

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

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.**

A background investigation fee is due at the time of application. This fee is \$500 for intoxicating liquor licenses (fee is \$250 if the business/corporation is remaining the same as on current Woodbury license), including wine licenses and \$250 for 3.2% malt liquor licenses.

Annual Fees for intoxicating liquor licenses are as follows:

- On Sale \$10,000
- On Sale Sunday \$200
- On Sale Wine & Beer \$2,000
- Off Sale \$200

Annual Fees for 3.2 percent malt liquor licenses are as follows:

- On Sale \$500
- Off Sale \$100

Your license fee will be prorated based on the month your license is to be effective. Our license year runs April 1 – March 31. You will be advised of the amount due after your application has been turned in and will be required to submit the payment upon demand.

Upon receipt of the application/background packet, the Woodbury Police Department will review the materials submitted and conduct a background investigation. You will be notified if additional information is needed. After the background investigation, 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 newspaper. Public Hearings take place at our City Council meetings, which are held the second and fourth Wednesday of each month.

If the Woodbury City Council approves your license, the application goes to the State of MN for final approval (intoxicating & wine licenses only). The State requires an inspection of all wine establishments and liquor stores. The inspector for this area is Dan Perron. You may contact Mr. Perron at 651-724-1104 to arrange to have your business inspected after the City approves your license, otherwise he will contact you when he receives our paperwork. If your business will be located in a new building, it is recommended that you contact Mr. Perron sometime during the application process to find out what he looks for in his inspection so there are no surprises at the end.

Your license will be mailed to you after final state approval. **You can expect the total processing time of your application to be approximately 60-90 days.**

Once a license has been issued, it is your responsibility to contact the Woodbury Administration Department- City Clerk Division with any management changes or building changes. All new general managers and bar managers will need to submit a Part II application packet with the required documents.

The fee for proposed building enlargement and/or alteration is \$50. There is no additional fee for management changes.

Liquor license applications can be obtained by contacting the Woodbury Administration Department-City Clerk Division at 651-714-3524. The application includes a copy of the Woodbury City Ordinance Chapter 4, Alcoholic Beverages. A copy of the City Ordinance can be viewed on the City's website at [www.ci.woodbury.mn.us](http://www.ci.woodbury.mn.us). A copy of the MN State Statute can be viewed on their website at [www.leg.state.mn.us](http://www.leg.state.mn.us), select MN statutes, entire chapter, 340a.

Other City of Woodbury departments you may need to contact:

Building Inspections: 651-714-3543

Community Development: 651-714-3533

Fire Department (non-emerg) 651-714-3600

Note: If you need a notary public, there are several available at the Woodbury Police Department, as well as City Hall. Business hours are Monday – Friday, 8:00 a.m. to 4:30 p.m.

Please direct questions regarding liquor license process to:

**Kimberlee Blaeser, City Clerk**  
**Woodbury Administration Department – City Clerk Division**  
**[kblaeser@ci.woodbury.mn.us](mailto:kblaeser@ci.woodbury.mn.us)**  
**651-714-3524**

## **Instructions for Applying for a Liquor License**

### **Application for Retailer's (Buyer) Card for liquor or wine**

This State of Minnesota form must be completed and mailed along with the \$20.00 fee to:

Department of Public Safety  
Liquor Control Division  
444 Cedar Street/Suite #133  
St. Paul, MN 55101-2156

### **MN Dept. of Public Safety Application for/Certification of Liquor License**

This form is required by the State of MN. Please complete the form and return with the City of Woodbury application packet.

### **City of Woodbury Application Part I - General Information**

This form must be completed and signed in the presence of a notary public by the following person:

Individual App.:	by such individual
Partnership App.:	by one of the partners
Corporation App.:	by an officer of the corporation (see app., #7)
Unincorporated App.:	by the manager or managing officer (see app., #7)

Please complete questions 1-4 and 9-22. Complete one of the following depending on the type of business: 5, 6, 7, or 8. You must also include your company financial statements. Pay special attention to the additional items that need to be submitted with the application.

