



HUTCHINSON

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			
Business Name		Phone Number	
Business Address		City	State
Type of Business		Zip	

Corporate Information (if applicable)			
Corporation Name		Phone Number	
Corporation Address		City	State
		Zip	

Officer(s)/Owner(s) of the Business (if necessary, list additional names on separate sheet)			
Name		Title	
Name		Title	
Name		Title	

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.

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: _____
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<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 (Please Print)

Name: _____
First Name _____ *Middle Name* _____ *Last Name* _____

Address: _____
_____ *City* _____ *County* _____ *State* _____ *Zip* _____

Date of Birth: _____
Month _____ *Day* _____ *Year* _____

Place of Birth: _____
_____ *City* _____ *State* _____

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.

Signature of owner or authorized officer of establishment _____ *Date* _____