

4100 Lakeview Avenue North  
 Robbinsdale, MN 55422  
 (763) 531-1255 Phone  
 (763) 537-7344 Fax

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**OFF-SALE 3.2% MALT BEVERAGE LICENSE APPLICATION**

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License Fee(s):

\_\_\_ \$100 Beer/Wine (containing not less than one-half of one percent alcohol by volume and not more than 3.2 percent alcohol by weight)

Investigation fee:

\_\_\_ \$100

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The City Liquor Ordinance requires that the data requested in this application must be submitted in order the City to determine your eligibility for this license. Refusal to provide the data shall result in an automatic denial of the requested license. The data provided shall be classified in accordance with the Minnesota Government Data Practices Act. The data provided shall be investigated by the Chief of Police who shall then submit a recommendation for approval or denial based upon the applicant's eligibility as determined by provision of the licensing ordinance. Access to the data provided shall be by officials and employees of the City engaged in administering or monitoring the provisions of the licensing ordinance; and also as allowed for by the Minnesota Government Data Practices Act.

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**PLEASE PRINT OR TYPE YOUR RESPONSES TO THE FOLLOWING:**

Applicant Full Name (No initials or nicknames)		Title (Individual/Owner/Operator/Partner/Officer)	
Business Name (Trade name or d/b/a)		Business Address to be licensed	
Business Address - Corporate Office (if applicable)		City, State, Zip	
Business Phone		Residence Phone	
Applicant Date of Birth	Are you a US Citizen ___yes ___no	Length of time in location request for licensing: ___ years ___ months	
Applicant's Name of Spouse:		Spouse's Date of Birth	Is spouse a U.S. Citizen ___yes ___no
Applicant's residence address for Past 5 years (Address/City State Zip)			
Does applicant manage or have interest in any retail liquor establishment within the city? ___yes ___no		If yes, name and address of business:	
Does applicant and/or spouse now hold a federal retail liquor dealer's special tax for the establishment for which licensing is being requested? ___yes ___no		Will applicant have one in the future? ___yes ___no If yes, when? _____	
Please provide names, address and phone numbers of three Minneapolis/St. Paul area business persons for business references:			
_____ _____ Phone _____	_____ _____ Phone _____	_____ _____ Phone _____	

Please provide names, addresses and phone numbers of three Minneapolis/St. Paul residents (other than relatives or those referenced above) for personal references

_____	_____	_____
_____	_____	_____
Phone _____	Phone _____	Phone _____

Please list the distance, in feet, from the following, if near the premises:  
\_\_\_\_\_ Places of Worship (measured in straight line from main entrance to entrance of central place of worship)  
\_\_\_\_\_ School Buildings \_\_\_\_\_ School Grounds \_\_\_\_\_ School Athletic Fields  
\_\_\_\_\_ Public Parks Boundaries (measured from main entrance to any point of said boundary line)

Legal Description of real property and specific description of gross square feet to be occupied (please attach legal description and floor plan)

Specific description of any planned building improvements, if any (please attached description of planned improvements)

Has the applicant have, within the last five years, any convictions for willful alcohol related violations of Federal, State or Local laws, or revocation of intoxicating or 3.2% malt liquor licenses? yes no (If yes, please attach summons/revocation)

**Partners or officers of the corporation:** Please list names, current addresses for the past five years, citizenship status, dates of birth and any convictions for willful alcohol related violations of federal, state or local laws, revocation of alcoholic beverage license within the last five years:

(1)  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Residence Addresses, if less than five years at current address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen yes no Convictions yes no Revocation yes no  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

(2)  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Residence Addresses, if less than five years at current address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen yes no Convictions yes no Revocation yes no  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

(3)  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Residence Addresses, if less than five years at current address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen yes no Convictions yes no Revocation yes no  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

(4)  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Residence Addresses, if less than five years at current address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen yes no Convictions yes no Revocation yes no  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

(5)  
Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Residence Addresses, if less than five years at current address: \_\_\_\_\_  
Date of Birth \_\_\_\_\_ U.S. Citizen yes no Convictions yes no Revocation yes no  
Drivers License # \_\_\_\_\_ State Issued \_\_\_\_\_

Do you possess, or have you ever possessed, a liquor license in another city? \_\_\_\_\_

If yes, provide details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, \_\_\_\_\_, do hereby swear that the several answers and statements and the attached information set forth by me in this application as required by City Ordinance and State Law are true.

