



4901 Manitou Road
 Tonka Bay MN 55331
 952-474-7994
www.cityoftonkabay.net

**OFF-SALE
 LIQUOR LICENSE
 APPLICATION**

Name of applicant (full name: last, first, middle)			
Address			
Phone number			
Driver's license number		State issued	
Date of Birth		Place of birth	
Social Security Number			
Is applicant:	Married _____	Single	_____
If married, name of spouse			
Date of birth		Place of birth	
Address			
Are applicant and spouse registered voters of State of Minnesota			
Street addresses of applicant during preceding ten years			
Kind, name and location of every business of occupation applicant has been engaged in during preceding ten years			
Names and addresses of applicant's employers for the preceding ten years.			
Has applicant ever been convicted of any felony, crime or ordinance violation?		Yes ____ No ____	
If yes, when, where and for what convictions:			
Has applicant ever been engaged as an employee in operation of a saloon, café, restaurant or other business of similar nature? _____			
If so, when, where, and for how long:			

Is applicant: natural person _____ corporation _____ partnership _____ unincorporated association _____
If other than a natural person, give name of manager or proprietor of premises, including all information about said manager or proprietor as required in 1-10 above.
If applicant is other than a natural person, list names of all members or owners, including all information as required in 1-10 above.
Names and addresses of owner and any lessees of land upon which is located the building which houses the premises to be licensed.
Names and addresses of all owners, lessees, mortgagors or vendors of fixtures of furniture used or to be used in premises to be licensed.
Name and address of every person who shall have charge, management or control of the place licensed.
If applicant is a corporation, partnership or club, list name and general purpose of such corporation, partnership, unincorporated association or club, and names and street addresses of all officers.
NOTE: Corporation shall file one certified copy of by-laws, articles of incorporation, and minutes of meeting setting forth officers of corporation. If applicant is corporation, give the state of incorporation and a complete list of stockholders with number of shares owned by each.
State Tax ID Number:
Federal Tax ID Number:
Legal description of premises to be licensed.

1. HAS applicant, or any of the associates in this application, and employees while employed by applicant during the past five years been convicted of any liquor law violations in this state or under federal laws?
Yes ___ No ___ If yes, give date and details on separate paper.

2. IS the 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?
Yes ___ No ___ If so, in what capacity?

3. HAS the applicant, or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances?
Yes ___ No ___ If yes, give date and explanation.

4. HAS the applicant or any of the associates in this application, any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota?
Yes ___ No ___ If yes, give name and address of each establishment.

5. DOES the applicant or any of the associates in this application, possess or have any applied for, a Federal Liquor Special Tax Stamp or a Gambling Stamp?
Yes ___ No ___ If yes, give name and stamp number.

6. HAS the applicant applied for or does applicant possess a Federal Liquor Permit?
Yes ___ No ___

7. IS the building housing the establishment owned by the applicant or leased?
Owned ___ Leased ___ If leased, give the name(s) and address(es) of owner(s).

8. HAS any owner(s) of the building any connection, directly or indirectly, with the applicant?
Yes ___ No ___ If yes, explain.

9. SUBMIT a legal description of the premises, a plot plan showing the dimensions of the lot, the location of buildings, street access, parking facilities and state the distance to the nearest church and school.

10. SUBMIT a floor plan of the dining room(s) showing the dimensions and the number of people to be served in each room.

11. IF NEW, submit a preliminary plan showing the design of the proposed premises.

12. STATE the value of:

All fixtures	
Structure	
Total value of fixtures and structure	

13. ARE the furniture, fixtures, and equipment owned or leased by the applicant?
 Owned ___ Leased ____ If leased, give the name(s) and address(es) of the owner(s).

14. SUBMIT a list of the names and addresses of ALL persons who have a financial interest in the business. Each must fill out a personal history.

15. BANK REFERENCES:

Bank name _____	Phone _____
Address _____	
Contact person _____	

 BUSINESS REFERENCES:

Name _____	Phone _____
Address _____	
Contact person _____	

Name _____	Phone _____
Address _____	
Contact person _____	

Name _____	Phone _____
Address _____	
Contact person _____	

THE LICENSE will not be granted until the applicant has filed a bond with corporate surety, or cash, or United States Government Bonds in the amount of not less than \$3,000 and not more than \$5,000 for on-sale licenses and not less than \$1,000 and not more than \$3,000 for off-sale licenses.

OR

LIQUOR LIABILITY INSURANCE (Dram shop) requirements are as follows: \$50,000 per person; \$100,000 for more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

16. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram shop) M.S. 340a.802?
Yes _____ No _____ If yes, attach a copy of the summons.

I hereby certify that the information I have given is true and correct to the best of my knowledge.

Signature of applicant

Subscribed and sworn to before me
This _____ day of _____, 20____.

Notary public

County, Minnesota

My commission expires _____

SOUTH LAKE MINNETONKA POLICE DEPARTMENT
24150 Smithtown Road
Shorewood MN 55331-1913

MIKE MEEHAN
Chief of Police

Office (952) 474-3261
Fax (952) 474-4477

AUTHORIZATION FOR BACKGROUND CHECK

I, _____, am listed in a liquor license application with the City of Tonka Bay. I hereby grant my informed consent to, and authorize the **South Lake Minnetonka Police Department** to conduct any and all inquiries they deem necessary to process this application and furnish this information to the City of Tonka Bay. This may include, but is not limited to, criminal history inquiries, internal records check, jail records, warrants, etc. I hereby release **South Lake Minnetonka Police Department** from any and all liability for disclosing this public, private and/or confidential information about myself to the City of Tonka Bay.

Applicant Signature

Date

Print Full Name (*First-Middle-Last*)

Date of Birth

Street Address

City

State

Zip Code

Tonka Bay Staff Member Requesting Information
(*Print*)

Date

Signature of Staff Member