

# New Liquor License Application

City Code Chapter 111

Licensing Period: July 1 – July 30



## Fees:

\_\_\_\_\_ Investigation Fee: \$500.00 (up to \$10,000)

\*Fees vary by license type

---

## APPLICATION CHECKLIST:

To prevent delay, please ensure the following items are submitted.  
Incomplete requests are not accepted and will be returned immediately.

- New Liquor License Application
  - Part I – Business Information
  - Part II – Personal Information
    - A COLOR COPY of a valid Government-Issued Photo Identification (e.g. Driver's License, Passport or State Identification Card) must be included with each individual submission.
- True and Complete Copy of the Executed Lease of the Property to be Licensed (*if not owned by the applicant*)
- Certified Copy of Assumed Name (*required by Minnesota Statutes, Section 333.02*)
- All Applicable Alcohol and Gambling Enforcement Division Documents
- Fees
  - Check should be made payable to the City of Hastings. Credit card and cash are also accepted. *All credit/debit card payments will be assessed a convenience fee.*
- COLOR** Copy of Driver's License or other form of Government Issued Identification

---

## APPLICATION PROCESS:

- Submit the completed application packet along with the required fee(s) to the Deputy City Clerk.
- Once all required documents and fees have been received, the request will be reviewed. Please allow up to 10 business days for review after all materials have been submitted.
- If additional details or documentation is needed, the organization will be contacted by the Deputy City Clerk.
- The City of Hastings Police Department will perform a Criminal History Investigation on the applicant and all other required individuals.
- Once the Criminal History Investigation, Building Department permits and inspections are completed, and all fees are paid, the liquor license application will be considered by City Council.
- After City Council consideration, all new liquor licenses must be submitted to the MN Department of Public Safety – Alcohol and Gambling Enforcement Division for approval and inspections.
- The license shall be posted in a conspicuous place in the licensed establishment at all times throughout the licensing period.

---

The data you furnish on this application will be used by the City of Hastings in the issuance of your license. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the City of Hastings may be unable to process this application. Disclosure of your Minnesota Business Tax ID Number and Social Security Number is required by Minnesota Statutes 270C.72, and your Minnesota Tax ID Number and/or Social Security Number may be requested by and released to the Minnesota Commissioner of Revenue. After submission, all information contained in this application except your Social Security Number will be public information pursuant to Minnesota Statutes, Chapter 13.



**Financial Interest**

For all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture or stock in trade, please provide the following information (*please use another sheet if necessary*):

Full Name:			
Residential Address:			
Business Address:			
Contact Information:	Business Phone:	Cell Phone:	Email Address:
Nature of Interest/Investment:			

Full Name:			
Residential Address:			
Business Address:			
Contact Information:	Business Phone:	Cell Phone:	Email Address:
Nature of Interest/Investment:			

Full Name:			
Residential Address:			
Business Address:			
Contact Information:	Business Phone:	Cell Phone:	Email Address:
Nature of Interest/Investment:			

**Persons In Charge of Licensed Premises**

*All applicants must complete this section. All persons listed in this section **MUST** complete Part II – Personal Information in full. (Attach additional sheets if necessary)*

**Manager/Managing Partner/Other**

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:

**Miscellaneous Details:**

If the premises is planned, under construction or undergoing substantial alteration, the application must be accompanied by a set of preliminary plans showing the proposed design. If the plans are on file with the Building Department, such note should be made on this application and additional plans do not need to be filed.

Legal Description of the Premises to be Licensed:

---

Zoning Classification under the City's Zoning Ordinance:

---

Have all real estate and personal property taxes that are due and payable for the premises to be licensed been paid in full?  No  Yes

*If no, please explain:* \_\_\_\_\_

*By signing below, I hereby certify that all statements made in this application are true and correct and understand that any misstatements or omissions of material facts may result in disqualification or denial of the license.*

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

NOTARY  
Subscribed and sworn to me before a notary public on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL:

\_\_\_\_\_  
Notary Signature

**Part IA– Business Information (Individual)**

Please complete only the section applicable to your applicant type (individual, partnership, corporation or club).

If you are applying as an individual, complete this section; otherwise, leave it blank and complete the applicable section instead.

All persons listed in this section must complete Part II – Personal Information in full.

**Applicant**

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:

**Operating Manager**

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:

## Part IB – Business Information (Partnership)

Please complete only the section applicable to your applicant type (individual, partnership, corporation or club). If you are applying as a partnership, complete this section; otherwise, leave it blank and complete the applicable section instead. All persons listed in this section must complete Part II – Personal Information in full.

