



RICE COUNTY

Checklist of Required Materials for “TEMPORARY 3.2% MALT LIQUOR LICENSES”

The county is authorized to issue Temporary 3.2% Malt Liquor Licenses to clubs or charitable, religious, or nonprofit organizations. There are restrictions on the number of temporary licenses a county may issue to any one organization or location within a twelve month period (no more than 12 days). You may only apply for one event per application.

The following materials must be included when submitting your Malt Liquor License application. The completed materials should be returned to the Rice County Auditor’s Office 30-45 days in advance of the planned event to be included on the agenda for the next 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 “**Application for a Temporary 3.2% Malt Liquor License**”
 - *Form must be filled in completely
 - *Sign your application
 - *Get approval/signatures from the county sheriff and county attorney
2. ____ Completed & signed **Town Board Approval Request Form**
3. ____ **Certificate of Liquor Liability Insurance**
 - (required if you generated sales of \$25,000.00 during the preceding year)
 - *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.
 - *Don’t 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

- OR -

The “**Proof of Financial Responsibility**” Form (if sales were under \$25,000.00)
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. ____ Paid License Fee: \$50.00

Return the completed forms and fees to: The Rice County Auditor-Treasurer’s Office
320 3rd Street N.W., Suite 5
Faribault, MN 55021

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



RICE COUNTY

Auditor-Treasurer's Office
320 3rd Street N.W., Suite 5
Faribault, Minnesota 55021

APPLICATION FOR A TEMPORARY 3.2% MALT LIQUOR LICENSE

Please Print

Name of Organization		Date Organized	Tax Exempt Number
Street Address		City	State Zip Code
Name of Person Making Application		Home Address	Home Phone #
On behalf of the following Organization:		Type of Organization (please check box)	
		<input type="checkbox"/>	<input type="checkbox"/>
		Club	Charitable Religious Other Non-Profit
Organization Officer's Name		Residential Address	Phone #
Organization Officer's Name		Residential Address	Phone #
Organization Officer's Name		Residential Address	Phone #
Have you or any associates in this application, ever had an application for a liquor license rejected or revoked by any municipality, county, or State authority? If so, give details.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you or any associates in this application, during the past five years, ever been convicted of any liquor law violations or any crime in any state, or under Federal Laws? If so, give details.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have the applicants any interest, directly or indirectly, in any liquor establishment in the State of Minnesota? If so, give name and address of establishment.			
		<input type="checkbox"/> Yes	<input type="checkbox"/> No
List the names of persons, including a bank, for reference, with whom you have had business relations:			
Name of Special Event		Date(s) of Special Event	
Location license will be used. (Provide name/address. If an outdoor area, describe)			

Gambling or gambling devices will not be permitted on the licensed premises.

I will comply strictly with the provisions of the ordinance relating to the sale of soft drinks for "mixing" purposes and will service patrons in full view of the public.

I agree to waive my Constitutional Rights against search and seizure and will freely permit peace officers to inspect the premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance proving for granting this license.

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

Signature of Applicant

Date

REPORT OF THE 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:

County Sheriff

Dated

REPORT OF THE COUNTY ATTORNEY

I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

County Attorney

Dated

FOR OFFICE USE ONLY: APPROVAL INFORMATION

COUNTY FEE AMOUNT _____

DATE APPROVED _____

DATE FEE PAID _____

LICENSE DATES _____

Signature of County Auditor-Treasurer

Date

NOTE: If you do not generate sales of more than \$25,000.00 per each liquor calendar year an On-Sale License or \$50,000.00 per year for an Off-Sale License, you may submit this form instead of the required liquor liability insurance certificate (or \$100,000 in cash or securities or the \$100,000 surety bond)

PROOF OF FINANCIAL RESPONSIBILITY

Minnesota Liquor Laws
Chapter 340A.409 Subd.4

This is to certify that:

For and in behalf of _____
License Holder Name of Business

Located at _____
Address City State Zip

In the town of _____, County of Rice, State of Minnesota;

I attest to the fact that _____
Name Name of Business

does does not generate sales due to On-Sale of \$25,000.00 or more per each liquor calendar year of July 1 through June 30 as defined in the Minnesota Liquor Laws, Chapter 340.409, Sub.4; and if sales do exceed \$25,000.00 I must and will provide the required "Certificate of Insurance".

does does not generate sales due to Off-Sale of \$50,000.00 or more per each liquor calendar year for of July 1 through June 30 as defined in the Minnesota Liquor Laws, Chapter 340.409, Sub.4; and if sales do exceed \$50,000.00 I must and will provide the required "Certificate of Insurance".

Signature of Applicant

Address of Applicant City State Zip

Subscribed and sworn to before me this _____

day of _____, 20 _____.

Notary Signature, Seal and Date

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 |

**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 _____,
200____, 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, 200__.

_____	_____
Date	Signature of Chair of the Town Board
_____	_____
Date	Signature of Town Clerk

- 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