



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

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

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.

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.

I declare that the information I have provided on this application is truthful, and I authorize the City of Hutchinson to investigate the information submitted.

\_\_\_\_\_  
*Signature of authorized officer of organization*

\_\_\_\_\_  
*Date*

Internal Use Only	
Police	<input type="checkbox"/> approved <input type="checkbox"/> denied   Notes: _____
_____ <i>Police Chief Signature</i>	
_____ <i>Date</i>	



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### Release of Information Form

As an applicant for a 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 (Please Print)			
Name:	_____	_____	_____
	<i>First Name</i>	<i>Middle Name</i>	<i>Last Name</i>
Address:	_____		
	_____	_____	_____
	<i>City</i>	<i>County</i>	<i>State</i> <i>Zip</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).



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133  
Telephone 651-296-6979 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: (circle 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 MN Tax ID # \_\_\_\_\_  
(To Apply call 651-296-6181)

Licensee's Federal 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.

Circle One: (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 must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-215-6209, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**





DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
444 Cedar Street Suite 133  
St. Paul, MN 55101-5133  
Phone (651) 296-6979 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	

PS 9135 (12/98)

## 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

<hr/>		<hr/>	
<i>Establishment Name</i>		<i>Phone Number</i>	
<hr/>		<hr/>	
<i>Establishment Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

### Owner/Corporate Information

<hr/>		<hr/>	
<i>Owner/Corporate Name</i>		<i>Phone Number</i>	
<hr/>		<hr/>	
<i>Owner/Corporate Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

### Manager Information

<hr/>		<hr/>	
<i>Manager Name</i>		<i>Phone Number</i>	
<hr/>		<hr/>	
<i>Manager Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

I declare that the information I have provided on this application is truthful, and I authorize the City of Hutchinson to investigate the information submitted.

<hr/>	<hr/>
<i>Signature of owner or authorized officer of establishment</i>	<i>Date</i>

### **3.2% MALT LIQUOR**

#### **§ 112.070 LICENSE REQUIRED.**

(A) It is unlawful for any person, directly or indirectly, on any pretense or by any device, to sell, barter, keep for sale or otherwise dispose of 3.2% malt liquor, as part of a commercial transaction, without a license therefor from the city.

(B) This section shall not apply to sales by manufacturers to wholesalers or to sales by wholesalers to persons holding 3.2% malt liquor licenses from the city.

(C) Annual on-sale 3.2% malt liquor licenses may be issued only to drug stores, restaurants, hotels, bowling centers, clubs and establishments used exclusively for the sale of 3.2% malt liquor with the incidental sale of tobacco and soft drinks.

(`89 Code, § 5.30) Penalty, see § 10.99

#### **§ 112.071 TEMPORARY 3.2% MALT LIQUOR LICENSE.**

(A) *Applicant.* A club or charitable, religious or nonprofit organization shall qualify for a temporary on-sale 3.2% malt liquor license.

(B) *Conditions.*

(1) An application for a temporary license shall state the exact dates and place of proposed temporary sale.

(2) No applicant shall qualify for a temporary license for more than a total of seven days in any calendar year.

(3) The Council may, but at no time shall it be under any obligation whatsoever to, grant a temporary 3.2% malt liquor license on premises owned or controlled by the city. This type of license may be conditioned, qualified or restricted as the Council sees fit.

(a) If the premises to be licensed are owned or under the control of the city, the applicant shall file with the city, prior to issuance of the license, a certificate of liability insurance coverage in at least the sum of \$100,000 for injury to any one person and \$300,000 for injury to more than one person, and \$10,000 for property damage, naming the city as an insured during the license period.

(b) The license shall be issued only on the condition that the applicant

Hutchinson, MN Code of Ordinances  
will not sell in excess of \$10,000 (retail value) worth of 3.2% malt liquor in any calendar year,  
and thereupon shall be exempt from proof of financial responsibility as provided for herein.  
( '89 Code, § 5.31)

**§ 112.072 HOURS AND DAYS OF SALES.**

No sale of 3.2% malt liquor shall be made between the hours of 1:00 a.m. and 8:00 a.m.  
on the days of Monday through Saturday, nor between the hours of 1:00 a.m. and 10:00 a.m. on  
Sunday.

( '89 Code, § 5.32) (Am. Ord. 97-213, passed 11-25-97) Penalty, see § 10.99