

CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION – CLERK DIVISION  
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125  
Telephone: Kim Blaeser, City Clerk - 651-714-3524  
Email: kim.blaeser@woodburymn.gov

Thank you for your interest in obtaining a liquor license from the City of Woodbury. Below are step-by-step instructions for completing the application. All application materials must be received before your application will be processed. You can expect the total processing time of your application to be approximately 60 to 90 days.

A. Background Investigation Fees and Annual Liquor License Fees

A background investigation fee is due at the time of the application. The fee is:

- \$500 for intoxicating liquor licenses; or
- \$250 for 3.2% Malt Liquor: On-Sale and Off-Sale

The City of Woodbury liquor license year runs April 1 – March 31. Your license fee will be prorated based on the number of months your license is to be in effect. The City Clerk will advise you of the amount due after your application has been turned in and you will be required to submit the payment upon demand.

For your information, the annual fees are as follows:

- |                               |          |
|-------------------------------|----------|
| • On-Sale Intoxicating        | \$10,000 |
| • On-Sale Sunday Sales        | \$ 200   |
| • On-Sale Wine and Beer       | \$ 2,000 |
| • On-Sale Culinary Class      | \$ 100   |
| • Off-Sale Intoxicating       | \$ 200   |
| • 3.2% Malt Liquor – On-Sale  | \$ 500   |
| • 3.2% Malt Liquor – Off-Sale | \$ 100   |

B. Upon receipt of the application materials, the City Clerk, Woodbury Public Safety and City Attorney will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed.

C. After review of the materials, a public hearing date will be set and property owners within a five hundred foot radius of the establishment will be notified of the hearing. A notice will also be published in the Woodbury Bulletin (the City's designated newspaper for official publications). You, or your General Manager, should plan to attend the City Council public hearing.

- D. If the Woodbury City Council approves your license, you should expect the following:
1. For **On-Sale Intoxicating and On-Sale Sunday Sales, On-Sale Culinary Class, 3.2 Malt Liquor On-Sale and Off-Sale**: *Once the City Council approves your liquor license, the City Clerk will mail the liquor license to you.*
  2. For **On-Sale Wine and Off-Sale Intoxicating liquor licenses**: Once the City Council approves your liquor license, the MN Department of Public Safety Alcohol and Gambling Enforcement is required to approve your license. The City Clerk will provide your liquor license materials to the State. Before the State approves your On-Sale Wine or Off Sale Intoxicating liquor license, you are required to contact the State to **arrange an inspection of the premises** at <https://dps.mn.gov/divisions/age/alcohol/Pages/default.aspx>.
- E. Once your liquor license has been issued, it is your responsibility to contact the City Clerk with any management changes as these individuals will be required to submit a Part II application along with required documents.
- F. If there is a building enlargement, alteration or extension of the premises, a fee of \$50 is required. Please contact the City Clerk for further details.
- G. Additional information:
- Liquor License applications - [www.woodburymn.gov](http://www.woodburymn.gov)
  - City Code – Chapter 4 Alcoholic Beverages - [www.woodburymn.gov](http://www.woodburymn.gov)
  - Minnesota State Statute – Liquor Laws – [www.leg.state.mn.us](http://www.leg.state.mn.us)
  - City of Woodbury Building Inspections: 651-714-3543
  - City of Woodbury Community Development 651-714-3533
  - City of Woodbury Notary Public Services City Hall - Admin. Dept.
- H. Questions regarding liquor license process: Kim Blaeser, City Clerk  
[Kim.blaeser@woodburymn.gov](mailto:Kim.blaeser@woodburymn.gov)  
651-714-3524



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 133, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555  
 WWW.DPS.STATE..MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company. Name \_\_\_\_\_ Policy # \_\_\_\_\_

