

**A CITY ON PURPOSE.**

111 Hassan St Southeast

Hutchinson, MN 55350

(320) 587-5151/Fax(320) 234-4240

Investigation Fee:  
\$400.00Intoxicating License Fee:  
\$2100.00Wine License Fee:  
\$450.00Malt Liquor License Fee:  
\$325.00On-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. \_\_\_\_\_ **Citizenship** \_\_\_\_\_ 9. \_\_\_\_\_ **Place of Birth** \_\_\_\_\_ 10. \_\_\_\_\_ **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: \_\_\_\_\_

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16. Prior experience in this type of business:

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17. Present ownership in any other liquor establishment: \_\_\_\_\_

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

### 19. Three Business References:

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 \_\_\_\_\_

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.

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Signature of Applicant

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Date

Subscribed and sworn to before me this  
\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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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</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*