

CITY OF FARMINGTON LICENSE PROCESS

Brew Pub License

A brew pub license can only be issued to applicants who already have an on-sale intoxicating liquor or 3.2 beer/wine license. Please review Title 3 Chapter 12 of the city code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a brew pub license:

1. Application forms, fees and a Certificate of Insurance showing liquor liability coverage through December 31 of the current year should be submitted to the city of Farmington.
2. A background check will be performed by the Farmington Police Department.
3. A public hearing is required to be held at a City Council meeting. The public hearing requires 10 days' notice prior to the meeting. The public hearing notice is submitted to the newspaper a week prior to this 10-day period. Council meetings are held the first and third Mondays of every month.
4. Upon City Council approval, the application is submitted to the state for approval and a license is issued. The state can take up to one week to approve it. The entire application process takes approximately four weeks.
5. Fees: Brew Pub License \$250/year
Investigation Fee \$100

If you have questions, please contact:

Cynthia Muller, Administrative Assistant
City of Farmington
430 Third Street
Farmington, MN 55024
Tel: 651-280-6803
E-mail: CMuller@FarmingtonMN.gov



Checklist for Brew Pub License

Applicant must have an on-sale intoxicating liquor or 3.2 beer/wine license.

Business Name: _____

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

| <u>Required Documents</u> | <u>Applicant Initials</u> | <u>City Staff Initials</u> |
|---|----------------------------------|-----------------------------------|
| 1. City of Farmington Brew Pub License Application | _____ | _____ |
| 2. State Form Brew Pub Off-sale (if applicable) | _____ | _____ |
| 3. Copy of On-Sale Intoxicating Liquor or 3.2 Beer/Wine License | _____ | _____ |
| 4. Workers' Comp. Certificate of Compliance | _____ | _____ |
| 5. All applicable fees (See fee schedule below) | _____ | _____ |
| 6. Certificate of liability insurance | _____ | _____ |
| 7. Floor plan of premises | _____ | _____ |

Brew Pub License Fees

| | |
|---|------------|
| Brew Pub Fee | \$250/year |
| Investigation Fee (Not charged for renewals) | \$100 |



Application for Brew Pub License

Applicant must have an on-sale intoxicating liquor or 3.2 beer/wine license first.

EVERY QUESTION MUST BE ANSWERED UNLESS OTHERWISE NOTED

If a corporation, an officer must execute this application; if a partnership, LLC, a partner must execute this application.

APPLICANT INFORMATION

Applicant's Full Name: _____ Date of Birth ____/____/____
(First) (Full Middle Name) (Last)

Are you a U.S. citizen? Yes ____ No ____ Naturalized? Yes ____ No ____
If yes, date/place _____

Trade Name or DBA: _____

Business Name: _____
(Business, partnership, LLC, corporation)

Business Address: _____
(Street) (City, State, ZIP) (County)

Business Phone: _____ Applicant's Home Phone: _____

Workers Compensation Insurance Company Name: _____ Policy # _____

Licensee's MN Sales & Use Tax ID # _____ Federal Tax ID # _____

CORPORATIONS

If a corporation, give name (first, middle & last), title, address and date of birth for each officer. If a partnership, LLC, give name, address and date of birth of each partner:

| Partner/Officer Full Name & Title | Address | DOB |
|-----------------------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Date of Incorporation ___/___/_____ State _____ Certificate Number _____

Is corporation authorized to do business in Minnesota? Yes ___ No ___

If a subsidiary of another corporation, give name and address of parent corporation: _____

OTHER INFORMATION

Names (first, middle & last), and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used.

NOTE: The location manager must be listed.

| Full Name & Title | Address | DOB |
|-------------------|---------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please answer all of the following:

- ___Yes ___No Has the applicant, partners, officers or employees ever has any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.
- ___Yes ___No During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, please attach a copy of the summons.
- ___Yes ___No Has the applicant, partners, officers or employees had an intoxicating liquor license within five years of this application?
- ___Yes ___No Do the applicant have any interest, directly or indirectly, in any other liquor establishments in Minnesota? If yes, please give the name and address of the establishment(s).
- ___Yes ___No Does any person other than the applicants listed here, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach the names and details.
- ___Yes ___No Will you serve liquor on Sunday?
- ___Yes ___No Do you acknowledge review of the Farmington City Code Chapter 3 regarding alcoholic beverages? (Can be viewed on the City’s website, or paper copies are available upon request.)

LOCATION / RESTAURANT INFORMATION

Name of building owner: _____ Owner's address: _____

Does the building owner have any connection, direct or indirect, with the applicant? Yes ___ No ___

Are property taxes current? Yes ___ No ___ Posted occupant load of establishment: _____

Are there any plans currently pending or anticipated for the sale or transfer of the business or premises for which the license is applied? Yes ___ No ___

Days/hours food will be available: _____

Number of people restaurant employs: _____ Will food service be the principal business? Yes ___ No ___

I certify that I have read this entire application and that the responses given are true and correct to the best of my knowledge. I am aware that any misrepresentation in such responses may result in rejection of this application. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application.