### **City of Woodbury Application Part II - Personal History Information**

This form must be completed and signed in the presence of a notary public by:

- each partner or proprietor
- each officer or director
- each general manager and bar manager
- each person who by combined ownership or control has an interest in a corporation or association in excess of 5% (or in the case of off sale, 1%)

Each person required to complete the Part II application must also submit signed a signed Data Practices Advisory. In addition, each of these persons, with the exception of general managers and bar managers must also submit:

- Authorization to Release Detox Center Information (4)
- Authorization to Release Financial Records (3)
- Authorization for Release of Information (Human Services)
- A short autobiography
- Financial statements



**Minnesota Department of Public Safety  
Alcohol and Gambling Enforcement Division (AGED)  
444 Cedar Street, Suite 133, St. Paul, MN 55101-5133  
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555**

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types:  
 1) City issued on sale intoxicating and Sunday liquor licenses  
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License \_\_\_\_\_ License Period From: \_\_\_\_\_ To: \_\_\_\_\_

Circle One: New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
 (former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
 (corporation, partnership, LLC, or individual)

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_

Licensee's Federal Tax ID # \_\_\_\_\_ (To apply call IRS 800-829-4933)  
 (To Apply call 651-296-6181)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
(Partner/Officer Name (First Middle Last))	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (title)

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**

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

**APPLICATION FOR ON/OFF SALE  
LIQUOR LICENSE  
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: (position in individual partnership, corporation, association, LLC etc.)  
Name: \_\_\_\_\_ Position: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)

2. Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_

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.

3. Type of applicant:  
 Individual  Partnership  LLC  
 Corporation  Association or other: \_\_\_\_\_

4. Type of license applicant seeks:  
 On Sale Intoxicating  On Sale "Sunday Sales"  On Sale 3.2% Beer  
 On Sale Wine  On Sale Club/Commercial Recreational Club  
 Off Sale

**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)

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(City) (State) (Zip Code)

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

How long have you been in business at this address: \_\_\_\_\_  
(City) (State) (Zip Code)

(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)

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(Street)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(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)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(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)

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

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

\_\_\_\_\_ Phone: \_\_\_\_\_  
(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)

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

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

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

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

Secretary: \_\_\_\_\_

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

Treasurer: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(First) (Middle) (Last) (Date of Birth)  
(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.: \_\_\_\_\_

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.)**

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

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

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



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
444 Cedar Street Suite 222  
St. Paul, MN 55101-5133  
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 #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS	COUNTY	BUSINESS PHONE	
CITY, STATE, ZIP CODE	AUTHORIZED SIGNATURE		

PS 9135 (12/09)

**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

**PRINT IN INK or TYPE.**

Minnesota Statutes, 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 workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' 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.

**A valid workers' 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 used)	LICENSE OR PERMIT NO (if applicable)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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**NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:**

I have attached a copy of the permit to self-insure.

**NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:**

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

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_
- Other: \_\_\_\_\_

**ALL APPLICANTS COMPLETE THIS PORTION:**

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.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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**NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.**  
 This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-6354 (DIAL-DLI) Voice or TDD (651) 297-4198.

## State of Minnesota License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

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

Please print or type

Name of license being applied for and license number (if renewal):	License Number #:
Licensing Authority (name of city, county, or state agency issuing license):	
License Renewal Date:	

<b>PERSONAL INFORMATION:</b>			
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
Applicant's address	City	State	Zip Code

<b>BUSINESS INFORMATION:</b>			
Business name			
Business address	City	State	Zip Code
Minnesota tax identification number		Federal tax identification number	
<b>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</b>			

**Applicant Signature:**

Signature	Title	Date
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**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:
US Citizen: (circle one) Yes      No		Naturalized: (circle one) Yes      No	
If yes, give date & place:			
Marital Status: (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

1. 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.				
Name of business/occupation:				
Location:				
Street	City	State	Zip Code	
Years in business/occupation:				
Person engaged in business/occupation:				
<i>If additional businesses - please write information on back.</i>				
6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:				
Name of Employer:				
Company Name:			Phone:	
Address:				
Street	City	State	Zip Code	
Contact person:				
Name of Employer:				
Company Name:			Phone:	
Address:				
Street	City	State	Zip Code	
Contact person:				
Name of Employer:				
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

**\*\*THIS DOCUMENT IS TO BE COMPLETED BY 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 5%.\*\***

**CITY OF WOODBURY  
DEPARTMENT OF ADMINISTRATION  
APPLICATION FOR LICENSE  
DATA PRACTICES ADVISORY**

**PLEASE READ CAREFULLY BEFORE SIGNING:**

In accordance with the Minnesota Government Data Practices Act, the City of Woodbury is required to inform you of your rights as they pertain to the private information collected from you. Private data is that information which is available to you, but not to the public. Public data is available to anyone. All data pertaining to the application for a license is classified as private data on individuals while the application is being processed. Once the application has been acted on, all data on it becomes public.

The information collected from you or from other agencies or individuals authorized by you is used to determine your eligibility to obtain a license. You are not required to provide the information requested on the application forms, however, this information is vital to determine your eligibility to obtain a license. Failure to provide this information could result in denial of your application.

