



**Goodhue County**  
**Finance & Taxpayer Services**  
509 West 5<sup>th</sup> Street  
Red Wing, MN 55066

Phone: (651) 385-3032  
Hours: 8:00am – 4:30 pm M-F  
www.co.goodhue.mn.us

**Application for  
Temporary On Sale  
3.2 Percent Malt Liquor License**  
\*Fee \$25.00

I, hereby make application for a Retailer's Conditional On Sale 3.2 percent malt liquor license. To sell such malt liquor under and pursuant to a resolution passed by the township board and Goodhue County board. Chapter 340, MN 1945 as amended, providing for licensing and regulating the sale of 3.2 percent malt liquor.

\_\_\_\_\_  
First Name                                      Middle Name                                      Last Name                                      Birthdate

Spouse:

\_\_\_\_\_  
First Name                                      Middle Name                                      Last Name                                      Birthdate

\_\_\_\_\_  
Residence Address    City, State, Zip                                      Township

\_\_\_\_\_  
Name of Establishment    Township Establishment is located in

\_\_\_\_\_  
Name of owner of premises that business is located in, if different from applicant

\_\_\_\_\_  
Street address of Establishment where 3.2% malt liquor will be sold                                      City, State, Zip

Date of Event \_\_\_\_\_

Located on which floor, if not ground \_\_\_\_\_

Engaged in the retail sale of Intoxicating Liquor: (check one) YES  NO

If you have a liquor license or wine license check YES

.....  
The State of Minnesota requires that you have Dram Shop insurance if your total sales of ON Sale 3.2% malt liquor exceeded \$25,000 in the preceding year and/or if your total sales of OFF Sale 3.2% malt liquor exceeded \$50,000 in the preceding year. (Check correct statement)

I, hereby certify that the business listed above did not have sales that exceeded the limits listed above. Therefore, dram shop insurance is not required.

I, hereby certify that the business listed above is covered by dram shop insurance for liquor consumption and sales.

**By signing this application you are stating that the following facts are true and correct.**  
The taxes on the property are not delinquent. 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 or transportation, or possession for sale of transportation of intoxicating liquor. I have no agreement to transfer the license to another person. If I am licensed to engage in the sale of intoxicating liquor I will have a Federal Occupational Tax Receipt in accordance with the ordinance governing this license. 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 Constitutional Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance and or resolution providing for the granting of this license.**

**I, hereby solemnly swear that ALL statements FRONT & BACK are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance and or resolution under which this license is granted.**

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary signature

\_\_\_\_\_  
Date

NOTARY SEAL

.....  
**Township use only**

STATE OF MINNESOTA – COUNTY OF GOODHUE

It is hereby certified that the Town Board of the Town of \_\_\_\_\_, Goodhue County, by resolution dated \_\_\_\_\_, did consent to the issuance of the license applied for.

\_\_\_\_\_  
Clerk of Town Board

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman of Town Board

\_\_\_\_\_  
Date

.....  
**County use only**

STATE OF MINNESOTA – COUNTY OF GOODHUE

The undersigned, county attorney and sheriff of Goodhue County, hereby recommend the within application, it appearing to the best of our said knowledge that said applicant 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% malt liquor or intoxication liquor, and that if a violation has occurred it has been corrected and therefore in our judgment the applicant will comply with the laws and regulations relating to the conduct of said business.

\_\_\_\_\_  
County Sheriff

\_\_\_\_\_  
Date

\_\_\_\_\_  
County Attorney

\_\_\_\_\_  
Date

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue Delinquent taxes, penalties or interest:  
and

The licensing agency will supply it only 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; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Goodhue County

### License Information

Name of license being applied for: \_\_\_\_\_  
License renewal date: \_\_\_\_\_

### Personal Information

Applicant's Name (Last, first, middle initial): \_\_\_\_\_  
Applicant's Address (city, state, zip): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_

### Business Information

Business Name: \_\_\_\_\_  
Business Address (city, state, zip): \_\_\_\_\_  
Minnesota Tax Identification Number: \_\_\_\_\_

I do not conduct any business as a business entity and therefore do not have a Minnesota business identification number.

Additional explanation, if necessary: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**- CERTIFICATION OF COMPLIANCE -  
MINNESOTA WORKERS' COMPENSATION LAW**

**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 MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.**

**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 \$1,000 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: \_\_\_\_\_

Doing Business As: \_\_\_\_\_  
*Business name if different than your name*

Business Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_  
*Including area code*

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

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