

City of Isanti

110 1st Avenue NW
PO Box 428
Isanti, MN 55040
Phone 763.444.5512
Fax: 763.444.5560



**APPLICATION FOR
LIQUOR LICENSE AND/OR
RENEWAL**

☐ **NEW LICENSE OR** ☐ **RENEWAL LICENSE**

TO THE HONORABLE CITY COUNCIL,

I, _____, as _____ for and in behalf
(Name of person making application) (Individual owner, officer, or partner)

of _____ hereby submit this application for:
(Myself, names of partners, names of corporation or association)

- | | |
|---|--|
| <input type="checkbox"/> Beer Off-Sale (3.2)- \$150 | <input type="checkbox"/> Beer On-Sale (3.2)- \$250 |
| <input type="checkbox"/> Brewers Off-Sale Malt Liquor \$310 | <input type="checkbox"/> Brewers Taproom On-Sale License- \$500 |
| <input type="checkbox"/> Club License - \$500 | <input type="checkbox"/> Intoxicating Liquor On-Sale License - \$2,500 |
| <input type="checkbox"/> Intoxicating Liquor Sunday On-Sale License - \$200 | <input type="checkbox"/> Consumption & Display Permit-\$200 |
| <input type="checkbox"/> Wine License - \$300 | |

Plus, for new licenses only please select one of the following:

- ☐ **Investigation Fee** (Corp., Assoc., Partnership, or Club) - \$300
☐ **Investigation Fee** (Single) - \$100

for the _____ located at
(Name of the Establishment)

_____ for the sale of liquor in
(Street address and/or plat and parcel number)

accordance with the provision of Minnesota Statutes, Chapter 400, and City of Isanti Ordinance,

commencing _____, 20 _____ and ending March 31, 20 _____.

In support of said application and in accordance with the requirements as set forth in said Chapter, the following is submitted as part of the license application:

_____ License Fee
_____ Certificate of Insurance evidencing liquor liability coverage must
_____ cover license period of April 1 to March 31.
_____ Supporting License Documentation

1. State the exact legal description of the premises to be licensed, or attach a copy.

2. How are the premises zoned under the City of Isanti Zoning Code?

3. If the owner or owners of the building wherein the licensed business will be located is other than the applicant, state:

Full name _____
Residence Address _____ Phone _____
Business Address _____ Phone _____

Full name _____
Residence Address _____ Phone _____
Business Address _____ Phone _____

State in summary the conditions of lease arrangement, such as term of lease, monthly rental, renewal privileges, etc. (Attach a true copy of the lease).

4. If building is owned by individual applicant, partnership, corporation or association, state:

Date purchased _____

Name and address of person purchased from: _____

Who currently holds contract for deed? Name and address

5. State the floor number, general area, and all room where liquor is to be sold and consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served in the said rooms).

6. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Isanti delinquent or unpaid for the premises to be licensed?

Yes _____ No _____ if yes, give details

7. State the seating capacity for serving of meals of any restaurant or dining room of any hotel. _____

APPLICANT AND ASSOCIATES IN THIS APPLICATION WILL STRICTLY COMPLY WITH ALL THE LAWS OF THE STATE OF MINNESOTA GOVERNING THE TAXATION AND THE SALE OF LIQUOR; RULES AND REGULATIONS PROMULGATED BY THE LIQUOR CONTROL COMMISSIONER; AND ALL ORDINANCES OF THE CITY OF ISANTI.

- A. I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. The City of Isanti has determined that a comprehensive background investigation is necessary.
- B. I have been given a copy of the city code relating to liquor.
- C. Any falsification of answers to the questions may result in denial of the application.

Signature of Applicant

Date

Subscribed and sworn to before me a
Notary Public on this _____ day of
_____, 20 _____.

Notary Signature

(Notary Stamp)

Checks may be made payable to: THE CITY OF ISANTI

Questions regarding this application may be addressed to the City Clerk at (763) 444-5512

(FOR OFFICE USE)

LICENSE FEE PAID _____

BACKGROUND CHECK FEE PAID _____

CHECK NO. _____

DATE _____

LIQUOR LIABILITY INSURANCE RECEIVED _____

LICENSE GRANTED BY THE CITY COUNCIL ON _____

CITY CLERK _____

COMMENTS _____

MN Statutes 340A.403, subd. 4 states: (Notice to the Commissioner.) Within 10 days of the issuance of a license under this section, a municipality shall inform the commissioner, on a form the commissioner prescribes of the licensee's name and address and trade name, the effective date and expiration date of the license, and any other information on the licensee the commissioner requires. This law is for on sale intoxicating liquor licenses and on sale and off sale 3.2% beer licenses that have been issued. Date the Commissioner was notified

_____.

Police Chief Signature
Background Investigation Approval

Date

<p style="text-align: center;">Data Practices Advisory Tennessen Warning – Liquor Licensing</p>

You are being asked to answer questions and provide information pursuant to the liquor licensing and application process that is required by Minnesota state law and the City of Isanti, Minnesota city code. The purpose and intended use of the requested data is to verify that each applicant meets the requirements for state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created, or maintained is classified under the Minnesota Government Data Practices Act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (other than names and designated addresses)
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action
3. Entire record concerning any disciplinary proceeding
4. License numbers
5. License status

The following data collected, created, or maintained is classified under the Act as private data (Minn. Stat. § 13.41, subd. 2):

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. Record of disciplinary proceedings, except as limited by the provisions above

The following data collected, created, or maintained is classified under the Act as confidential data ((Minn. Stat. § 13.41, subd. 4) :

1. Active investigative data relating to complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, city officials who have a bona fide need for it, or as required by court order. The City of Isanti may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA:

Signature of License Applicant

Date

BACKGROUND INVESTIGATION INFORMED CONSENT TO RELEASE

NOTICE: Under data privacy laws, certain information is classified as private and is available only to you, to City employees whose work assignments require access, and to entities or agencies authorized by statute to gain access to this information. Completion of this form will allow the person or entity below access to information in the custody of the City of Isanti that relates to you.

A COPY OF THE APPLICANT'S DRIVER'S LICENSE MUST ACCOMPANY THIS RELEASE.

Driver's License Number: _____

I, _____ authorize the Isanti Police Department
(Please Print Name)

release and disclose to the City of Isanti the following Information:

- * Driver's License Check
- * Criminal History

Signature

Date

I agree to hold harmless the City of Isanti from any liability arising from the release of the information that is in accordance with this Informed Consent to Release.

I understand that I may cancel this Informed Consent to Release at any time prior to the release of information and that, in any event, this release expires automatically 90 days after the date of signing.

The City of Isanti does not discriminate on the basis of disability in the admission or access to, or treatment or employment in, its services, programs, or activities. Upon request, accommodation will be provided to all individuals with disabilities to participate in all City of Isanti Services, programs, and activities.

General Authorization and Release Pursuant to MN Statute Section 13.05, subd. 4, Minnesota Data Practices Act.