**Licensee's MN Sales and Use Tax ID #** \_\_\_\_\_ *To apply for a MN sales and use tax ID #, call (651) 296-6181*

**Licensee's Federal Tax ID #** \_\_\_\_\_

**If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.**

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
License Location (Street Address & Block No.)	License Period From _____ To _____		Applicant's Home Phone #
City	County	State	Zip Code
Name of Store Manager	Business Phone Number		DOB (Individual Applicant)

**If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.**

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation \_\_\_\_\_, state incorporated in \_\_\_\_\_, amount paid in capital \_\_\_\_\_. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
\_\_\_\_\_
3. Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No If yes state approximate distance. \_\_\_\_\_  
\_\_\_\_\_
4. Name and address of building owner: \_\_\_\_\_  
Has owner of building any connection, directly or indirectly, with applicant?  Yes  No
5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued?  Yes  No If yes, in what capacity? \_\_\_\_\_  
\_\_\_\_\_
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. \_\_\_\_\_  
\_\_\_\_\_
7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. \_\_\_\_\_

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be granted
10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License.  Yes  No  Will be granted
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
12. State Number of Employees \_\_\_\_\_
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. \_\_\_\_\_  
\_\_\_\_\_
2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. \_\_\_\_\_
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties?  Yes  No If yes, give dates, charges and final outcome.  
\_\_\_\_\_
4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  
 Yes  No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

Check one

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

**I certify that I have read the above questions and that the answers are true and correct of my own knowledge.**

Print name of applicant & title	Signature of Applicant	Date
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**REPORT BY POLICE/SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

\_\_\_\_\_

\_\_\_\_\_

Police/Sheriff's Department	Title	Signature
County Attorney's Signature	PS 9136-(2006)	

**IMPORTANT NOTICE**

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651)726-0220



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER  
  
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
**PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Print Name of Licensee (As shown on license)	Business Name (DBA)		
<input type="text"/>	<input type="text"/>		
Business Address	County	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
City, State, Zip Code	Authorized Signature		
<input type="text"/>	<input type="text"/>		

**CITY OF WOODBURY**  
**DEPARTMENT OF ADMINISTRATION - CLERK DIVISION**  
**8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**  
**Telephone: 651-714-3524**

**NEW LIQUOR LICENSE APPLICATION**  
**CITY OF WOODBURY, MINNESOTA**

**PART I – GENERAL INFORMATION**

Directions: Fill out completely and legibly using typewriter or blue/black ink. Indicate if you are the individual, partner, corporation officer, association officer, or manager.

1. Name of applicant: (name of individual partnership, corporation, association, LLC etc.)

Applicant address: \_\_\_\_\_

Applicant City/State/Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Applicant Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Business Name/dba: \_\_\_\_\_

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Website: \_\_\_\_\_

**If business is to be conducted under a designation, name or style other than full individual names of the applicant, attach two copies of the trade name certificate, as required by *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.**

2. Type of applicant:

\_\_\_\_ Individual    \_\_\_\_ Partnership                          \_\_\_\_ LLC  
 \_\_\_\_ Corporation                                        \_\_\_\_ Association or other: \_\_\_\_\_

3. Type of license applicant seeks:

____ On-Sale Intoxicating	____ 3.2% Malt Liquor: On-Sale
____ On-Sale "Sunday Sales"	____ 3.2% Malt Liquor: Off-Sale
____ On-Sale Wine (includes Sunday)	____ Off-Sale Intoxicating
____ On-Sale Club/Commercial Recreational Club	____ On-Sale Brewer Taproom
____ On-Sale Culinary Class	____ Off-Sale Small Brewer
____ Consumption and Display	____ Off-Sale Sunday Growler

**INDIVIDUAL APPLICATION**  
**Complete 5a, 5b, 5c, 5d, and proceed to question 9**

5 (a). Full Name: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*  
How long have you been in business at this address: \_\_\_\_\_

(b). The full name, residence address and telephone number of the agent in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

(c). The full name, address, and phone number of the assistant manager, food manager, and beverage manager.

