

Off-Sale Fee: \$300.00

A CITY ON PURPOSE.

111 Hassan Street Southeast Hutchinson, MN 55350 (320) 587-5151/Fax: (320) 234-4240

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

| During and Information | | | |
|---|--------------------|------------------|---------------|
| Business Information | | | |
| Business Name | | Phone Number | |
| Business Address | City | State | Zip |
| Type of Business | | | |
| Corporate Information (if applicable) | | | |
| Corporation Name | | Phone N | umber |
| Corporation Address | City | State | Zip |
| Officer(s)/Owner(s) of the Business (if necessary, list addition | onal names on se | parate sheet) | |
| | | • | |
| | | Title | |
| Name Name | _ | Title | |
| | <u> </u> | Title | |
| Checklist | | | |
| The following items need to be completed and/or attache | d in order for the | application to l | pe processed: |
| Certificate of insurance (made out in the name of the Capplication fee paid in full (check or money order): | • | n) 🛘 yes 🏻 🗓 | □ no |
| Application completed in full and signed by authorized | - | s 🗖 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.

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That said applicant makes this application pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said City of Hutchinson applicable thereto, which are hereby made a part hereof, and hereby agrees to observe and obey the same.

Each Applicant further states that he/she is not now the holder of, nor has he/she made application for, nor does he intend to make application for a Federal Retail Dealer's Special tax stamp for the sale of intoxicating liquor.

| | nat the information to investigate the | | | | ruthful, and I authorize the City of |
|-------------|--|----------------|---------------|------|--------------------------------------|
| | Signature of auth | norized office | r of organiza | tion | Date |
| Internal Us | e Only | | | | |
| Police | □ approved | ☐ denied | Notes: | | |
| | Dollar | Chief Ciana | tuwa. | | Data |
| | Police | Chief Signa | ture | | <i>Date</i> |



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:____ Suspension Revocation Cancel (Give dates) Circle One: New License License Transfer 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: \$_____ DOB ___ Social Security #_____ Licensee Name: (corporation, partnership, LLC, or Individual) Business Trade Name Business Address Zip Code_____ County____ Business Phone_____ Home Phone_____ Home Address City (To apply call IRS 800-829-4933)

Licensee's MN Tax ID# Licensee's Federal Tax ID # 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 Home Address Partner/Officer Name (First Middle Last) DOB Social Security # Home Address Partner/Officer Name (First Middle Last) DOB Social Security # 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.

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

(title)

Date

City Clerk or County Auditor Signature_____



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 | |
| | | | |

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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 Informa | tion <i>(Please Print</i> | <u>t) </u> | | | |
|-----------------------|---------------------------|---|-------|-----------|--|
| Name: | Eirct Nome | Middle New | | Last Nama | |
| | <u>First Name</u> | Middle Nam | e | Last Name | |
| Address: | | | | | |
| | | | | | |
| City | | County | State | Zip | |
| Date of Birth: | | | | | |
| | Month | Day | Year | | |
| Place of Birth: | | | | | |
| | City | | State | | |
| Social Security N | umber: | | | | |
| Driver's License I | 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).

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LIQUOR ESTABLISHMENT

Ordinance 112.019 requires that the manager of the establishment be "a natural person who is a resident of the City". Please complete and sign the following confirming the above.

| Establishment Information | | | |
|--|--------|----------------|---------------|
| | | | |
| Establishment Name | | Phone N | umber |
| Establishment Address | City : | Chaha | 7in |
| ESTADIISTIMENT Address | City | State | Zip |
| Owner/Corporate Information | | | |
| | | | |
| Owner/Corporate Name | | Phone N | umber |
| Owner/Corporate Address | City | State | Zip |
| | | | |
| Manager Information | | | |
| | | Phone N | umher |
| Planager Name | | THORE IV | amber |
| Manager Address | City | State | Zip |
| I declare that the information I have provided of the City of Hutchinson to investigate the information | • • | is truthful, a | nd I authoriz |
| Signature of owner or authorized officer of establishing | ment | Date | |