



2015 First Avenue, Anoka, MN 55303
 Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

CITY OF ANOKA ALCOHOL LICENSING APPLICATION

- TYPE OF LICENSE:**
- Temporary On-Sale Intoxicating Liquor
- Temporary On-Sale 3.2 Malt Liquor

FEE(s): \$25.00 Investigation Fee, **PLUS**
 \$75.00 Per Day License Fee
 \$75.00 License Fee for events that are more than one (1) day, as long as they are consecutive days

TYPE OF ENTITY/ORGANIZATION APPLYING FOR LICENSE:

The Entity/Organization applying for this license is classified by the State of Minnesota as:

Club (*Bona fide Club as defined in Anoka City Code*) Charitable Organization Religious Organization,

Other Non-Profit (which has been in existence for at least three years) *Minn. Stat. § 340a.404, Subd 10*
(describe, i.e. 501C3) _____

Political Committee registered under Minn. Stat. § 10A.14
(not authorized for 3.2 percent malt liquor license Minn. Stat. § 340A.403)

Licensed Brewer that manufactures fewer than 3,500 barrels of malt liquor in a year, must be for social event within the City which is sponsored by the Brewer.
(not authorized for 3.2 percent malt liquor license Minn. Stat. § 340A.403)

APPLICANT (ENTITY/ORGANIZATION) INFORMATION:

The applying Entity/Organization has been in existence and actively engaged in programs in the City of Anoka, intended to further and promote the purposes for which they were organization, for a period of at least eighteen (18) consecutive months prior to the date of application for such license? Yes No

Full LEGAL Name of Entity/Organization:	
Entity/Organization Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number:
Website Address:	Email Address:

CONTACT INDIVIDUAL FOR LICENSE

Tennessee Warning must be completed and attached for this individual

Full Name (<i>First, Middle, Last</i>):	
Residence Address (include street address, city, state, zip)	Mailing Address if different:
Phone Number (including area code):	Alternate Phone Number:
Email Address:	Date of Birth:

EVENT INFORMATION

EVENT NAME:	
SPONSOR OF EVENT:	
DATE(S) OF EVENT:	
<i>Minn. Stat. § 340A.410. No more than 12 days per year, any combination of days, per Entity/Organization.</i>	
TIME(S) OF EVENT (beginning/end):	TIME OF ALCOHOL SALES (beginning/end):
PHYSICAL LOCATION OF EVENT (must include street address):	
DESCRIBED WHO AND WHAT THE PROCEEDS OF THE EVENT WILL BE USED FOR:	

OTHER INFORMATION

In the previous twelve (12) months, the above Entity/Organization has been served or received a summons for injury or damage relating to liquor sales, at/on the premises where this applicant held a similar license.

Yes (*you must attach a copy of the summons received*) No

The Entity/Organization applying for this license is the property owner of the premises on which this license will be utilized.

Yes No, (you must attach an Affidavit of Use of Property from the property owner/lessor)

By checking this box, I am acknowledging that I have read and fully understand the regulations and requirements of the Anoka City Code pertaining to the issuance of this license and that I understand that the pertinent sections of the Anoka City Code are available at www.ci.anoka.mn.us or upon request to the City Clerk.

The following items must be submitted with your completed application in order for it to be accepted.

- State of Minnesota Application for a Temporary On-Sale Liquor License (Intoxicating Liquor Only)
- Payment
- Workers Compensation Form (*State requirement*)
- SP:C1 Tax Clearance Form (*State requirement*)
- Tennessee Warning Form (*State requirement*)
- Certificate of Liquor Liability Insurance with City listed as additional insured (*must specifically list event location and date*)
- Affidavit of Use of Property (*if applicable*)

SIGNATURE

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Anoka, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Anoka City Code, which is available on the City website at www.ci.anoka.mn.us or upon request from the City Clerk and to be familiar with and abide by the laws of the City of Anoka and the State of Minnesota relating to this licensure. I further understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Signature: _____

Title: _____

Date: _____



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization	Date organized	Tax exempt number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Name of person making application	Business phone	Home phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date(s) of event	Type of organization
<input type="text"/>	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Organization officer's name	City	State	Zip Code
<input type="text"/>	<input type="text"/>	Minnesota	<input type="text"/>

Location where permit will be used. If an outdoor area, describe.

