



Application Instructions for New Liquor License in MN

- Complete City of Spring Park Form “*Application for Liquor License*”.
- Complete State Forms for “*On-Sale Wine License and 3.2% On Sale Liquor License*” included with this packet.
- Complete the Buyer’s Card form and send it directly to the state with \$20.00. The form can be found on the AGE website - Minnesota Department of Alcohol & Gambling Enforcement.
- Include a Certificate of Liability Insurance (sample included) and submit with your application showing proof of liquor liability coverage. Certificates should show coverage for the license period - **7-1-2025 to 6-30-2026**. Please ask your insurance company to ensure the certificate matches the sample exactly how it appears. The name appearing on the Certificate must be exactly as shown on your state application or the state will reject your application.
- Include a copy of your restaurant license issued by the Department of Health showing the status of having a restaurant. This is a requirement to be issued with these On-Sale licenses.
- Include “*Certificate of Compliance Minnesota Workers’ Compensation Law*” form with this packet.
- The application packet (minus the Buyer’s Card) should be returned to Jamie Hoffman, City Clerk, 4349 Warren Avenue, Spring Park, MN 55384. jkhoffman@ci-spring-park.mn.us.
- Upon receiving all the completed and required materials and fees and completion of successful background check(s), the application will be sent to the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division (AGE). The City of Spring Park will send you the license once received back from AGE that must be posted at your licensed premises.
- The City of Spring Park will send you a renewal notice each May for existing licenses.
- Should you have any questions regarding this application process, please contact Jamie Hoffman, 952-999-7491, jkhoffman@ci.spring-park.mn.us or you may call State of Minnesota Liquor Control (AGE) at 651-201-7507.



City of Spring Park
 4349 Warren Avenue
 Spring Park, MN 55384
 Phone: 952-999-7491
 Email: jkhoffman@ci.spring-park.mn.us

Application for Liquor, Beer, or Wine License

LICENSE REQUESTED:

- | | |
|--|---|
| <input checked="" type="checkbox"/> On-Sale Liquor = \$10,050.00/yr. | <input checked="" type="checkbox"/> Sunday Sale Liquor = \$200/yr. (add on to On-Sale Liquor) |
| <input type="checkbox"/> Taproom growler off-sale = \$100.00 | <input type="checkbox"/> 3.2% Off-Sale Malt Liquor = \$80/yr. |
| <input type="checkbox"/> Wine On-Sale = \$1,064.00/yr. | <input type="checkbox"/> 3.2% On-Sale Malt Liquor = \$532/yr. |
| <input type="checkbox"/> Off-Sale Liquor = \$250.00/yr. | <input type="checkbox"/> Taproom growler On-Sale = \$2,000.00 |

APPLICANT INFORMATION:		
Name:		
<i>First</i>	<i>Full Middle Name</i>	<i>Last Name</i>
Applicant Current Address:		
City, State, Zip:		
Telephone: Home:	Work:	Cell:
E-Mail Address:	Date of Birth:	Social Security #:

BUSINESS INFORMATION:	
Business Name:	
Type of Ownership: Sole Proprietorship Partnership Limited Liability Company (LLC) Corporation Other	
Trade Name or DBA:	
Address of Business:	
City State, Zip:	
Mailing Address (if different from above):	
Federal Employer Identification No.:	Minnesota Business Tax ID No.:
Business Phone:	Alternate Number:
Manager of Business:	
Address of Manager:	



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 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 Spring Park License Period From: 7-1-2025 To: 6-30-2026

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

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

Fee(s): On Sale License fee: \$ 10,050.0 Sunday License fee: \$ 200.00 3.2% On Sale fee: \$ NA 3.2% Off Sale fee: \$ NA

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 Federal Tax ID # _____ Licensee's MN 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)	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.

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 ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

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
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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
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County	Email address
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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
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

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
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If you have questions about completing this form or to request this form in Braille, large print or audio.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/5/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CONTACT

NAME:

PHONE

(A/C, No, Ext)

FAX

E-MAIL

ADDRESS:

INSURER(S) AFFORDING COVERAGE

NAIC #

Mound

MN

INSURER A

INSURER B :

INSURER C :

INSURER D :

INSURER E :

INSURER F :

INSURED

MN 55384

COVERAGES

CERTIFICATE NUMBER: 011

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	CP3318033	07/01/2023	07/01/2024	EACH OCCURRENCE	\$ 1000000	
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1000000	
						MED EXP (Any one person)	\$ 10000	
						PERSONAL & ADV INJURY	\$ 1000000	
						GENERAL AGGREGATE	\$ 2000000	
						PRODUCTS - COMP/OP AGG	\$ 2000000	
						Hired/Non-Owned	\$ 1000000	
A	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY		A3332611	07/01/2023	07/21/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1000000	
						BODILY INJURY (Per person)	\$	
						BODILY INJURY (Per accident)	\$	
						PROPERTY DAMAGE (Per accident)	\$	
						UM/UIM	\$ 1000000	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB OCCUR <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CU3318036	07/01/2023	07/01/2024	EACH OCCURRENCE	\$ 1000000	
						AGGREGATE	\$ 1000000	
							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y	N/A	WC3318034	07/01/2023	07/01/2024	PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$ 1000000	
						E.L. DISEASE - EA EMPLOYEE	\$ 1000000	
						E.L. DISEASE - POLICY LIMIT	\$ 1000000	
A	Liquor Liability		CP3318033	07/01/2023	07/01/2024	Each Common Cause	1000000	
						Aggregate Limit	2000000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Coverage is continuous until cancelled. Coverage is extended to the temporary outdoor dining/drinking area on insured premises.

City of Spring Park and its agents are included as "Additional Insured" under general liability.

CERTIFICATE HOLDER

City of Spring Park

4349 Warren Ave

Spring Park MN 55384

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE