



Investigation Fee:
\$400.00
Intoxicating License Fee:
\$2100.00
Wine License Fee:
\$450.00
Malt Liquor License Fee:
\$325.00
On-Sale Intoxicating Sunday Sale Fee:
\$135.00

**Application for On-Sale Intoxicating/Wine/Malt Liquor License
In provision of the City of Hutchinson Municipal Code Chapter 112**

This form was prepared by the City of Hutchinson and the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant the Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

1. _____
Trade Name Date of Application

2. _____
Licensing Period

3. Type of Application: ☐ NEW ☐ RENEWAL ☐ TRANSFER

4. Type of License: ☐ INTOXICATING ☐ WINE ☐ MALT LIQUOR

5. If WINE, will this establishment be selling Strong Beer? ☐ YES ☐ NO
(If YES, a 3.2 Malt Liquor Application must be filled out as well.)

6. _____
Name of Applicant Phone

7. _____
Home Address State Zip Code

8. _____ 9. _____ 10. _____
Citizenship Place of Birth Date of Birth

11. _____
Street Address of Establishment

12. Does the establishment include a patio area? ☐ YES ☐ NO
(if yes, please attach a schematic of patio area)

13. Will this establishment be selling on Sunday? ☐ YES ☐ NO

14. List Owners of building or premises to be licensed: _____

15. List all partners, officers or directors, shareholders (and number of shares each member holds), if corporation:

<u>Name</u>	<u>Address</u>	<u>Date of Birth</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. Prior experience in this type of business: _____

17. Present ownership in any other liquor establishment: _____

18. Present ownership in any other restaurant or food business: _____

19. Three Business References:

1. _____

2. _____

3. _____

20. _____
Corporate or Partnership Title

21. _____
Corporate or Partnership Address

22. If this is a transfer application give name, address, of person(s), partnership or corporation holding license for the past year:

Name	Address
John Doe	123 Main St, New York, NY 10001
Jane Smith	456 Elm St, Los Angeles, CA 90001
Bob Johnson	789 Oak St, Chicago, IL 60601
Alice Brown	101 Pine St, San Francisco, CA 94101
Charlie Davis	202 Maple St, Houston, TX 77001
Eve White	303 Cedar St, Phoenix, AZ 85001
Frank Green	404 Birch St, Philadelphia, PA 19101
Grace Black	505 Walnut St, San Diego, CA 92101
Henry Blue	606 Spruce St, Austin, TX 78701
Ivy Red	707 Ash St, Portland, OR 97201
Jack Yellow	808 Hickory St, Denver, CO 80201
Karen Purple	909 Willow St, Salt Lake City, UT 84101
Leo Brown	1010 Sycamore St, Minneapolis, MN 55401
Mia Gold	1111 Dogwood St, Seattle, WA 98101
Noah Silver	1212 Magnolia St, Boston, MA 02101
Olivia Bronze	1313 Redwood St, San Jose, CA 95101
Peter Platinum	1414 Cypress St, Las Vegas, NV 89101
Quinn Diamond	1515 Juniper St, Nashville, TN 37201
Rachel Ruby	1616 Fir St, San Antonio, TX 78201
Sam Sapphire	1717 Hemlock St, Fort Worth, TX 76101
Tina Emerald	1818 Cypress St, Columbus, OH 43201
Umar Topaz	1919 Cedar St, Indianapolis, IN 46201
Victoria Garnet	2020 Birch St, Jacksonville, FL 32201
Walter Amethyst	2121 Spruce St, San Francisco, CA 94101
Xavier Opal	2222 Ash St, Phoenix, AZ 85001
Yara Onyx	2323 Walnut St, Houston, TX 77001
Zoe Peridot	2424 Hickory St, San Diego, CA 92101

23. Who owns the bar/tavern fixtures? _____

24. Are you a Minnesota resident? ☐ YES ☐ NO _____
From To

25. Residential Address for the past five (5) years:_____

26: Three personal references:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

27. Employment for the past five years:

<u>Name of Employer</u>	<u>Phone</u>
1. _____	_____
2. _____	_____
3. _____	_____

28. Any convictions other than minor traffic: (if yes, please explain in detail) ☐ YES ☐ NO

Offense: _____ Conviction Date: _____

Offense: _____ Conviction Date: _____

Offense: _____ Conviction Date: _____

29. This application must be accompanied by detailed statement of net worth and last year's tax return and statement of method of payment for business, fixtures and inventory.
30. This application must be accompanied by State of Minnesota Restaurant License.
31. This application must be accompanied by a certificate of insurance providing for liquor liability coverage.
32. Applicant, and his associates in this application, will strictly comply with all the laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I further understand that an investigation fee not to exceed \$500.00 shall be charged an application by the city or county if the investigation is required outside the state. I further understand the ordinances of the City of Hutchinson regarding the operation of on-sale liquor licenses and agree to abide by them.

Signature of Applicant

Date

Subscribed and sworn to before me this
____ day of _____, 20____.

Notary Public

My Commission expires: _____



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 State Zip</i>

Owner/Corporate Information

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

Manager Information

_____	_____
<i>Manager Name</i>	<i>Phone Number</i>
_____	_____
<i>Manager Address</i>	<i>City State 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