Applicant Signature

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

Date

This license expires on December 31st of each year. Renewal application must be made at least 60 days prior to the date of the expiration of the license.

Return completed application and information to the Office of the City Clerk, 4100 Lakeview Avenue North, Robbinsdale, Minnesota 55422. For any further questions, please call 763-531-1255.

**Must Submit with Application:**

- \_\_\_ 1. Certificate of insurance for \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance (Section 1200)
  - \_\_\_ 1a. Liquor liability insurance not required to licensees who by affidavit (CPA not required) establish that:
    - a) off-sale 3.2% malt liquor licensees with sales of less than \$50,000 of 3.2 % for the preceding year
    - b) on-sale wine licenses with sales of less than \$25,000 for the preceding year; or
    - c) holders of temporary wine licenses issued under law
- \_\_\_ 2. Proof of General Liability insurance (for new license year) as required by Minnesota State Statutes
- \_\_\_ 3. Minnesota Tax/Workers Compensation Form
- \_\_\_ 4. State Application Form (Liquor)
- \_\_\_ 5. Applicable Fees
- \_\_\_ 6. Current Hennepin County Food License

Chief of Police Report/Recommendation

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

By: \_\_\_\_\_ Date: \_\_\_\_\_

Fee and application submitted to City Clerk: \_\_\_\_\_

Date forwarded to Police Department: \_\_\_\_\_

Investigation completed and returned to City Clerk: \_\_\_\_\_

Public Hearing Notice published: \_\_\_\_\_

Public Hearing held: \_\_\_\_\_

Date Council approved/ denied license: \_\_\_\_\_

**CITY OF ROBBINSDALE**  
**APPLICATION INSTRUCTIONS**  
**OFF-SALE 3.2 MALT BEVERAGE LIQUOR LICENSE**

- I. Anyone that knowingly and willfully falsifies the responses to the attached application shall be deemed guilty of perjury as set forth by Minnesota State Law.
- II. In completing the application, applicants shall be governed as follows: for a corporation, one officer shall execute this application for all officers, directors and stockholders. For a partnership, one of the partners shall execute this application for all members of the partnership. For a sole proprietorship, the owner shall execute this application.
- III. Every question must be answered. The City Liquor Ordinance requires an investigation of the information provided in this application. Information requested that is not applicable to your particular application should be so indicated with the “N/A” notation. Please print or type your responses. Provide in full the first, middle and last names wherever requested (no initials or nicknames may be used).
- IV. The City Liquor Ordinance (Section 1200) is available online at <http://www.robbinsdalemn.com> and the Minnesota Statutes Chapter 340A is available online at <http://www.leg.state.mn.us/leg/statutes.asp>.
- V. In addition to the information requested in the application and applicable fees, the following must also be submitted with the completed application:
- Proof of \$1,000,000 liquor liability insurance (must run concurrent with license year) as required by City Liquor Ordinance
  - According to MN State Statute, insurance is not to licensees who by affidavit establish that:
    - 1) on-sale 3.2% malt liquor licensees with sales of less than \$25,000 of 3.2% malt liquor for the preceding year;
    - 2) off-sale 3.2% malt liquor licensees with sales of less than \$50,000 of 3.2 % malt liquor for the preceding year;
    - 3) on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year; or
    - 4) they are holders of temporary wine licenses issued under law.
  - Proof of General Liability insurance as required by Minnesota State Statutes
  - Minnesota Tax/Workers Compensation Form
  - State Liquor Application Form
  - All Applicable Fees
  - Current Hennepin County Food License
- VI. Payment of applicable fees is required when submitting the application. Payment options include: check, cashier’s check, money order, credit card or cash.
- VII. Investigation of your application by the Robbinsdale Police Department may take from two to six weeks, possibly longer if out-state investigation is required. The length of time for processing of the application also depends on the thoroughness in providing the information requested.
- VIII. Once staff has processed the application, required public hearings will be scheduled per City Ordinance for new licenses. Applicant will be notified of the date, time and place of the hearing and should attend the meeting in the event the Council may ask questions. (For renewal applications, the Council may dispense with notice and hearing.)
- IX. If the Council approves the license, an application is then made to the State Liquor Control Division. Once approval has been granted by the state, and the applicant has met all conditions of approval, the intoxicating liquor license shall be issued by the City Clerk’s office.

If you have any questions regarding your application or the provisions of Robbinsdale Liquor Ordinance, Section 1200, please contact the City Clerk’s Office at 763-531-1255.