



HUTCHINSON

A CITY ON PURPOSE.
111 Hassan Street Southeast
Hutchinson, MN 55350
(320) 587-5151/Fax: (320) 234-4240

Off-Sale Fee: \$300.00

City of Hutchinson APPLICATION FOR 3.2 MALT LIQUOR LICENSE – OFF SALE In provisions of the City of Hutchinson Municipal Code Chapter 112

All applications must be received at least two weeks before City Council Meeting in order to be considered

Business Information			
_____		_____	
<i>Business Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Business Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>

<i>Type of Business</i>			
Corporate Information (if applicable)			
_____		_____	
<i>Corporation Name</i>		<i>Phone Number</i>	
_____		_____	_____
<i>Corporation Address</i>		<i>City</i>	<i>State</i> <i>Zip</i>
Officer(s)/Owner(s) of the Business (if necessary, list additional names on separate sheet)			
_____		_____	
<i>Name</i>		<i>Title</i>	
_____		_____	
<i>Name</i>		<i>Title</i>	
_____		_____	
<i>Name</i>		<i>Title</i>	
Checklist			
The following items need to be completed and/or attached in order for the application to be processed:			
Certificate of insurance (made out in the name of the City of Hutchinson) <input type="checkbox"/> yes <input type="checkbox"/> no			
Application fee paid in full (check or money order): <input type="checkbox"/> yes <input type="checkbox"/> no			
Application completed in full and signed by authorized officer: <input type="checkbox"/> yes <input type="checkbox"/> no			

The above listed business hereby applies for a license for the term of one year to sell IN ORIGINAL PACKAGES ONLY, 3.2 MALT LIQUORS, as the same are defined by law, for consumption "OFF" those certain premises in the City of Hutchinson described above at which place said applicant operates the business listed above and to that end represents and state as follows:

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 he/she is proprietor of this establishment for which the license will be issued if this application is granted.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____

Licensee's Federal Tax ID # _____ Licensee's MN Tax ID# _____
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Authorized Signature



Release of Information Form

As an applicant for a license/permit from the City of Hutchinson, Minnesota, I am required to furnish information, which that agency may use in determining my moral, physical, mental, and financial qualifications. In this connection, I hereby expressly authorize release of any and all information, which you may have concerning me, including information of a confidential or privileged nature.

I hereby release the agency with which I am seeking an application for a permit, and any organization, company, or person furnishing information to that agency as expressly authorized above, from any liability for damage, which may result from furnishing the information requested.

Applicant's Information (<i>Please Print</i>)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i>
Date of Birth:	_____	_____	_____
	<i>Month</i>	<i>Day</i>	<i>Year</i>
Place of Birth:	_____	_____	
	<i>City</i>	<i>State</i>	
Social Security Number:	_____		
Driver's License Number:	_____		

Applicant's Signature Date

*Please allow two weeks lead time for an investigation (this **does not** include time allowed for scheduling a public hearing if necessary, a publication notice and a City Council meeting).

