



CITY OF BUFFALO, MINNESOTA

Instructions for **NEW** Annual Wine License Applications

Businesses wishing to sell wine in Buffalo must submit a completed application packet to the City Clerk at least **45 days before the projected effective date**. Please contact the City Clerk to inquire about the timing and process of the application. Susan.johnson@ci.buffalo.mn.us or 763-684-5402.

Forms to Complete and Return to the City of Buffalo:

- The enclosed **Tennessee Warning** form
- **Application for Annual City Licenses** form and check made payable to "City of Buffalo" for the total fees due. Credit card payment (with exception of AMEX) is also an accepted form of payment. Paying with credit card will incur a 2.75% convenience fee *NOTE: The only forms of OFF- SALE alcohol licensing are for Beer &/or Malt Liquors (3.2% APV) or Growler.*
- **Annual License Information Form**
- **Informed Consent Form** – Liquor/Wine License Applications. ** All new applicants must pay the \$300 Investigation Fee, as noted on the City Application Form.
- **Application for County/City On-Sale Wine License** (State AGE Form)
- **If also selling 3.2% Beer/Malt Beverages Certificate of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License** (State AGE Form)
- **Copy of Certificate of Liability Insurance specifically noted with coverage for "Liquor Liability."** (See example)
- State-required **Workers' Compensation Insurance Coverage Law** form
- State-required **MN Business Tax ID Law** form
- **Retailer's (Buyers') Card application** ** Include a separate check for \$20.00 to be written out to "MN Dept. of Public Safety AGED." ** This Certificate will be mailed back to the City and will then be forwarded to the Applicant.

➤ Contact the City of Buffalo Fire Chief John Harnois at 763-238-5415 to arrange for a building inspection.

➤ It is up to the Applicant to coordinate an inspection with the MN Alcohol and Gambling Enforcement (AGE) Inspection Authority if an inspection is required.

➤ It is up to the Applicant to coordinate with the MN Department of Health if an inspection is required.

➤ License holders who choose to serve alcoholic beverages between 1:00 AM and 2:00 AM are required to obtain a permit from the MN Alcohol & Gambling Enforcement Division.

Once the background check has been approved by the Police Department and the building inspection by the Fire Chief, the application will be moved to the City Council for approval.

License year runs January 1 through December 31.

See City of Buffalo Ordinance: **CHAPTER 4 – Alcoholic Beverages Licensing and Regulation.**
Minnesota Dept. of Public Safety – AGED – **MN Liquor Laws & Rules**



APPLICATION FOR **NEW ANNUAL CITY LICENSES**

CITY OF BUFFALO, MINNESOTA

Applicant Name: _____

Residential Address: _____

Business Name: _____

Business Address: _____

Projected Effective Date: _____

TYPE OF LICENSE/PERMIT	COST	TOTAL
INVESTIGATION FEES – One-time Fee (<i>New applicants only</i>)	\$300.00	
ON-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$200.00	
OFF-SALE BEER &/OR MALT LIQUORS (3.2% APV)	\$60.00	
ON-SALE LIQUOR	\$3,800.00	
SUNDAY LIQUOR SALES	\$200.00	
WINE	\$100.00	
SET UPS/CONSUMPTION & DISPLAY PERMIT	\$300.00	
LIMITED ON-SALE CULINARY CLASS	\$100.00	
BREWERY / TAP ROOM (ON-SALE)	\$500.00	
GROWLER (OFF-SALE)	\$250.00	
DISTILLERY/COCKTAIL ROOM (ON-SALE)	\$500.00	
CIGARETTE / TOBACCO / E-CIG	\$50.00	
MASSAGE-INDIVIDUAL MASSAGE THERAPIST/SOLE PROPRIETOR	\$50.00	
MASSAGE-CORPORATE/PARTNERSHIP BUSINESS	\$200.00	
TATTOO/BODY PIERCING	\$500.00	
GOLF CART PERMIT	\$5.00	
PAWN SHOP	\$50.00	
CURRENCY EXCHANGE / MONEY ORDERS	\$50.00	
CRAFT RETREAT FACILITY (<i>Requires an Interim Use Permit</i>)	\$50.00	
FIREWORKS – INSIDE SALES (<i>License valid for 6 months only</i>)	\$50.00	
FIREWORKS – OUTSIDE SALES (<i>License valid for 6 months only</i>)	\$250.00	

TOTAL FEES DUE - \$ _____

This application is made pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said City of Buffalo applicable thereto. All licenses/permits expire on December 31.

Signature of Applicant

Date

Phone Number

Email Address

Application must be filed at City Clerk's office, 212 Central Avenue, Buffalo, MN 55313
All applications for licenses listed above must be approved by City Council before a license can be granted.
Submit your application 45 days before the projected effective date.



