

# TEMPORARY LIQUOR LICENSE APPLICATION

Office of the City Clerk – City of Robbinsdale

**Non-Profit**

**Fee: \$50.00**

I \_\_\_\_\_, as \_\_\_\_\_, for and in behalf of \_\_\_\_\_, hereby submit this Application for a Temporary Liquor License as shall be requested in writing for each various event throughout the year for approval by the Robbinsdale City Council and in the case of a temporary intoxicating liquor license, for approval by the Commissioner of Public Safety prior to issuance of the license by the City Clerk's Office, in accordance with Robbinsdale City Ordinance Chapter 12 and in accordance with referenced provisions of the Minnesota State Statutes 340A. I do hereby swear the answers and statements and the attached information set forth by me in this application are true.

## PLEASE PRINT OR TYPE YOUR RESPONSES

Applicant Name (No Initials or nicknames)		Organization and Date of Incorporation	
Residence Address		City	State      Zip Code
Business Address		City	State      Zip Code
Drivers License # & State	Date of Birth	Home Phone Number	Business Phone Number
Spouses Name		Date of Birth	
Previous five years residence for applicant and spouse:			
_____ From _____ To _____			
_____ From _____ To _____			
Are you a US Citizen? _____		Is Spouse a US Citizen _____	
If not list country of citizenship _____		If not list country of citizenship _____	
Do you possess a visa or green card? _____		Do they possess a visa or green card? _____	
The Licensee must submit all of the following with this application :			
_____ A. Proof of liquor liability insurance (\$1,000, 000 CSL for general and liquor liability, property claims and losses)			
_____ B. MN State Form PS-09079			
_____ C. Minnesota Tax Clearance/Workers' Compensation Forms			
_____ D. Description of event and manner in which alcohol will be served or sold, including precautions regarding the serving or sale of alcohol to minors.			

Provide names, addresses and phone numbers of three local area business persons for references:

1

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2

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3

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Provide names, titles, addresses and phone numbers of three local personal references:

1

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2

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3

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List the name, organizational title, current address, phone number, date of birth and drivers license numbers for all officers of the organization:

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Within the last five years has the applicant or any of the officers of the organization been convicted of a violation of a liquor law or felony? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete the following)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Violation : \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Violation : \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Violation : \_\_\_\_\_ City/State: \_\_\_\_\_

Within the last five years, has applicant or any of the officers of the organization had a liquor license revoked? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please complete the following)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason : \_\_\_\_\_ City/State: \_\_\_\_\_

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Reason : \_\_\_\_\_ City/State: \_\_\_\_\_

**I do Hereby swear the answers and statements obtained within this application and the attached information set forth by me is true.**

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Drivers License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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Event Date: \_\_\_\_\_ Times: \_\_\_\_\_ to \_\_\_\_\_

Event Location: \_\_\_\_\_

Type of Event: \_\_\_\_\_

CHIEF OF POLICE REPORT/RECOMMENDATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY: \_\_\_\_\_ DATE: \_\_\_\_\_

Return completed form to the Office of the City Clerk, City of Robbinsdale, 4100 Lakeview Ave N, Robbinsdale, MN 55422  
(763) 531-1255