



100 Northeast Seventh Avenue  
P O Box 244  
Little Falls MN 56345  
(320) 616-5500

## APPLICATION FOR LIQUOR, INCLUDING SUNDAY, MALT AND/OR TOBACCO LICENSING

This form was prepared in part by the Minnesota Department of Public Safety, Bureau of Criminal Apprehension, pursuant to Minnesota Statute 340A.412 and as updated for time to time, for the purpose of background investigation and/or renewal of license. It does not supersede any laws, rules or regulations of the Liquor Control Division regarding the issuance of liquor licenses. Failure to provide information requested may result in the denial of your application.

Type of application:  New **or**  Renewal

### Background Information:

Name of applicant(s): \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Email Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Cellular No.: \_\_\_\_\_

Do you any unpaid judgments against you?  yes  no *(If yes on a separate sheet of paper, list the amounts of all unpaid judgments against you and the nature of the transaction or acts giving rise to said judgments.)*

### Business Information:

Legal/Corporate Name: \_\_\_\_\_

Trade Name (DBA): \_\_\_\_\_

Federal Identification No.: \_\_\_\_\_ State Identification No.: \_\_\_\_\_

Business Address and Mailing Address (if different for business address): \_\_\_\_\_  
\_\_\_\_\_

Partners, officers or directors:

Full Name, (First, Middle and Last)	Address	Date of Birth
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Full Name, (First, Middle and Last)	Address	Date of Birth
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Has the applicant or any of the partners, officer or directors been convicted of violating Federal, State or local liquor license laws and or regulations?  Yes  No. *(If yes, explain fully on a separate sheet of paper and attach to this application.)*

What is the name of the manager or agent for the applicant, if not applicant, who resides within Morrison County, (name, home and cellular telephone numbers)? \_\_\_\_\_  
\_\_\_\_\_

**Structure/Property to be Licensed Information:**

Address of building: \_\_\_\_\_

Owner of building: \_\_\_\_\_

All property, sales and other taxes on said property are current and up to date?  Yes  No

**Other Information:**

Do you have a current Morrison County Restaurant License?  Yes  No

What vending or mechanical amusement device company has or will have machines on the licensed premises? \_\_\_\_\_

Malt beverage licensees are exempt from providing dram shop insurance if sales are less than \$25,000 for On Sale and \$50,000 for Off Sale. I/We are exempt:  Yes  No

Tobacco licensees, please answer the following required questions, does your business:

- a) Have signs posted regarding the sale of tobacco?  Yes  No
- b) Require training of sales staff regarding the sale of tobacco?  Yes  No
- c) Have a policy on sales by employees of tobacco and tobacco related products to minors?  
 Yes  No

Applicant(s) will strictly comply with all the laws for the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Commissioner; and all ordinance of the City of Little Falls; and I/We certify that I/We have read the foregoing questions and that the answers to said questions are true and correct to the best of my knowledge. I/We further understand that an investigation fee not to exceed \$500 shall be charged an applicant by the City if the investigation is conducted within the State, or the cost not to exceed \$10,000 if the investigation is required outside the State.

I/We acknowledge that as condition of this liquor license issuance, I/We hereby certify that all property taxes on the land and building of this liquor establishment, as well as assessments or installations thereof, sales taxes, or any other financial claims of the State/City, are not owed or are not delinquent and unpaid. I/We further acknowledge that should the financial claims not be current, the City will not issue license(s) until they are paid.

\_\_\_\_\_  
Print Full Name Clearly

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

\_\_\_\_\_  
Print Full Name Clearly

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

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)

.....  
**City Use Only:**

Dram Shop Insurance \_\_\_\_\_ Taxes Current \_\_\_\_\_ Fees Paid \_\_\_\_\_

Police Chief Approval: \_\_\_\_\_

City Council Approval: \_\_\_\_\_