



## AUDITOR/TREASURER

320 Third Street NW • Faribault, MN 55021

(507) 332-6104 • Fax (507) 333-3754

[www.co.rice.mn.us](http://www.co.rice.mn.us)

### CHECKLIST OF REQUIRED APPLICATION MATERIALS FOR "NEW OR TRANSFERS" OF ON-SALE WINE LICENSE

**License Period: July 1st through June 30th of the following year**

The following materials must be included when submitting your Liquor License application.

The completed materials should be returned to the Rice County Auditor's Office by May 1<sup>st</sup> to be included on the agenda for the next Board of Commissioner's meeting

***Please note: Do not return your application to the Auditor-Treasurer's Office until all forms are completed including all required signatures from the township, county attorney and county sheriff. Applications will be returned unapproved if they are submitted to our office incomplete.***

\_\_\_\_\_ 1. Completed & signed MN State application form(s)

For New and/or Transfer of On-Sale Liquor License use form #9015

For New and/or Transfer of Off-Sale Liquor License use form #9136

For New and/or Transfer /Combination On-Sale & Off-Sale Liquor License use both forms #9015 & #9136

**Additional instructions & information:**

- Verify licensee name on application is: the corporate name, if incorporated **-or-** the partnership name if a partnership **-or-** the individual name or names if neither a corporation or a partnership
- Dates of Birth must be included for all officers, partners or individuals
- If more than one individual is involved in the license, the partnership section of the application must be completed (such as husband & wife)
- Forms must be filled in completely
- Sign your application
- Get approval signatures from the County Sheriff and County Attorney
- To apply for a Special Occupation Tax Stamp contact the State TTB at 1-877-882-3277 or [www.ttb.gov](http://www.ttb.gov)
- To apply for a Sales and Use Tax Permit contact the MN Dept. of Revenue at 1-800-657-3777
- If your establishment is brand new and never before been licensed for the type of license you are applying for your establishment will need to be inspected by one of the State's field inspectors. For more information contact AGED at 1-651-201-7500 or visit their website at [www.dps.mn.gov](http://www.dps.mn.gov)

\_\_\_\_\_ 2. Completed & signed Certification of an On-Sale Liquor License, 3.2% Liquor License or Sunday Liquor License - Form #9011

\_\_\_\_\_ 3. Certificate of Liquor Liability Insurance

- Rice County must be the certificate holder

- **The pre-printed cancellation paragraph at the bottom must read as follows:**

*"Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 10 days written notice to the certificate holder named to the left."*

- The insurance certificate must cover your license period completely.

- Do not submit insurance company applications or invoices as proof of liquor liability. You must have the actual certificate of liquor liability insurance

- Your certificate of insurance must be in your exact corporate or individual name

- The minimum limits of the policy are \$100,000 and a \$300,000 aggregate per policy year

- \_\_\_\_\_ 4. Certification of Compliance of the MN Workers' Compensation Law
- \_\_\_\_\_ 5. Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training
- \_\_\_\_\_ 6. For On-Sale License Applicants: A copy of your current Restaurant License from the MN Dept. of Health
- \_\_\_\_\_ 7. For On-Sale License Applications: Per MN Statute 7515.0430, Subp.2. Description of Premises. The retail license for sale of alcoholic beverages which the county may issue must contain a specific description of the premises to which the license applies. The description must state the numbered street address or the description of the lot, block, addition or township. In addition, the license application must include a complete description of the compact and contiguous area in which the licensee will conduct business, including a description of physically connected attachments to the main structure such as patios, decks or pavilions. If the description in this subpart covers a building with more than one story or rooms which are used for business purposes other than those permitted to be in combination with the license as outlined in part 7515.0420, the the description must specify the floor and the space to which the license will apply.
- \_\_\_\_\_ 8. Town Board Approval Request Form
- \_\_\_\_\_ 9. For Off-Sale Applicants: A copy of the Town Board Resolution supporting the issuance of this license.  
*Note: The County must hold a public hearing before this license can be granted per MN Statute 340A.405 sub2(d)*
- \_\_\_\_\_ 10. For Corporations: Submit a copy of "Articles of Incorporation" from the State of MN  
For Partnerships: Submit a copy of your Partnership Agreement
- \_\_\_\_\_ 11. Paid Investigation Fee: \$200.00
- \_\_\_\_\_ 12. Paid License Fee: \$600.00
- \_\_\_\_\_ 13. Buyer's Card Application & \$20.00 check made out to Alcohol & Gambling Enforcement Division
  - You may submit this to the County with your other paperwork and we will forward it to the State or you can send it to the State yourself
  - For new licenses, this card will not be issued until your paperwork has been received and all requirements are met. Complete all but the first line of the application.
  - Your card will be mailed to you directly from the State to use to purchase liquor from your wholesaler
  - Wholesalers will be notified when your establishment is eligible to receive liquor shipments
  - This is a yearly requirement and renewal applications are sent directly to the licensee
- \_\_\_\_\_ 14. Your property taxes cannot be delinquent and you must pay each installment for the current taxes when they are due
- \_\_\_\_\_ 15. Email address \_\_\_\_\_

