



CITY OF SPRING PARK

**LICENSE APPLICATION
THC PRODUCT SALES**

TYPE OF APPLICATION (check one): New Renewal

TYPE OF BUSINESS: Gas/Convenience/Grocery Store: Tobacco Shop: Taproom:

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Applicant's Name (Individual, Corp., Partnership) Trade Name or DBA

License Location (Street Address) License Period Home Phone #

Applicant's Mailing Address County State Zip Code

Name of Manager Bus. Phone # DOB (Applicant)

Federal Tax ID # MN Tax ID #

If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address, and date of birth of each partner. **FULL NAMES MUST BE USED.**

Partner/Officer/Shareholder DOB Address Title/Shares

Partner/Officer/Shareholder DOB Address Title/Shares

1. If a corporation, date of incorporation _____, state incorporated in _____
2. If operating under a zoning ordinance, how is the location of the building classified? _____
3. State name and address of owner of building _____
4. State whether applicant or any of the associates in this application ever had an application for a THC License rejected by any municipality or State authority; Yes _____ No _____. If yes, give date and details: _____

5. State whether applicant or any of the associates in this application and/or employees while employed by applicant during the past five years were convicted of any violation in this state or under federal laws;

Yes ____ No ____ . If yes, give date and details: _____

6. 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? _____. If yes, in what capacity? _____

7. Does applicant have any interest whatsoever, directly, or indirectly, in any other THC establishment in the State of Minnesota? _____. Give name and address of such establishment.

REPORT OF APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant and the associates' names 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 hereinafter stated

**PART II
INFORMATION FOR ALL APPLICANTS & BUSINESS ASSOCIATES**

Please provide the following information for each of the following persons:

(Use additional sheets if necessary)

- Each individual owner of a sole proprietorship or association
- Each officer and/or shareholder of a corporation
- Each partner of a partnership
- Each general partner of a limited partnership
- Each manager of a limited liability company
- Each store manager
- Each assistant manager

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

Full Name (first, middle, last)

Date of Birth

Social Security Number

Title

Percentage Ownership of Business/ # of Shares

**PART III
INSURANCE INFORMATION**

Please attach a Certificate of Insurance for Public Liability Coverage and Liquor Liability Insurance (Dram Shop) with the following minimum coverages:

Bodily injury limits of \$100,000 per person and \$300,000 per occurrence.

Property damage limits of \$50,000 per occurrence.

The liability insurance policy must provide that it may not be cancelled for any cause, except for non-payment of premium, unless the canceling party has first given 30 days notice in writing to the City of Spring Park of the intent to cancel and must provide that it may not be cancelled for non-payment of premium unless the cancelling party has first given 10 days notice in writing to the City of Spring Park of the intent to cancel the policy.

This application will not be considered complete until the Certificate of Insurance is attached (or until a surety bond with the same minimum coverages is received or cash and securities have been deposited as provided in Spring Park Code Sec. 4-72, 4-94, and 4-107).

The Applicant agrees to comply with all applicable codes, ordinances, rules, and regulations of the City of Spring Park, including, but not limited to, all codes, ordinances, rules, and regulations governing THC, alcohol, noise, nuisance, building occupancy, parking, public safety, and fire safety.

The Applicant agrees to defend, indemnify, and hold harmless the City, its Council members, employees, officers, contractors and agents from and against any and all liability, claims, damages, costs, judgments and expenses, including attorneys fees, resulting directly or indirectly from any act or omission arising out of caused by or related to the conduct of the activities authorized by the license.

The undersigned represents and warrants that the undersigned is authorized to represent, act on behalf of and bind the Applicant.

The Applicant states that the information contained in this application is true, correct, and complete. If any information contained in this application is found to be false or to constitute a substantial misrepresentation of the facts, Applicant understands that the application will be denied and/or the license revoked.

Applicant Signature: _____ Date _____
Printed Name: _____ Title _____

TENNESSEN WARNING

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other application divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application. Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access: local, state and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies.

(For office use only)

Date application received: _____ Police Approval? _____ Yes _____ No
Fee Amount: \$500.00 Date fee received: _____ By: _____ Date: _____
Check/Receipt #: _____ Council approval date: _____
Liability Insurance information received. _____ Yes _____ No THC License #: _____
MN Workers Comp Cert Form received _____ Yes _____ No

Comments: _____

