



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.

**CITY OF SOUTH ST. PAUL
LICENSE FEES**

License	License Fee		Insurance Requirement
Barber	20.00	Per Chair	
Beauty Shop	20.00	Per Chair	
Beer 3.2 On Sale	150.00		Certificate of Insurance
Beer 3.2 On Sale Temporary	50.00	Per Day	Certificate of Insurance
Beer Off Sale	50.00		Certificate of Insurance
Benches – Limit 25	30.00	Per Bench	Certificate of Insurance
Body Art (Tattoo & Body Piercing)	500.00	+ 50.00 Application Fee + 150.00 Investigation Fee	Certificate of Insurance
Bowling Alley	50.00	First Lane + 10.00 Each Additional Lane	
Car Wash	75.00		Certificate of Insurance
Christmas Tree Sales	50.00		
Cigarette & Tobacco Sales	175.00		
Entertainment	100.00		
Firework Sales	25.00		
Hotel	50.00	+ 5.00 Per Room	
Housing Evaluator	60.00	+ 25.00 Investigation Fee	Certificate of Insurance
Massage Therapy	100.00	+ 25.00 investigation fee	Certificate of Insurance
Mechanical Amusement Devices	15.00	Per Location + 15.00 Per Machine	
Mechanical Music (Juke Box)	15.00	Per Location + 15.00 Per Machine	
Pawnbrokers	3,000.00	+ 500.00 Investigation Fee (in MN) and/or 1,500.00 Investigation Fee (Out of State)	\$3,000 License Bond
Peddler & Transient Merchant		100.00 Company Registration Plus Per Applicant: 25.00 Investigation Fee and 75.00 License Fee	Certificate of Insurance
Petroleum	50.00	+ 5.00 Per Pump	
Pool Table	15.00	Per Location + 15.00 Per Machine	
Rental Housing	30.00	Per Unit + 25.00 Investigation Fee Per Applicant	
Restaurant	100.00		
Shooting Gallery	100.00		
Skating Rink	25.00		
Solicitor		100.00 Company Registration Plus Per Applicant: 75.00 License Fee	
Special Event	25.00	Per Day	
Temporary On Sale Liquor	50.00	Per Day	Certificate of Insurance
Theater	100.00		
Trash Hauler – Residential or Commercial	200.00	+ 15.00 Per Truck	Certificate of Insurance
Trash Hauler – Residential and Commercial	400.00	+ 15.00 Per Truck	Certificate of Insurance
Used Clothing Sales	50.00		
Wood Processing	50.00		



City of South St. Paul Business License Application

City Clerk's Office
125 3rd Avenue North
South St. Paul, MN 55075
(651)554-3229
Fax: (651)554-3201

License Year: _____

TYPE OF LICENSE(S) APPLYING FOR:

Please make check payable to: City of South St. Paul

Total Amount Submitted: _____

Business Name:	Business Phone:
Address:	City, State, Zip
Please Check: _____ Corporation _____ Partnership _____ Individual _____ Other	

Owner of Business or Individual Applying for License:	Phone:
Address:	City, State, Zip
Social Security #: <i>(Required by MN Statutes 270C.72)</i>	Drivers License #: _____ State of Issuance: _____
Minnesota Business Tax ID#:	Federal Business Tax ID#

<i>Business Manager if different from Applicant:</i>	
Manager's Name:	Home Address:
Phone:	Date of Birth:
Driver's License Number:	State of Issuance:

PLEASE COMPLETE BACK SIDE OF APPLICATION 

License #: _____	Date: _____	For office use only:	Applicant #: _____
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Certificate 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 Minnesota Statutes, 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 Industry.

Insurance Company Name (not the agent)	Policy Number:
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Dates of Coverage:
_____ to _____

OR

REASON FOR EXEMPTION FROM WORKERS' COMPENSATION

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, contact 651.284.5032 or 1-800-342-5354.

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

- I have no employees. (See Minn. Statutes 176.011, subd. 9 for the definition of an employee)
- I am self-insured for workers' compensation (attached a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have no employees but they are not covered by the workers' compensation law (See Minn. Statutes 176.041 for a list of excluded 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.

I certify that the information contained in this application is true to the best of my knowledge. I hereby agree to notify the City of any changes in ownership. I further authorize the City or its Vendor and other City Officials to investigate all facts set out in this application. I understand that the purpose of permitting the City to have access to this information is to determine my suitability for issuance of a Business License in the City of South St. Paul. I further understand that I am not legally required to supply the requested data, but that by refusing to comply, my license application may be denied. Your residence address and telephone number will be considered public data unless you request this information to be private and provide an alternative address and telephone number.

Date of Application:

(x) Signature of Applicant



City of South St. Paul

Liquor/Tobacco Training Compliance

City Clerk's Office
125 3rd Avenue N
South St. Paul, MN
55075

PLEASE INDICATE TRAINING PROVIDED FOR EACH EMPLOYEE BELOW.
ATTACH ADDITIONAL SHEETS AS NECESSARY.

Please Check: Alcohol Training Tobacco Training

Full Name of Employee: _____

Date of Hire: _____ Date of Training: _____

Type/Description of Training: _____

Training Performed By: _____

Please Check: Alcohol Training Tobacco Training

Full Name of Employee: _____

Date of Hire: _____ Date of Training: _____

Type/Description of Training: _____

Training Performed By: _____

Please Check: Alcohol Training Tobacco Training

Full Name of Employee: _____

Date of Hire: _____ Date of Training: _____

Type/Description of Training: _____

Training Performed By: _____

Please Check: Alcohol Training Tobacco Training

Full Name of Employee: _____

Date of Hire: _____ Date of Training: _____

Type/Description of Training: _____

Training Performed By: _____



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 222
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

**APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	

PS 9135 (12/09)