### Partner:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:
Business Phone Number:
Partnership Interest: _____ %
<input type="checkbox"/> Part II has been completed for this individual

### Partner:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:
Business Phone Number:
Partnership Interest: _____ %
<input type="checkbox"/> Part II has been completed for this individual

## Part IB – Business Information (Partnership) Continued

### Managing Partner:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:
Business Phone Number:
Partnership Interest: _____ %
<input type="checkbox"/> Part II has been completed for this individual

### Persons in Charge of Licensed Premises:

Full Name:
Residence Address:
City/State/Zip Code:
Phone Number:
Email Address:
Business Address:
City/State/Zip Code:
Business Phone Number:
Partnership Interest: _____ %
<input type="checkbox"/> Part II has been completed for this individual

*(Please initial)*

\_\_\_\_\_ I have attached a copy of the partnership agreement.

\_\_\_\_\_ I have attached a certificate of trade name issued under provisions of Chapter 333, Minnesota Statutes, certified by the Secretary of State's Office.

## Part IC – Business Information (Corporation)

Please complete only the section applicable to your applicant type (individual, partnership, corporation or club). If you are applying as a corporation, complete this section; otherwise, leave it blank and complete the applicable section instead. All persons listed in this section must complete Part II – Personal Information in full.

### Corporation Details:

Name:
State of Incorporation:
Local Business Address:
Phone Number:
Home Office Address:
City/State/Zip Code:
Business Phone Number:

### Corporation Continued - Officers:

#### President

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

#### Vice President

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

#### Secretary

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

#### Treasurer

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

## Part IC – Business Information (Corporation) Continued

### Own or Control Interest

All persons who singly or together with their spouse and/or his/her parents, brother(s), sister(s), or children, own or control an interest in said corporation IN EXCESS OF FIVE PERCENT (5%):

*(Attach additional sheets if necessary)*

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	Ownership Interest:
<input type="checkbox"/> Part II has been completed for this individual	

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	Ownership Interest:
<input type="checkbox"/> Part II has been completed for this individual	

### Management – Persons in Charge of Licensed Premises

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

*(Please initial)*

I have attached the following:

\_\_\_\_\_ Copy of Certificate of Incorporation

\_\_\_\_\_ Copy of Articles of Incorporation or Association Agreement

\_\_\_\_\_ Copy of By-Laws of the Corporation

\_\_\_\_\_ Foreign Corporations: Copy of Certificate of Authority

## Part ID – Business Information (Club)

Please complete only the section applicable to your applicant type (individual, partnership, corporation or club). If you are applying as a club, complete this section; otherwise, leave it blank and complete the applicable section instead. All persons listed in this section must complete Part II – Personal Information in full.

### Club Details:

Name of Club:
Date Club was First Organized:
Current Number of Members:
Local Address:
Phone Number:
Purpose for which originally organized and now existing:

### Officers:

Please provide the following information on all officers, executive committee members and members of Board of Directors.

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

## Part ID – Business Information (Club) Continued

### Management - Persons in Charge of Licensed Premises

Full Name:	
Residence Address:	
City/State/Zip Code:	
Phone Number:	<input type="checkbox"/> Part II has been completed for this individual

*(Please initial)*

I have attached the following:

\_\_\_\_\_ Copy of Articles of Incorporation

\_\_\_\_\_ Copy of By-Laws of the Club

If the application I submitted by a club, a sworn statement by a responsible individual having personal knowledge of the facts must be submitted with the application verifying that the club meets the requirements of Minnesota Statutes, Section 340A.101, Subdivision 7. In the event no person can make this statement from personal knowledge of the facts, satisfactory documentation may be submitted to satisfy this requirement.

# New Liquor License Application



## Part II – Personal Information

This must be completed in full by all new applicants and any individuals as required by Part I – Business Information:

- The Individual Applicant,
- By Each Partner,
- By Each Officer or Director,
- By Each Manager, Proprietor or Other Person with Management Responsibilities for the Premises,
- By Each Person who by combined ownership or control has an interest in corporation or association in excess of five percent (5%).

### Section I: Applicant Details

Name:			
Maiden, Alias, Former Name(s):			
Address:			
City/State/Zip Code:			
Phone Number:			
Email Address:			
Date of Birth:			
Driver's License Number:		Driver's License Expiration:	
State Issued:		Social Security Number:	
Previous Address(es) for the last ten (10) years. Use additional sheets if necessary.			
_____		_____	_____
Street Address	City	State	Zip Code
_____		_____	_____
Street Address	City	State	Zip Code
Are you a citizen of the United States? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Are you a Naturalized Citizen? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, give date/place:	
Are you a Resident Alien? <input type="checkbox"/> No <input type="checkbox"/> Yes		If yes, attach copy of INS card.	

