



TEMPORARY RETAIL "ON SALE" MALT LIQUOR LICENSE APPLICATION

To the City Council of the City of Little Falls, State of Minnesota:

_____ hereby applies for a license for the term
(Business Name)

of _____ beginning _____, to sell **AT RETAIL ONLY, (3.2) MALT LIQUORS**, as the same are defined by law, for consumption "ON" those certain premises in the City of Little Falls described as follows: _____

_____, at which the following business is conducted
(Business Street Address)

_____, and to that end represents and states as follows:
(Type of Business)

That said applicant is a citizen of the United States; of good moral character and repute; and has attained the age of 21 years; that _____, proprietor of the
(Business Name)

establishment for which the license will be issued if this application is granted. That said applicant makes this application pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of the City of Little Falls applicable thereto, which are hereby made a part hereof, and hereby agrees to observe and obey the same.

Dated _____

(Signature of Applicant)

Address: _____

STATE OF MINNESOTA
COUNTY OF MORRISON
CITY OF LITTLE FALLS

I, _____, being duly sworn, on oath say that _____
(Signatory's Name) (Business Name)

_____, the within named applicant that I have full knowledge of the business of said applicant, of the location thereof, and of the contents of the within application; and that the statements made in said application are true and correct to the best of my own knowledge.

Signature

Subscribed and sworn to before me this _____ day of _____, _____.

Signature

(Notary Seal)

Application reviewed and approved this _____ day of _____, _____.

Police Chief

City Council action: _____ Approved _____ Denied _____

City Clerk Signature _____

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
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Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.