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

 City or County approving the license

 Date Approved

 Fee Amount

 Permit Date

 Date Fee Paid

 City or County E-mail Address

 City or County Phone Number

 Signature City Clerk or County Official

 Approved Director Alcohol and Gambling Enforcement

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
 PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT
 BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**



REAL. CLASSIC.

CERTIFICATE OF COMPLIANCE MINNESOTA WORKER'S COMPENSATION LAW

PRINT LEGIBLY IN INK OR TYPE

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the worker's compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required worker's compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

ALL APPLICANTS: I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

Signature: _____

Printed Name: _____

Title: _____ Date: _____

I am not required to have worker's compensation insurance coverage because:

- I have no employees
- I have employees but they are not covered by worker's compensation law.
(see Minnesota Statute 176.041 for a list of excluded employees)

Explain why your employees are not covered: _____

COMPLETE THIS PORTION ONLY IF YOU ARE INSURED: *A valid worker's compensation policy must be kept in effect at all times by employers as required by law*

Business Name (Individual name only if no company name is used): _____

DBA (if applicable): _____

Address (must include street address): _____

Insurance Company Name (not agent): _____

Workers Compensation Policy No.: _____

Effective Date: _____ Expiration Date: _____

IF SELF-INSURED - ATTACH A COPY OF THE PERMIT TO SELF-INSURE

NOTE: If your worker's compensation policy is cancelled within the license period, you must notify the agency who issued the license/permit by resubmitting this form.



SP:CI TAX CLEARANCE FORM
(This form may contain private data – do not release to public)

PRINT LEGIBLY IN INK OR TYPE

Pursuant to Minnesota Statute, Section 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business Tax Identification Number and/or the Social Security Number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal, or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Services.
3. Failure to supply this information may jeopardize or delay the processing of your license, its' issuance or renewal.

Please supply the information and return this form along with your application to the agency issuing your license. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

Licensing Authority: CITY OF ANOKA, MINNESOTA

Signature: _____

Printed Name: _____

Date: _____

PERSONAL INFORMATION: *Complete this section only if you are applying as an individual and/or do not hold a Minnesota Tax Identification # or Federal Tax Identification #.*

Applicant Name: _____

Applicant Address: _____

Social Security Number: _____

BUSINESS INFORMATION: *Complete this section only if you are applying as a business.*

Business Name: _____

Db: _____

Minnesota Tax Identification #: _____

Federal Tax Identification #: _____

For businesses: If a Minnesota Tax Identification # is not required, you must submit a written explanation.



REAL. CLASSIC.

**APPLICATION FOR LICENSE INVOLVING
PRIVATE OR CONFIDENTIAL INFORMATION
(Tennessee Warning)**

THIS FORM MUST BE COMPLETED BY ALL INDIVIDUALS LISTED IN APPLICATION

In connection with your request for a license/registration the City of Anoka has asked that you provide it with information about yourself which is classified as either *private* or *confidential* by the Minnesota Government Data Practices Act (M.S.A. 13.04). Accordingly, the City is required to inform you of the following:

1. The private or confidential information requested includes, but may not necessarily be limited to, the following: *Your social security number or Minnesota business identification number.*
2. The purpose and intended use of the information requested is: *To comply with Minnesota Statutes, Section 270.72.*
3. You are required to supply the requested information.
4. The known consequences of supplying the requested information is as follows: *Loss or denial of the requested license/registration if you owe the State of Minnesota delinquent taxes, penalties or interest.*
5. The known consequences of refusing to supply the requested information is: *Your request for a license/registration cannot be processed.*
6. The following persons and entities are authorized by law to receive the information if provided: *State of Minnesota - Department of Revenue and other government agencies as provided by law.*

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice.

Applicant's Signature: _____

Printed Name of Applicant: _____

Date: _____



2015 First Avenue, Anoka, MN 55303
Phone: (763) 576-2700 Website: www.ci.anoka.mn.us

AFFIDAVIT OF USE OF PROPERTY

Legal Property Owner:

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Property Address:

City/State

	Anoka MN
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Phone Number of Legal Property Owner (include area code):

Email Address:

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I hereby authorize the use of the property describe above to:

Business/Entity/Organization:

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Business/Entity/Organization Contact (Name of individual):

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Business/Entity/Organization Contact Phone Number:

Email Address:

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Describe in detail the use of the property by the Business/Entity/Organization named above:

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Signature of legal property owner named above:

Date:

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