Have you ever been known by a name other than the one listed above?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please list all other name(s) used, including the dates during which each name was used and the location(s) where it was used:

Do you have any convictions of a felony, gross misdemeanor or misdemeanor, other than minor traffic violations?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

*If yes, please provide the date, place of conviction and nature of offense:*

Do you hold a Liquor License in another City or State?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

*If yes, please list the licensing City or State:* \_\_\_\_\_

Have you previously been denied, or had revoked or suspended, a liquor license from any other governmental unit?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

*If yes, please explain:* \_\_\_\_\_

### **Employment and Business History**

Please list every business or occupation in which you have been engaged during the past five (5) years.

*(attach additional sheets if necessary)*

For each, provide:

Type of Business or Occupation:

Name of Business/Employer:

Business Address:

City, State, Zip Code:

Dates of Engagement (from month/year to month/year):

Name(s) of Employer(s) and/or Partner(s), if applicable:

Address(es) of Employer(s) and/or Partner(s), if applicable:

### **Applicant Marital Status**

Married

Single

Divorced

Widowed

## **Section II - Spouse Details**

If this section does not apply to you, you may leave this section blank.

Name:			
Maiden, Alias, Former Name(s):			
Address:			
City/State/Zip Code:			
Date of Birth:			
Business Address:			
City/State/Zip Code:			
Business Phone Number:			
Driver's License Number:	Driver's License Expiration:		
State Issued:	Social Security Number:		
Have they ever been known by a name other than the one listed above?  _____ No      _____ Yes  If yes, please list all other name(s) used, including the dates during which each name was used and the location(s) where it was used:			
Previous Address(es) for the last ten (10) years. Use additional sheets if necessary.			
_____	_____	_____	_____
Street Address	City	State	Zip Code
_____	_____	_____	_____
Street Address	City	State	Zip Code

## **Employment and Business History**

Please list every business or occupation in which you have been engaged during the past five (5) years. <i>(attach additional sheets if necessary)</i> For each, provide:
Type of Business or Occupation:
Name of Business/Employer:
Business Address:
City, State, Zip Code:
Dates of Engagement (from month/year to month/year):

Name(s) of Employer(s) and/or Partner(s), if applicable:

Address(es) of Employer(s) and/or Partner(s), if applicable:

### **Section III – Miscellaneous Details**

#### **Financial Information**

Do you, your spouse, or any business partners, either directly or indirectly, have interest in an establishment or hold an intoxicating liquor license in the City of Hastings, issued pursuant to Chapter 111 of the Hastings City Code?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please state the name and location of the licensed premise(s) and interest:

Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please explain:

Have you or your spouse ever filed for bankruptcy either as individuals, jointly or in connection with any business you have had an interest in?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please explain:

#### **Eligibility**

Are you or is your spouse a person who would be ineligible for a license? (*Refer to City Code Chapter 111.07 Persons Ineligible for License*)

\_\_\_\_\_ No      \_\_\_\_\_ Yes

Have you held or had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please explain:

Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, please explain:

**Criminal History**

Have you, your spouse, or any business partners of either of you or your spouse, ever been convicted of any felony, crime or violation of any ordinance, other than traffic?

\_\_\_\_\_ No      \_\_\_\_\_ Yes

If yes, provide information as to the time, place and offense for which convictions were had:

**Family History**

Please provide the following information for each person who is engaged in the State of Minnesota in the business of selling, manufacturing or distributing intoxicating liquor or non-intoxicating malt liquor, and who is nearer of kin to you or your present spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of you or your spouse:

Name:	
Maiden, Alias, Former Name(s):	
Address:	
City/State/Zip Code:	
Date of Birth:	Place of Birth:
Business Address:	
City/State/Zip Code:	
Business Phone Number:	

By signing below, the applicant certifies that all statements and information provided in this application are complete, true, and correct, and understands that any false statements, misrepresentations, omissions, or incomplete information may result in disqualification, denial, suspension, or revocation of the license. The applicant further agrees that, if a liquor license is issued, they will comply with all applicable Federal and State laws and City of Hastings ordinances relating to liquor licenses, as currently in effect and as may be amended in the future and understands that violations of such laws or ordinances may result in suspension or revocation of the license.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

NOTARY

Subscribed and sworn to me before a notary public on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

SEAL:

\_\_\_\_\_  
Notary Signature

## **Minnesota Government Data Practices Act** **Tennessee Warning**

The purpose and intended use of the requested data is to verify the applicant meets all state statute and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as Private data until license approval when the data becomes Public: (Minn. Stat. § 13.41, Subd. 4).

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearings and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers and license status.

The following data collected, created, or maintained is classified as Private: (Minn. Stat. §13.41, Subd. 2).

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Minn. Stat. §13.41, Subd. 4.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, and/or contracted inspection officials as required by court order; this may include City officials who have a bona fide need to review it. The City of Hastings may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

*(Please Initial)*

\_\_\_\_\_ I have read and understand the statements above regarding my rights as a subject of government data.

