



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

Off-Sale Fee: \$325.00

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			
<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>	



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:	<div><div>_____</div><div><i>First Name</i></div><div>_____</div><div><i>Middle Name</i></div><div>_____</div><div><i>Last Name</i></div></div>		
Address:	_____		
	<div>_____</div> <div><i>City</i></div>	<div>_____</div> <div><i>County</i></div>	<div>_____</div> <div><i>State</i></div>
	<div>_____</div> <div><i>Zip</i></div>		
Date of Birth:	<div>_____</div> <div><i>Month</i></div>	<div>_____</div> <div><i>Day</i></div>	<div>_____</div> <div><i>Year</i></div>
Place of Birth:	<div>_____</div> <div><i>City</i></div>	<div>_____</div> <div><i>State</i></div>	
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).



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

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

Manager Information			
_____		_____	
<i>Manager Name</i>		<i>Phone Number</i>	
_____	_____	_____	_____
<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.

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