Assistant Manager: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

Food Manager: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

Beverage Manager: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*  
\_\_\_\_\_  
*(City) (State) (Zip Code)*

(d). ***A Part II – Personal History form must be completed and attached for each of the individuals in 5a, 5b, and 5c.***

**PARTNERSHIP OR LLC APPLICATION**  
**Complete 6a, 6b, 6c, 6d, and proceed to question 9**

6 (a). If the applicant is a partnership or LLC state full names, residence and business addresses, phone numbers and interest of each member.

(1). Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(First) (Middle) (Last) (Date of Birth)  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

(2). Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(First) (Middle) (Last) (Date of Birth)  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

*(If additional space is necessary, attach additional sheets.)*

(b). The managing partner will be:

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

(c). Please attach one copy of the partnership or LLC agreement and one copy of the Certificate of Trade Name under provisions of *Chapter 333, Minnesota Statutes*, certified by the Secretary of State.

(d). ***A Part II – Personal History form must be filled out and attached for each of the individuals listed in 6a and 6b.***



# CORPORATION OR ASSOCIATION APPLICATION

Complete 7a, 7b, 7c, 7d, and proceed to question 9

7 (a). Full Name: \_\_\_\_\_ State of Incorporation/Association: \_\_\_\_\_  
*(First) (Middle) (Last)*

Woodbury Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

Home Office Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

(b). The full names, residence address, and telephone number of all officers of said corporation/association:

President: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

Vice President: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

Secretary: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

Treasurer: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

(c). The full names, residence address, and telephone numbers of all persons who singly or together with their spouses and his or her parents, brother, sister, or children own or control an interest in said corporation or association:

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_  
*(City) (State) (Zip Code)*

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

*(If additional space is necessary, attach additional sheets.)*

**(d). ATTACH:**

- 1) One copy of Certificate of Incorporation or Organization
- 2) One copy of Articles of Incorporation, Partnership, Association, or LLC Agreement
- 3) One copy of By-Laws to the application
- 4) Foreign corporation shall attach one copy of Certificate of Authority, as described in *M.S.A. Chapter 303*

**(e). A Part II – Personal History form must be filled out and attached for individuals listed in 7b and 7c.**

**CLUB APPLICATION**

**Complete 8a, 8b, 8c, 8d, and proceed to question 9**

8 (a). If the applicant is a club, state name of club: \_\_\_\_\_  
Date that the club was first incorporated: \_\_\_\_\_  
Place of such organization: \_\_\_\_\_  
Present number of members: \_\_\_\_\_

(b). The full names, positions, residence addresses, and phone numbers of all officers, executive committee members and member of board of directors:

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

(c). Attach one copy of the Articles of Incorporation and By-laws of the club.

(d). A sworn statement that the Club has been in existence for more than one year must be submitted. A person who has personal knowledge of the facts stated therein shall make the statement. In the event that no person can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

**(e). A Part II – Personal History form must be filled out and attached for the individuals listed in 8b.**

9. If the liquor premise is within 1,000 feet of a church or school structure, submit a plot plan, showing the dimensions, locations of the premise, street access, parking facilities, and the location and the distance of the closest point of the church structure of the closest public school.

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10. How is the premise zoned under the Woodbury zoning ordinance?

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11. State full names, residence and business addresses, and phone number of the owner (s) of the building wherein the licenses business will be located, if the owner is other than the applicant.

Full Name: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_ *(City) (State) (Zip Code)*

Full Name: \_\_\_\_\_  
*(First) (Middle) (Last) (Date of Birth)*

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
*(Street)*

\_\_\_\_\_ *(City) (State) (Zip Code)*

12. Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangements, such as, terms of the lease, monthly rental, renewal privileges, etc. **(One copy of the lease or purchase agreement shall be attached):**

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

(a) Date Purchased: \_\_\_\_\_

(b) Name and address of person purchased from: \_\_\_\_\_

(c) Purchased price: \_\_\_\_\_ Amount of down payment: \_\_\_\_\_

(d) Are there any delinquent payments on the mortgage and/or contract for deed? \_\_\_\_\_

