



3.2 Percent Malt Liquor License Application

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. Type of license On sale Off sale One Day Date: _____

2. Type of applicant
 Individual Corporation
 Club Partnership Other organization

3. Legal name of licensee (individual, partnership, corporation, organization or club)

4. Business name _____

Phone (____) _____

Address _____

5. MN Tax ID Number _____

Applicant's SSN _____

Federal Business Tax ID Number _____

6. Proof of Workers' Compensation Insurance Coverage:

Insurance company name _____

Dates of coverage _____

Policy number/Self-insurance permit number (Per MN Statute Section 176.182)

I am **not** required to have workers' compensation liability coverage because

I have no employees covered by the law

Other _____

7. Individual

Full name _____

Residence address _____ Phone (____) _____

Date of Birth _____

8. Partners/Officers (If above licensee is a corporation, partnership or LLC complete the following)

Full name _____

Residence address _____ Phone (____) _____

Date of Birth _____ SSN _____

Full name _____

Residence address _____ Phone (_____) _____

Date of Birth _____ SSN _____

Full name _____

Residence address _____ Phone (_____) _____

Date of Birth _____ SSN _____

9. Background Information

Business Type _____

Years in Operation _____ Establishment Location _____

Business Premises Owned by _____

Are you engaged in the retail sale of intoxicating liquor? Yes No

Have you ever had an application rejected? Yes No

By signing below you are agreeing with the following:

I have never been convicted of a felony nor of violating any National or State liquor law or local ordinance relating to the manufacture, sale for transportation, or possession for sale or transportation of intoxicating liquor within a period of five years prior to the date of this application.

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

I am the owner of the leasehold, furniture, fixtures and equipment in the premises for which the license is applied, except _____.

I have no intention or agreement to transfer the license to another person.

I agree that by the commencement of business and by July 1 of each succeeding year, I will have paid the Federal Special Occupational tax to the Bureau of Alcohol, Tobacco and Firearms for a retail dealer.

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

I agree to waive my Constitution Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my licenses if found to have violated the provisions of the ordinance (resolution) providing for the grating of this license.

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Signature _____ Date _____

Applicant must have attained the age of 21 years and must be the proprietor of the establishment where such business is conducted.

***Also include a copy of your liability insurance.**

The undersigned, County Attorney and Sheriff of Lyon County, hereby recommend the within application, it appearing to the best of our knowledge that said application has not, within a period of five years prior to the date of this application, violated any law relating to the sale of 3.2 percent malt liquor or intoxicating liquor, and that in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

Marshall, MN Date _____

Lyon County Attorney

Lyon County Sheriff

Lyon County, Minnesota City/Town of _____

It is hereby certified that the City/Town of _____ in Lyon County, Minnesota, did consent to the issuance of the license applied for in the within application.

Attest _____ by _____
City/Town Clerk Chair

Note: Lyon County will not issue any license without the consent of the City/Town, and no City/Town shall consent to the issuance of any license without the written recommendation of the Lyon County Attorney and Sheriff.

Dram Shop Exclusion

Beer Sales will not exceed \$10,000.00 in any one year. X _____

<p>For Office Use Only</p> <p>License # _____</p> <p>Board Approval Date _____</p> <p>License Expires: _____</p>
