



**On Sale 3.2 Malt Liquor  
License Fee: \$450.00**

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

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

All applications must be received at least 30 days before City Council Meeting in order to be considered

Business/Applicant 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>			

<i>Applicant Name</i>		<i>Phone Number</i>	
<i>Applicant Address</i>	<i>City</i>	<i>State</i>	<i>Zip</i>

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

Officer(s)/Owner(s) of the Organization/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 covering the license period: <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 applicant: <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 AT RETAIL ONLY, 3.2 MALT LIQUOR, as the same are defined by law, for consumption "ON" 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 no manufacturer of such 3.2 malt liquors has any ownership, in whole or in part, in said business of said applicant or any interest therein.

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 3.2 malt 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 applicant*

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

Police Chief Recommendation	
<input type="checkbox"/> approved <input type="checkbox"/> denied   Notes: _____	_____
_____	_____

\_\_\_\_\_  
*Police Chief Signature*

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



A CITY ON PURPOSE.  
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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 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> <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).