**ATTACH A COPY OF THE MORTGAGE OR CONTRACT FOR DEED.**

14. Give full names, addresses, phone number of all persons, other than the applicant who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest, amount thereof, and the terms for the payment or other reimbursement. (This shall include, but not limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.):

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Interest, etc.: \_\_\_\_\_

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Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Nature of Interest, etc.: \_\_\_\_\_

If this application is for premises either planned, under construction, or undergoing substantial alternation, the application shall be accompanied by a set of preliminary plans showing the design of the proposed premises to be licensed. If the plans or designs are on file with the manager of the building and the department of community development, no additional plans need be filed with this application.

15. State the floor number, general area, and all rooms where intoxicating 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):

\_\_\_\_\_

16. What permits required by the Federal Government have been applied for or issued for the premises: In what name were these applied for or issued, and what is the nature of the permit:

\_\_\_\_\_

17. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises. In what name were these applied for or issued, and what is the nature of the permit or license:

\_\_\_\_\_

18. Are any real-estate taxes, personal property taxes, special assessments, or other financial claims of the City of Woodbury delinquent or unpaid for the premises to be licensed:  Yes  No

If yes, give details: \_\_\_\_\_

- 19 (a). Are the premises located within 500 feet of any public school? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the public school).  Yes  No

- (b). If the application is for a club, are the premises located within 500 feet of a church?  
 Yes  No

- (c). Are the premises located within 500 feet of any church? (This distance is measured in a straight line from the principal building of the business to be licensed to the principal building of the church).  
 Yes  No

20. If the premise is a hotel or motel, is there a dining room, open to the general public, with a minimum floor area of 900 square feet seating a minimum of 30 persons, and are there a minimum of 50 guest rooms provided?  Yes  No

21. If the premise is a restaurant, is there a minimum floor area of 1200 square feet for dining, open to the general public, and provisions for seating a minimum of 50 persons at one time?  Yes  No

22. Names, residence addresses and phone number of two persons who have known the applicant for a period of two (2) years and who will vouch for sobriety, honesty, and general good character of the applicant.

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Full Name: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

23. List the following related to Insurance:

Name of Insurance Company: \_\_\_\_\_

Address: \_\_\_\_\_

Insurance Company Contact Person: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Type of Insurance coverage and amount:

\_\_\_\_\_

**A financial statement of net worth and a short autobiography must accompany this application for all persons who are required to complete a Part II Personal Information Form. (Except – Manager, Assistant Manager, Food Manager, and Beverage Manager provided these individuals are not partners officers of the corporation or do not hold an interest in excess of five (5) percent.)**

\*\*\*\*\*

**Any falsification of answers to the above questions will result in denial of the application.**

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

**NOTARY PUBLIC:**

State of \_\_\_\_\_  
County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared before me,  
\_\_\_\_\_ who is personally known to me,  
\_\_\_\_\_ whose identity I verified on the basis of \_\_\_\_\_,  
\_\_\_\_\_ whose identity I verified on the oath/affirmation of \_\_\_\_\_, a credible witness,  
to be the signer of the foregoing document, and he/she acknowledged that he/she signed it.

\_\_\_\_\_  
Notary Public

Seal

\_\_\_\_\_  
My Commission Expires

**CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION  
CITY CLERK DIVISION  
KIM BLAESER, CITY CLERK – 651-714-3524**

**LIQUOR LIABILITY (DRAM SHOP) REQUIREMENTS:**

Be advised that the State of Minnesota, Statute Section 340A.409 requires that every person, firm or corporation licensed to sell intoxicating and/or non-intoxicating liquor, On-Sale or Off-Sale, must “demonstrate proof of financial responsibility”. The proof of financial responsibility can be shown by filing one of the following:

1. A certificate of insurance that there is in effect an insurance policy or pool providing coverage of at least:
  - \$50,000 of coverage because of bodily injury to any one person in any occurrence
  - \$100,000 of coverage because of bodily injury to two or more persons in any one occurrence
  - \$10,000 of coverage because of injury to or destruction of property of others in any one occurrence
  - \$50,000 of coverage for loss of means of support of any one person in any one occurrence
  - \$100,000 of coverage for loss of means of support two or more persons in any one occurrence.
  - \$50,000 for other pecuniary loss of any one person in any one occurrence, and \$100,000 for other pecuniary loss of two or more persons in any one occurrence.