Name of Applicant (please print) _____

Title _____

Signature _____ Date _____

Subscribed and sworn to before me this _____ day of _____, _____.

Signature of Notary Public _____

APPROVALS

| Department | Signature | Date | Comments |
|-------------------------|-----------|-------|----------|
| Police | _____ | _____ | _____ |
| City Clerk/Deputy Clerk | _____ | _____ | _____ |

**Please return completed application to: City of Farmington
Attn: Liquor Licensing
430 Third Street
Farmington, MN 55024**

**CITY OF FARMINGTON
GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the City of Farmington is requesting your authorization and consent to permit the City to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: _____
(First, Middle, Last)

Address: _____
Number Street City County State Zip Code

Date of Birth: _____ Driver's License Number: _____
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? _____ If yes, please state place and nature of offense: _____

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "City") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the City to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the City from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the City will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the City of that intent.

(Signature)

(Date)

(Full Name Printed)

Please return to:
City of Farmington
Attn: Administration
430 Third Street
Farmington, MN 55024

CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the City of Farmington (“the City”). Private data is that information held by the City which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the City may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the City’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The City Attorney and support staff of the City Attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and State agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

Applicant

Date

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Form FG TN2009

Minnesota Statute, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required will be collected by the licensing agency and retained in their files. The information required is: name of insurance company, policy number, and dates of coverage or permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: _____
(**Not** the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

(or)

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

- 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 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: _____
(Last) (Middle) (First)

Doing business as (DBA): _____
(Business name if different than your name)

Business address: _____
(Street) (City, State, ZIP)

Phone: _____ **Email:** _____

Signature: _____ **Date:** _____

176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED

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 Section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and the dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1982 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101-2156
 651-201-7531 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION FOR BREW PUB OFF SALE
 INTOXICATING LIQUOR LICENSE**
Must be a licensed brew pub in order to apply for this license

Fees: Brew Pub Off Sale Fee: \$ _____ Sunday License: YES ____ NO ____ Sunday License Fee: \$ _____
 Workers Comp Ins Co _____ Policy Number _____
 Minnesota Tax ID Number _____ Federal Tax ID Number _____

| | | | |
|---|-------|------------------------|---------------------------------------|
| Licensee's Name (business, partnership, LLC, corporation) | DOB | Social Security Number | DBA or Trade Name |
| Business address | | Phone Number | Fax Number |
| City | State | Zip Code | License Period From _____ To _____ |
| Name of Store Manager | | Phone Number | DOB (Individual Applicant) |

If a corporation or LLC, state name, date of birth, social security number, address, title and share held by each officer.
 If a partnership, state names, address and date of birth of each partner.

| Partner Officer (first, middle, last) | DOB | SS# | Title | Shares | Business Address |
|---------------------------------------|-----|-----|-------|--------|------------------|
| Partner Officer (first, middle, last) | DOB | SS# | Title | Shares | Business Address |
| Partner Officer (first, middle, last) | DOB | SS# | Title | Shares | Business Address |
| Partner Officer (first, middle, last) | DOB | SS# | Title | Shares | Business Address |

1. If a corporation, date of incorporation _____, state incorporated in _____, amount paid in capital _____. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? YES ____ NO ____
2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____
3. Is establishment located near any state university, state hospital, training school, reformatory or prison? YES ____ NO ____ If yes, state approximate distance _____
4. Name and address of building owner: _____

 Has owner of building any connection, directly or indirectly, with applicant? YES ____ NO ____
5. 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? YES ____ NO ____ If yes, in what capacity? _____
6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. _____
7. Have applicants 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 establishment. _____
8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? YES ____ NO ____

9. State whether applicant has or will be granted, an on-sale liquor license in conjunction with this off-sale liquor license and for the same premises. YES _____ NO _____ Will be granted _____
10. State whether applicant has or will be granted a Sunday on-sale liquor license in conjunction with the regular on-sale liquor license. YES _____ NO _____ Will be granted _____
11. If this application is for a County Board off-sale license, state the distance in miles to the nearest municipality. _____
12. State number of employees _____
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval.

1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. _____
2. 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? If so, give dates and details _____
3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including state liquor penalties? YES _____ NO _____ If yes, give dates, charges and final outcome. _____
4. 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.

This license must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM).

Check One

- _____ Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- _____ A surety bond from a surety company with minimum coverage as specified in A.
- _____ A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

| | | |
|-----------------------------------|------------------------|------|
| Print name of applicant and title | Signature of applicant | Date |
|-----------------------------------|------------------------|------|

REPORT BY POLICE / 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 or municipal ordinances relating to intoxicating liquor except as follows:

| | | |
|-----------------------------|-------|-----------|
| Police/Sheriff's Department | Title | Signature |
|-----------------------------|-------|-----------|

| |
|-----------------------------|
| County Attorney's Signature |
|-----------------------------|

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco and Firearms. For information call (651) 726-0220