



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133  
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types:  
 1) City issued on sale intoxicating and Sunday liquor licenses  
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License \_\_\_\_\_ License Period From: \_\_\_\_\_ To: \_\_\_\_\_

Circle One: New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or Individual)

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Licensee's MN Tax ID # \_\_\_\_\_  
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # \_\_\_\_\_  
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(title)

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**

**STATE OF MINNESOTA**  
**Department of Human Services**  
**Division of Licensing**

**PROOF OF MINNESOTA TAX IDENTIFICATION INFORMATION**

Under Minnesota Law (M.S. § 270.72), the Department of Human Services (DHS) and the Department of Corrections are required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance, or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license.

Please fill in the following information and return this form, along with your application, to the DHS, Division of Licensing. Do not return this form to the Department of Revenue.

**Please print clearly or type.**

**PERSONAL INFORMATION:**

Applicant's Last Name:	First Name	M.I.	Social Security Number
Applicant's Street Address:		City	State
			Zip Code

**BUSINESS INFORMATION:**

Business Name:			
Business Street Address:		City	State
			Zip Code
Minnesota Tax Identification Number		Federal Tax Identification Number	
Signature	Title	Date	

**PLEASE NOTE:**

- You must provide a Social Security number, and both MN and Federal Tax ID numbers if you have employees.
- This form must be signed and dated even if you are not required to provide MN or Federal Tax ID numbers.
- If you have any questions regarding your Minnesota Business Identification number, please contact the Department of Revenue at 651-282-5225. The Department of Corrections and Human Services are not able to answer questions regarding this information.

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

**PRINT IN INK or TYPE**

Minnesota Statutes §176.182 requires 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 Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

### Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not covered:  
  
\_\_\_\_\_

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

**Print name**

Applicant signature (required)	Title	Date
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



## STATEMENT OF APPLICANT APPLYING FOR LICENSURE

(Provide a separate authorization form for each partner/officer/owner/manager named on the application)

(I) do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Roseville, its agents, and employees, to obtain any necessary information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and the qualifications for said license. I do understand that providing false information shall be grounds for denial of my license. **Background checks may take up to 60 days to complete.** I fully understand that it is my responsibility to be familiar with and abide by the requirements of the City, which is detailed in the pertinent section of the Roseville City Code, which is available on the City website at [www.cityofroseville.com](http://www.cityofroseville.com) and to be familiar with and abide by the laws of the City of Roseville and the State of Minnesota relating to this licensure. I understand that the information supplied within this application is classified as public data and will be provided to the public upon request.

Last Name	First Name	Middle Name
Former Names and Aliases		
Date of Birth	Race	<input type="checkbox"/> Male <input type="checkbox"/> Female

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

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

## **Ordinance Notification for Business License Form**

Under Minnesota state law, cities must provide a 10-day notice of proposed ordinances. The law applies to new proposed ordinances and proposed amendments to existing ordinances. A recent change in the law further requires cities that have an electronic notification system to inform prospective business license applicants that they can opt-in to receive these notifications. If you opt-in, you will receive notifications of all proposed ordinance changes regardless of whether or not they impact your business.

To receive email and/or text notification of proposed ordinances and proposed amendments to existing ordinances, visit the City's Notify Me page at <http://www.cityofroseville.com/List.aspx>. Sign in with a valid email address and click one or both of the notification icons next to Proposed Ordinances to begin receiving notifications.