**A liability insurance policy must provide that it may not be canceled for any cause, except for non-payment of premium, by either the insured or the insurer unless the canceling party has first given 30 days’ notice in writing to the issuing authority of intent to cancel the policy.**

2. A bond or surety company with minimum coverage as provided in 1 above (or)
3. A certificate of the commissioner of finance that the licensee has deposited with the commission of finance \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000.

**\*\*Insurance certificates must have the licensed Corporation Name and DBA (Doing Business As), and the licensed business address listed on the certificate. The insurance expiration date must run concurrent with the license year (April 1 – March 31). Copies transmitted by fax machine are acceptable. Please fax to the attention of Kim Blaeser, City Clerk at 651-714-3529.\*\***



# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)		
Policy number	Effective date	Expiration date

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

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

**Print name**

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



# Tax Identification Form – City of Woodbury License Applicants

License Applicant:

Pursuant to “Minnesota Statute 270C.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 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 Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application the City of Woodbury. Do not return to the Department of Revenue.

Name of Applicant: \_\_\_\_\_

Social Security Number: \_\_\_\_\_  
(For individual business owner only, not partnership, corporation, etc.)

Type of Business \_\_\_\_\_

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Signed by \_\_\_\_\_ Date \_\_\_\_\_

Print Name of Person Signing \_\_\_\_\_

If a Minnesota Tax Identification Number is not required, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2019 Minnesota Statutes

270C.72 Tax Clearance; Issuance of Licenses - Subdivision 4 Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number or individual taxpayer identification number and Minnesota business identification number, as applicable, on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, and Social Security number or individual taxpayer identification number and business identification number, as applicable, of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

**CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION  
CLERK DIVISION  
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125  
Telephone: 651-714-3524**

**PART II - LIQUOR APPLICATION  
PERSONAL HISTORY INFORMATION FORM**

Directions: This form must be completed by the **by each manager**, proprietor or other person with management responsibilities for the premises.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
<b>US Citizen:</b> (circle one) Yes      No	<b>Naturalized:</b> (circle one) Yes      No	If yes, give date & place:	
<b>Marital Status:</b> (circle one) <b>Married      Single      Divorced</b>			
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter: Applicant is a registered voter:      Yes      No      (circle one) If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

H. PART II General Manager

Date:			
Street	City	State	Zip Code
5. List the name, location, and type of business or occupation the applicant have been engaged in over the past ten (7) years. List most recent business first.			
<b>Name of business/occupation:</b>			
Location:			
Street	City	State	Zip Code
Years in business/occupation:			
Person engaged in business/occupation:			
<i><b>If additional businesses – please write information on back.</b></i>			
6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
7. List all the convictions of a felony crime or violation of any ordinance other than a misdemeanor traffic violation for the applicant:			
Nature of conviction:		Date:	
Place of conviction:			
Street	City	State	Zip Code

**ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.**

**Signature of Applicant:**

Subscribed and sworn before me a Notary Public

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_ Seal

**CITY OF WOODBURY**  
**DEPARTMENT OF ADMINISTRATION**  
**CLERK DIVISION**  
**8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**  
**Telephone: 651-714-3524**

**PART II - LIQUOR APPLICATION**  
**PERSONAL HISTORY INFORMATION FORM**

Directions: This form must be completed by the sole owner, by **each** partner, by **each** officer, or director, proprietor or other person with management responsibilities for the premises, **by each** person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

