

ISANTI COUNTY LICENSE BUREAU555 18TH AVE SW
CAMBRIGE, MN 55008

TEL: 763/689-1644 FAX: 763/689-8210

**Combination Application for Retailer's 3.2 Malt Liquor License
(On-sale) (Off-sale)****EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Licensee's Sales & Use Tax ID Number _____ to apply for sales tax number call 296-6181 or 1-800-657-3777

Applicants Name (Business, Partnership, Corporation)		Trade Name or DBA	
Business Address		Business Phone With Area Code	Applicant's Home Phone With Area Code
City	County	State	Zip Code
Is this application <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Transfer		If a transfer, give name of former owner	Licensed period From _____ To _____

If a corporation, give name, title, address and date of birth of each officer. If a partnership, give name, address and date of birth of each partner.

Partner / Officer Name and Title	Address	DOB
Partner / Officer Name and Title	Address	DOB
Partner / Officer Name and Title	Address	DOB
Partner / Officer Name and Title	Address	DOB

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> YES <input type="checkbox"/> NO
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If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner		Owner's address	
Are Property Taxes delinquent? <input type="checkbox"/> YES <input type="checkbox"/> NO		Has the building owner any connection, direct or indirect, with the applicant? <input type="checkbox"/> YES <input type="checkbox"/> NO	Restaurant seating capacity
Hour's food will be avail.	No. of people restaurant employs	No. of months per year restaurant will be open	Will food service be the principle business <input type="checkbox"/> YES <input type="checkbox"/> NO

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort, etc.), describe business

OTHER INFORMATION1. Is the applicant or any of the associates in this application a member of the county board or the township board, which will issue this license? YES NO2. During the past license year has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A802).
 YES NO If yes, attach a copy of the summons.3. Has the applicant or any of the associates in this application been convicted during the past five years of any violation of federal, state or local liquor laws in this state or any other state? YES NO If yes, give date and details.

4. Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? YES NO If yes, give names and details. _____

5. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? YES NO If yes, give name and address of the establishment.

I will comply strictly with the provisions of the ordinance relating to the sale of soft drinks for "mixing" purposes and will serve patrons in full view of the public.

I agree to waive my Constitutional Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance (resolution) providing for the granting of this license.

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Subscribed and sworn to before me this _____

Signature of Applicant

day of _____, 20____

The Licensee must have one of the following:

CHECK ONE

A. Liquor Liability Insurance (Dram Shop) - at a minimum \$300,000 per person; \$300,000 more than one person; \$300,000 property destruction; \$300,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.

Or

B. A Surety bond from a surety company with minimum coverage's as specified above in A.

Or

C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$300,000 or \$300,000 in cash or securities.

REPORT OF COUNTY ATTORNEY

I certify that to the best of my knowledge the applicants named above are eligible to be licensed. YES NO

If no, state reason. _____

Signature County Attorney

County

Date

REPORT BY SHERIFF'S DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County Ordinances relating to Intoxicating Liquor or 3.2 Malt Liquor, except as follows: _____

Police, Sheriff Department Name

Title

Signature

It is hereby certified that the Town Board of _____ in Anoka County, MN by resolution on

the _____ day of _____, 20____ did consent to the issuance of the license applied for in the within application.

Chairman

Town Clerk

Date

IMPORTANT NOTICE

No County Board shall issue license for sale in any Town without the consent of the Town Board of such Town, and no Town Board shall consent to the issuance of any license without the written recommendation of the County Attorney and the Sheriff.

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco and Firearms. For information, call 612-290-3496.