The dissemination and use of private data collected is limited to what is necessary to determine your eligibility to obtain a license. Persons or agencies to which this information may be disseminated include:

1. Woodbury Police Department Personnel
2. Washington County Sheriff's Department
3. Minnesota Bureau of Criminal Apprehension
4. The National Crime Information Center
5. Other agencies or individuals that may provide information relevant to determining your suitability to obtain a permit.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the private data must also treat the information as private.

**I HAVE READ AND UNDERSTAND THAT INFORMATION ABOVE REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant



**Each person required to complete the Part II Application must submit this form.**

**AUTHORIZATION TO RELEASE INFORMATION**

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, \_\_\_\_\_, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Police Department and authorized personnel of the City of Woodbury. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Woodbury Police Department and its consultants. This consent for the release of data is for the purpose of determining my suitability for obtaining a Liquor license in the City of Woodbury. This information cannot be used for any other purposes.

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

**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:
US Citizen: (circle one) Yes      No	Naturalized: (circle one) Yes      No	If yes, give date & place:	
Marital Status: (circle one) Married      Single      Divorced			
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.

Name of business/occupation:

Location:

Street City State Zip Code

Years in business/occupation:

Person engaged in business/occupation:

*If additional businesses - please write information on back.*

6. List names, addresses and phone numbers of your employers for the past ten (5) years, list most recent employer first:

Name of Employer:

Company Name: Phone:

Address:

Street City State Zip Code

Contact person:

Name of Employer:

Company Name: Phone:

Address:

Street City State Zip Code

Contact person:

Name of Employer:

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



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



**Each person required to complete the Part II Application must submit this form.**

**AUTHORIZATION TO RELEASE INFORMATION**

Name (first, middle, last)	
Current Address (street address, city, state, zip code, and county)	Telephone Number
Alias Name(s)	Former Name(s)
	Date of Birth

I, \_\_\_\_\_, authorize all requested agencies to release criminal history (Print Name) data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the Police Department and authorized personnel of the City of Woodbury. I understand that some of this data may be classified as private data under Minnesota Statutes and I hereby give my informed consent to the release of that private data by the authorized agency to the City of Woodbury Police Department and its consultants. This consent for the release of data is for the purpose of determining my suitability for obtaining a Liquor license in the City of Woodbury. This information cannot be used for any other purposes.

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 for Release of Information**

Re: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
(Please Print Full Name)

AKA:

\_\_\_\_\_

Maiden Name:

\_\_\_\_\_

I hereby authorize and grant my informed consent to permit the Minnesota Department of Human Services to release to and make available to the Woodbury Police Department and/or its agents and/or representatives data classified as private which concerns me and which may be in your possession. The data that I authorize to be released consists of private data as defined by Minnesota Statue 13.02, Subdivision 12, and has been collected by you as a result of my contact and associations with you, and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained, or disseminated in whatever form that in any way relates to my dealings with you or your agency. This information includes, but is not limited to, data regarding mental illness or chemical dependency.

I understand that access to this information is to determine my eligibility for employment.

This authorization shall be valid for a period of one year but I reserve the right to, at anytime prior to that expiration, cancel the written authorization by providing written notice to the Woodbury Police Department or to you of that fact.

\_\_\_\_\_  
Signature (Full Name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Expiration Date of Release

Kimberlee K. Blaeser, 651-714-3524  
City of Woodbury Contact Person/Telephone Number

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

FAX TO: RAMSEY COUNTY DETOX  
651-266-4539

FROM: Kim Blaeser, City Clerk  
City of Woodbury  
651-714-3524 - Phone  
651-714-3529 - Fax

AUTHORIZATION TO RELEASE DETOX CENTER INFORMATION

I \_\_\_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_, authorize RAMSEY COUNTY  
DETOX

to release to the Woodbury Police Department any information that may pertain to my  
admittance at their facility. I have also been known by the name(s) of:

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

This authorization expires one year from date of signing.

**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**

**FAX TO: DAKOTA COUNTY DETOX  
651-437-6161**

**FROM: Kim Blaeser, City Clerk  
City of Woodbury  
651-714-3524 - Phone  
651-714-3529 - Fax**

**AUTHORIZATION TO RELEASE DETOX CENTER INFORMATION**

I \_\_\_\_\_ DOB: \_\_\_\_\_

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

Telephone: \_\_\_\_\_, authorize **DAKOTA COUNTY DETOX**

to release to the Woodbury City Clerk's Office any information that may pertain to my  
admittance at their facility. I have also been known by the name(s) of:

\_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

This authorization expires one year from date of signing.