LICENSE CONTACT INFORMATION

Licensee Name: _____

Trade Name: _____

Business Establishment's Telephone #: _____

Manager's Name: _____ Telephone #: _____

Managing Partner/Primary Officer: _____ Telephone #: _____

Licenses and renewal application forms should be returned to:

Company Name: _____

Attention: _____

Street: _____

City, State, Zip Code: _____

Name of person to contact if questions: _____

Telephone number of contact person: _____

Email of contact person: _____

Licensee's Signature _____ Date: _____

Please Print Name: _____

****If your establishment utilizes a patio/deck or adjoining space that is compact and contiguous to the main building, please include a sketch of the building and additional area below for licensing regulations.**

DATA PRACTICES ADVISORY TENNESSEN WARNING – PERMITS AND LICENSES

You are being asked to answer questions and provide information pursuant to the license and application process that is required by Minnesota state law and/or the Buffalo City Code. The purpose and intended use of the requested data is to verify that applicants meet the requirements of the state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.

Some of the information you provide on this application is considered private data under the Minnesota Government Data Practices Act (the “Act”). This information will be used by the City and its agents involved in the review of this application. You are not required by state law or City Code to answer questions or provide the information requested. However, a refusal to answer questions or provide the information requested will prevent the City from processing the permit or license for which you are applying.

The following data collected, created, or maintained is classified under the Act as public data once a license has been approved (Minn. Stat. 13.41, subd.5):

1. Data submitted by applicants (including name, email, telephone numbers, and addresses).
2. Orders for hearing, findings of fact, conclusions of law, and specification of any final disciplinary action.
3. Entire record concerning any disciplinary proceeding.
4. License numbers and status.

The following data collected, created, or maintained is classified under the Act as private and/or confidential data (Minn. Stat. 13.41, subd.2; Minn. Stat. 13.37, subd.1):

1. Active investigative data relating to complaints against any license.
2. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure.
3. The information related to unsubstantiated complaints when it is not maintained in anticipation of legal action.
4. Inactive investigative data relating to violations of statutes or rules.
5. Record of disciplinary proceedings, except as limited by the provisions above.
6. Trade secrets, as defined under Minnesota law.
7. Sensitive security and safety information.

The City of Buffalo may make any private or confidential data accessible to an appropriate person or agency if the City determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

Certification: I have read and certify the information in this application is true and correct. I further understand that the giving of false information in this form and/or the failure to give requested information may be cause for immediate revocation of any and all licenses and/or permits issued hereunder. I understand the above information regarding my rights as a subject of government data and applicant for a license or permit from the City of Buffalo.

Note: Proper signature is required. If a corporation owns this establishment, an officer of the corporation must sign below; if a partnership, the managing partner; if an individual, the owner.

Signature

Date

Print Name

Print Title

Establishment Name (DBA) or Trade Name



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7510 Fax 651-297-5259 TTY 651-282-6555

APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE

(Not to exceed 24% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Business Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City		County	State Zip Code
Is this application <input type="checkbox"/> New			License Period From _____ To _____

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN
Partner/Officer Name and title	Home Address	DOB	SSN

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner	Owner's address		
Are property taxes delinquent <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe the premises to be licensed

If the restaurant is in conjunction with another business (resort etc.), describe business

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED

Yes No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

Yes No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

The licensee must have one of the following:

Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach "**CERTIFICATE OF INSURANCE**" to this form.

A surety bond from a surety company with minimum coverage as specified above in.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature

Department and Title

Date

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
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: (check 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 Federal Tax ID # _____ Licensee's MN 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.**

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 ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
Today's Date

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

Insurance Group/Company Name
Contact Name, if applicable
Street Address
City, State Zip

INSURED

Licensee Name
dbo Trade (Business) Name (if different from above)
Physical Address (No PO Box/Mailing address)
Buffalo, MN 55313

CONTACT NAME: **Contact Name**PHONE (A/C, No. Ext): **123-456-7890**

FAX (A/C, No.):

E-MAIL ADDRESS: **If applicable**

INSURER(S) AFFORDING COVERAGE

NAIC #

INSURER A: **Insurance Agency/Company Name**INSURER B: **If different than "Producer" information**

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGEs

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A.	GENERAL LIABILITY		XX12345	Current License Year		EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR X Liquor Liability (unless noted below)					
	GEN'L AGGREGATE LIMIT APPLIES PER: POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC					
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	ANY AUTO ALL OWNED AUTOS HIRED AUTOS	SCHEDULED AUTOS NON-OWNED AUTOS				
	UMBRELLA LIAB	OCCUR				EACH OCCURRENCE \$ AGGREGATE \$ \$
	EXCESS LIAB	CLAIMS-MADE				
	DED RETENTION \$					
B.	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICE/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A	XXX1234567	Current License Year	WC STATUTORY LIMITS E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	OTHER \$ \$ \$ \$
	LIQUOR LIABILITY			Current License Year		This needs to cover the entire license year OR noted (below)*