Full Name:			
(First)	(Full Middle)	(Maiden)	(Last)
Business Name & Address:			
Your home address:			
Street	City	State	Zip Code
Telephone Number:		Fax Number:	
Date of Birth:			
Height:	Weight:	Hair Color:	Eye Color:
<b>US Citizen:</b> (circle one) <b>Naturalized:</b> (circle one)		If yes, give date & place:	
Yes	No	Yes	No
<b>Marital Status:</b> (circle one)			
<b>Married</b>		<b>Single</b>	<b>Divorced</b>
Street	City	State	Zip Code
1. If you have ever used or been known by a name or names other than the true name give above, please list such name(s) and information concerning dates and places used:			
2. Indicate whether you are a registered voter:			
Applicant is a registered voter:		Yes	No (circle one)
If you are a registered voter, indicate where:			
4. List addresses where you have lived during the past ten (10) years. Begin with most current address and work back:			
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code
			Date:
Street	City	State	Zip Code

5. List the name, location, and type of business or occupation the applicant have been engaged in over the past ten (7) years. List most recent business first.			
<b>Name of business/occupation:</b>			
Location:			
Street	City	State	Zip Code
Years in business/occupation:			
Person engaged in business/occupation:			
<i><b>If additional businesses – please write information on back.</b></i>			
6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
<b>Name of Employer:</b>			
Company Name:		Phone:	
Address:			
Street	City	State	Zip Code
Contact person:			
7. List all the convictions of a felony crime or violation of any ordinance other than a misdemeanor traffic violation for the applicant:			
Nature of conviction:		Date:	
Place of conviction:			
Street	City	State	Zip Code

ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

**Signature of Applicant:**

Subscribed and sworn before me a Notary Public

On this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Notary Signature: \_\_\_\_\_

My commission expires on: \_\_\_\_\_ Seal



Department of Administration – Clerk Division – Licensing  
 8301 Valley Creek Road, Woodbury, MN 55125 - 651-714-3524  
 City Clerk: kim.blaeser@woodburymn.gov

**Background Investigation Consent Release and Tennesen Warning Release Form:**

**This document is to be completed by the sole owner, by each partner, by each officer or director, by each manager, proprietor or other person with management responsibilities for the premises, by each person who by combined ownership or control has interest in a corporation or association in excess of five percent (5%)**

As a Liquor License applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. Some information attained in such an investigation may be considered public data under the Minnesota Government Data Practices Act before or after the City Council acts to approve or deny the permit application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to so consent may be the basis for denying my application.

**Personal Information – Please Print**

First Name:	Middle Name:	Last Name:
Current Address (street address, city, state, zip code, and county)		Telephone Number
Alias Name(s)	Former Name(s)	
Driver's License Number and State of Issuance	Date of Birth	

**Tennesen Warning:** In connection with your request for a Liquor License, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine if you are eligible for a Liquor License within the City of Woodbury.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The consequences of refusing to supply the requested information is that your request for a Liquor cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a Liquor License within the City, unless the conviction is related to the matter for which the Liquor License is sought according to Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice. I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below. Copies of this release shall be as effective as the original.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed



**Each person required to complete the Part II Application, except general managers and bar managers, must submit this form.**

**CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION  
CLERK DIVISION  
8301 VALLEY CREEK ROAD, WOODBURY, MN 55125**

**AUTHORIZATION TO RELEASE FINANCIAL RECORDS**

I have applied to the City of Woodbury, Minnesota for a liquor license. Minnesota State Statute 340A.412, sub. 2, requires that the city conduct a financial investigation of each such applicant. I hereby authorize you to release and/or provide copies of all financial data created, stored, or maintained by your institution relative to my financial transactions, to the City of Woodbury, Department of Administration, Clerk Division.

Signature	Date
Printed Name	Social Security #
Street Address	Date of Birth
City      State      Zip	Telephone number