## **Ordinance Review**

*(Please Initial)*

\_\_\_\_\_ I hereby acknowledge that I have read, understand, and agree to abide by the regulations set forth in the City's Ordinance associated with the license for which I am applying. Furthermore, I also understand that I must comply with the provisions of all applicable state laws.

## **Minnesota Workers' Compensation**

A valid workers' compensation policy must be kept in effect at all times by employers in accordance with statutory requirements. One of the following must be selected with the appropriate explanation *(if applicable)*.

- I have a worker's compensation insurance policy.
  - Policy information must be listed on the submitted certificate of insurance.
- I am not required to have workers' compensation insurance because:
  - I only use independent contractors and do not have employees.
  - I do not use independent contractors and do not have employees.
  - I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Attach an explanation).
  - I only have employees who are not required to be covered by the workers' compensation law. (Attach an explanation) *See Minn. Stat. §176.041 for a list of excluded employees.*

**Liability Insurance Details**

The applicant must provide the City with a certificate of Insurance showing proof of the required liability insurance(s). Applicant's insurance shall act as the primary insurance coverage for any claims of loss covered by the insurance policy.

- The applicant hereby agrees to save, defend, hold harmless, and indemnify the City of Hastings and all of its officers, departments, agencies, and employees (collectively the "City") from and against any and all claims, losses, damages, injuries, fines, penalties, and costs, including attorneys' fees, charges, liability, or other exposures, however caused, resulting from, arising out of, or in any way related to the applicant's activity as herein described and applicant's use of City property and/or right-of-way. Nothing herein shall have any effect on the City's right to assert any liability defense in accordance with Minnesota Statutes, Chapter 466.
- Commercial liability insurance or equivalent coverage protecting applicant and City from claims for damages or bodily injury and property damage which may arise out of or in connection with the operation and use of the City's property or right-of-way. This general liability insurance policy shall be in an amount not less than \$1,000,000 per occurrence and \$1,000,000 annual aggregate and for property damage of not less than \$50,000.
- The City of Hastings must be listed as an additional insured on all liability insurance policies. All liquor liability insurance policies must include a provision stating that coverage will remain continuous until cancelled.
- All liability and insurance policies required herein shall provide that there shall be no cancellation of the policy for any cause, by the insured or by the insurance company, without first giving 10-days' written notice to the city, addressed to the City Clerk.

**Department of Revenue Details**

Pursuant to Minn. Stat. § 270C.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number or individual taxpayer identification number of each license applicant (person signing the application).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information for licensing authority: City of Hastings

Minnesota Tax ID Number: \_\_\_\_\_ *If not available, please attach an explanation.*

Federal Tax ID Number: \_\_\_\_\_

OR if a Sole Proprietorship, Social Security Number: \_\_\_\_\_

**CITY OF HASTINGS  
CRIMINAL HISTORY BACKGROUND INVESTIGATION  
GENERAL AUTHORIZATION AND INFORMED CONSENT**

The City of Hastings requires a criminal history background investigation for all City license applicants, in accordance with City Code §33.01, Minn. Stat. §299C.72, Subd. 2(c) and Minn. Stat. §340A.402, Subd. 2, as applicable.

As a license applicant, you are being asked to provide personal data, which may include private information about yourself, including name, address, date of birth. You are not required to provide personal data. However, if you do not provide the personal data requested, the City of Hastings will not be able to process the background investigation. Failure to provide the data requested may result in loss of licensing. The City of Hastings and the Minnesota Bureau of Criminal Apprehension (BCA) requires this personal data to perform a search of its systems, tell you apart from other people with the same or similar name, to conduct a background investigation, and to determine eligibility. Any personal information you provide may be shared with people who need the data in order to do their jobs, as allowed by state and federal law, including: employees of the City of Hastings, others you've given authorization to access the data, BCA employees, the Federal Bureau of Investigation (FBI), authorized to receive the records, the state or legislative auditor, to comply with a court order, and anyone else to whom the law says we must or can give the information. Unless specifically defined as "private" or "confidential", all data is defined as "public" under the terms of the Minnesota Government Data Practices Act and may be disclosed upon request.

Check box: I have read the above notice. I understand that information may be shared with others in accordance with the Minnesota Government Data Practices Act.

**Please print clearly**

First Name:	
Middle Name:	
Last Name:	
Maiden, Alias, Former Name(s):	
Date of Birth:	License Type:
Home Address:	
Cell Phone:	Home Phone:

**Criminal History Background Check Authorization**

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. I authorize the Minnesota Bureau of Criminal Apprehension (BCA) and the City of Hastings Police Department to disclose all applicable contact data and criminal history record information to the City of Hastings for the purpose of licensure with the City of Hastings, including private data as defined in MN Statute 13.02. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_