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

* Liquor Liability Continuous Until Cancelled

CERTIFICATE HOLDER

CANCELLATION

City of Buffalo
212 Central Ave.
Buffalo, MN 55313

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Insurance Agent's Signature

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CITY OF BUFFALO
INFORMED CONSENT FORM for CRIMINAL BACKGROUND CHECK
LIQUOR – CIGARETTE/TOBACCO/ECIGS LICENSE APPLICATIONS

The City of Buffalo requires criminal background checks on all parties applying for a liquor or cigarette/tobacco/ECIGs license. This background check is a mandatory part of the license process.

The following person has made application for a liquor or cigarette/tobacco/ECcigs license with the City of Buffalo.

Name: First _____ Middle _____ Last _____

Other Names Previously Used: _____

Date of Birth: _____

I authorize the Buffalo Police Department to disclose any criminal history record information to the City of Buffalo for the purpose of consideration for a city license for liquor, cigarette/tobacco/ECigs.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

Name of Establishment

.....
You have the following rights under State Statute:

1. The right to be informed by the City of Buffalo of the BCA's response to the background check and to obtain a copy of the background check report.
2. The right to obtain from the City of Buffalo any record that forms the basis for the report.
3. The right to challenge the accuracy and completeness of any information contained in the report.
4. The right to be informed by the City of Buffalo if your application for a liquor, cigarette/tobacco/Ecigs license has been denied is because of the BCA's response.

If the results of the criminal background check do not satisfy the City of Buffalo, the parties knowingly and voluntarily agree that no contract was ever created between the City of Buffalo and the above signed.

Date to PD: _____

PD Approved Denied By _____ Date _____
Police Department Staff

MINNESOTA BUSINESS TAX IDENTIFICATION LAW

Pursuant to Minnesota Statute 270C.72 (Tax clearance; issuance of licenses), Subd.4. All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications (include Federal Tax number).

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding, or motor vehicle excise taxes.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.
3. Failure to supply this information may jeopardize or delay the processing of your license issuance or renewal application.

Applicant's name (LAST, first, middle initial)			*Social Security Number	
Home address	City	State	Zip code	Phone number
Business Establishment Name		Type of license applied for:		
Business address	City	State	Zip code	Phone number
Minnesota Tax Identification Number (or explain why you don't have one)			Federal Tax Identification Number	

***If company stock is publicly exchanged, you may omit submitting this Social Security information.**

E-mail: dli.license@state.mn.us
Website: www.dli.mn.gov
Phone: (651) 284-5034

Print in ink or type

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

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 Minn. Stat. 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
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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		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)

I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)

I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)

I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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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If you have questions about completing this form or to request this form in Braille, large print or audio.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 1600
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

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

Print Name of Licensee (As shown on license)

Business Name (DBA)

Business Address

County

Business Phone

City, State, Zip Code

Email

Office Use Only

Issuing Authority

Type Code

Buyer's Card Expires

Identification #

TENNESSEN WARNING NOTICE
MINNESOTA DEPARTMENT OF PUBLIC SAFETY
ALCOHOL & GAMBLING ENFORCEMENT DIVISION (AGE)
LICENSE AND PERMIT PROCESS

Background

When a government entity collects private or confidential data from an individual about that individual, the entity is required under Minn. Stat. §13.04, subd. 2 to provide a TennesSEN Warning notice. The purpose of the notice is to enable an individual to make an informed decision about whether to give data about themselves to the government entity.

Classification of Data Provided

As provided in Minn. Stat. §13.41, subds. 2 and 5, the name(s) and designated contact address(es) submitted on an application for a license or permit are public data. Until a license is approved, all other information provided on an application are private data and accessible to the applicant but not the public. Upon license approval, all information provided on an application is public data except social security numbers, nondesignated addresses, and data otherwise classified as private data on individuals and protected nonpublic data under Minn. Stat. §13.02, subds. 12 and 15. Public data is available to any person upon written request to AGE. All data collected and stored may also be shared upon court order or with other government entities as authorized by law.

Purpose and Intended Use

The data requested on an application for a license or permit is used to determine if an applicant meets the statutory qualifications and requirements for the license applied for. Data on an application will also be relied upon for contact and communication purposes by AGE.

Requirements to Provide

Applications for a liquor license or permit pursuant to Minn. Stat. Ch. 340A and gambling license or permit pursuant to Minn. Stat. Ch. 299L must be submitted on the form prescribed by the Commissioner of the Minnesota Department of Public Safety so as to collect certain minimum information to determine eligibility. Failure to provide the requested information on an application may result in the delay or denial of license or permit applied for.