may reject the application as incomplete. If any statements on this application are false, that is ground for disqualification. The City reserves the right to request supplemental information or documentation as needed.

1. Owner's name: _____

Owner's date of birth: _____

Phone: _____

Email: _____

2. Applicant name: _____

Applicant's date of birth: _____

Phone: _____

Email: _____

3. Person responsible for daily operations of the Business*: _____

* The City must be notified if there is a change to who this person is.

Phone: _____

Email: _____

4. Name of Business: _____

5. Type of License or Permit (Ordinance 1125 Section 1125.04)

- a. Temporary on-sale Intoxicating Liquor (Subd. 1)
- b. Annual Consumption and Display Permit (Subd. 2)
- c. One-Day Consumption and Display Permit (Subd. 2)
- d. Caterer's Permit (Subd. 3)
- e. Off-Sale Liquor License (Subd. 4)

6. Description of Business: _____

7. Location License or Permit is Requested For: _____

8. Business Hours at that location: _____

9. Length of time in business at that location: _____

10. Does the Business intend to serve indoors? Yes No

11. Does your Business intend to serve outdoors? Yes No

12. Does your Business Serve Food: Yes No

13. Dates and times that licensure is requested for.

- Temporary Intoxicating Liquor: Up to 12 days may be requested within a calendar year, but no more than four days may be consecutive:
- Temporary Consumption and Display: The city may not issue more than 10 permits under this section per organization in any one year.

a. _____ between the hours of _____ and _____

b. _____ between the hours of _____ and _____

c. _____ between the hours of _____ and _____

d. _____ between the hours of _____ and _____

e. _____ between the hours of _____ and _____

f. _____ between the hours of _____ and _____

g. _____ between the hours of _____ and _____

h. _____ between the hours of _____ and _____

i. _____ between the hours of _____ and _____

j. _____ between the hours of _____ and _____

k. _____ between the hours of _____ and _____

l. _____ between the hours of _____ and _____

14. Do you or the Business have any taxes, assessments, utility charges, service charges, or other financial claims of the City which are delinquent and unpaid? Yes No
(if yes describe): _____

15. Liability insurance name: _____

Coverage dates: _____ through _____

16. What form of security will you provide to the city (in the form of irrevocable letter of credit or other security acceptable to the city council)?(for Off-Sale Intoxicating Liquor License and Annual Consumption and Display Permit) _____

17. Have you, or anyone with a 15% or greater interest in the business ever been convicted of a misdemeanor or felony offense? Yes No

a. For each, please provide: 1) charge or offense, 2) date of arrest, 3) arresting agency, 4) date of conviction, 5) court name and location, 6) court file number, and 6) sentence.

18. Have you or anyone with a 15% or greater interest ever had any civil or criminal offense claim against a liquor license? Yes No

a. For each, please provide: 1) charge, offense, or claim; 2) date incident; 3) court or office handling claim name and location; 4) court file number if any, and 5) summary of the outcome.

19. Applicant's social security number: _____

20. Business's federal tax ID number: _____

21. Business's sales and use tax ID number: _____

Pursuant to Minn. Stat. § 270C.72, the City is required to provide the Minnesota Department of Revenue this information upon request. The Minnesota Department of Revenue may also be required to provide this information to the Internal Revenue Service. The City is also prohibited from issuing a license in the event that the applicant owes state delinquent taxes. This information may be used to deny the issuance or renewal of your license if you owe Minnesota sales tax, employers withholding, or motor vehicle excise tax.

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

By signing below, the applicant agrees:

- 1. to the terms of this application;**
- 2. to allow the city or county sheriff to conduct a background check and authorizes the same;**
- 3. to authorize the city to request a copy of the applicant's consumer credit report for the purpose of conducting background investigation;**
- 4. that they have reviewed the Nerstrand ordinances and will follow its requirements as part of a license if one is granted; and**
- 5. that everything they have stated in this document is true and correct.**

Dated: _____

Signature: _____

Printed Name: _____

Additional documents to attach with your application:

For question #15, provide your insurance ACORD certificate/form verifying that the applicant is insured against claims arising out of all operations of such applicant for the sum of at least \$1,000,000.00 against liability for bodily injuries and for at least \$1,000,000.00 against liability for damage or destruction of property. NOTE: The City of Nerstrand shall be named as an additional insured.

For question #16, provide security in the form of irrevocable letter of credit or other security acceptable to the city council (for Off-Sale Intoxicating Liquor License and Annual Consumption and Display Permit)

Provide a completed Nerstrand Worker's Comp Certificate of Compliance Form.

Provide a completed Nerstrand Tax Information Form.