**Return this checklist along with completed forms and fees to:**

The Rice County Auditor-Treasurer's Office  
Rice County Government Services Bldg.  
320 3rd Street N.W.  
Faribault, MN 55021

Phone: 507-332-6104  
507-645-9576  
507-744-5185



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 444 Cedar Street, Suite 222, St. Paul, MN 55101  
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 14% of alcohol by volume)

**EVERY QUESTION MUST BE ANSWERED.** If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Licensee's MN sales and Use Tax ID # \_\_\_\_\_ Licensee's Federal Tax ID # \_\_\_\_\_

Applicants Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code

Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner	License Period From	To
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If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN

**CORPORATIONS**

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation

**BUILDING AND RESTAURANT**

Name of building owner		Owner's address	
Are property taxes delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

**NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED**

- Yes  No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes  No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? \_\_\_\_\_  
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- Yes  No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- Yes  No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes  No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes  No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

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

\_\_\_\_\_  
Date

The licensee must have one of the following:

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. Attach "**CERTIFICATE OF INSURANCE**" to this form.

A surety bond from a surety company with minimum coverage as specified above in.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

**IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY**

Yes  No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

\_\_\_\_\_  
Signature County Attorney

\_\_\_\_\_  
County

\_\_\_\_\_  
Date

**REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Department and Title

\_\_\_\_\_  
Date

**IMPORTANT NOTICE**

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.**

**FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
444 Cedar Street, Suite 222, 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 # \_\_\_\_\_  
(To Apply call 651-296-6181)

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

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))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

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).**

## Certification of Compliance of the Minnesota Worker's Compensation Law

Minnesota Statute, Section 176.182 requires every local licensing agency to withhold the issuance or renewal of license or permit to operate or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance Coverage requirement.

State Law requires this information and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a penalty assessed against the applicant by the Department of Labor and Industry.

Worker's Compensation Insurance Company Name: \_\_\_\_\_  
(Not the insurance agent)

Policy Number: \_\_\_\_\_

Dates of Coverage: From \_\_\_\_\_ through \_\_\_\_\_

**\*\*\* Attach your Workers' Compensation Insurance Certificate\*\*\***

**-OR-**

I am NOT REQUIRED to have Workers' Compensation Liability Coverage because:  
(check one and sign)

\_\_\_\_\_ I have no employees

\_\_\_\_\_ I am self-insured  
(include permit to self-insure)

\_\_\_\_\_ I have no employees who are covered by the Workers' Compensation Law  
(these include Spouse, Parents, Children and certain farm employees)

I hereby certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

Form: Certification of Compliance MN Workers Comp Law (Rice County) 4/25/2008

Minnesota Tax ID Number \_\_\_\_\_

(If a Minnesota Tax Identification number is not required, please explain on the reverse side)

Federal Tax ID Number \_\_\_\_\_

## Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training

I hereby certify that I am in compliance with Rice County Ordinance No. 110 regarding Server Training.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature

\_\_\_\_\_

Title

**TOWN BOARD APPROVAL REQUEST FORM  
FOR THE ISSUANCE OF LIQUOR LICENSES  
In RICE COUNTY, MN**

**Licensee:** \_\_\_\_\_

**Trade Name:** \_\_\_\_\_

**License Location Address:** \_\_\_\_\_

**Applying for the following license:** (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor  | <input type="checkbox"/> On Sale 3.2% Malt Liquor  |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor                | <input type="checkbox"/> Wine                      |

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**CONSENT OF THE TOWN BOARD  
For the County of Rice to Issue a Liquor License**

The town board of the Town of \_\_\_\_\_, County of  
Rice, State of Minnesota, at their meeting held the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, with a quorum of the board being present, consented to the issuance of the following  
license(s): (check all that apply)

- |   |  |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor  | <input type="checkbox"/> On Sale 3.2% Malt Liquor  |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor                | <input type="checkbox"/> Wine                      |

for the above named licensee within this township for the license period beginning July 1, 20\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chair of the Town Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Town Clerk

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- Complete this section ONLY if Sunday Liquor has been requested -

**Certification of Approval to Issue a License to Sell Liquor on Sunday**

Furthermore, we consent to the issuance of a license to sell liquor on Sundays. The question regarding the sale of liquor on Sundays was placed on a ballot and approved by the voter's of this town at an election held on \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of the Town Clerk



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
<i>(Office Use Only)</i>

**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	