



City of Isanti
Office of the City Clerk

110 - 1st Avenue NW

Isanti, MN 55040

Phone: 763-762-5759

Email: jstrand@cityofisanti.us

www.cityofisanti.us

APPLICATION FOR A NEW LIQUOR LICENSE, RENEWAL OR ADDRESS CHANGE

TYPE OR PRINT INFORMATION

NAME OF PERSON MAKING APPLICATION		<input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> OWNER <input type="checkbox"/> OFFICER <input type="checkbox"/> PARTNER	
<input type="checkbox"/> NEW LICENSE <input type="checkbox"/> RENEWAL LICENSE <input type="checkbox"/> ADDRESS CHANGE			
<input type="checkbox"/> BEER (MALT) OFF-SALE (3.2)- \$150 <input type="checkbox"/> BEER (MALT) ON-SALE (3.2)- \$250 <input type="checkbox"/> BREWERS OFF-SALE MALT LIQUOR \$310 <input type="checkbox"/> BREWERS TAPROOM ON-SALE - \$500 <input type="checkbox"/> CLUB - \$500 <input type="checkbox"/> INTOXICATING LIQUOR ON-SALE - \$2,500 <input type="checkbox"/> INTOXICATING LIQUOR SUNDAY ON-SALE - \$200 <input type="checkbox"/> CONSUMPTION & DISPLAY PERMIT-\$200 <input type="checkbox"/> WINE ON-SALE - \$300			
INVESTIGATION FEE (NEW LICENSE ONLY) <input type="checkbox"/> CORPORATION, ASSOCIATION, PARTNERSHIP, OR CLUB - \$300 <input type="checkbox"/> SINGLE - \$100			
NAME OF ESTABLISHMENT		BUSINESS PHONE	
ESTABLISHMENT ADDRESS		CITY Isanti	STATE / ZIPCODE 55040
APPLICANT'S ADDRESS		APPLICANT'S PHONE	APPLICANT'S BIRTHDATE
APPLICANT'S DRIVER'S LICENSE NUMBER			



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APPLICANT CHECKLIST

IN SUPPORT OF SAID APPLICATION AND IN ACCORDANCE WITH THE REQUIREMENTS AS SET FORTH IN SAID CHAPTER, THE FOLLOWING IS SUBMITTED AS PART OF THE LICENSE APPLICATION:

- ☐ LICENSE FEE
- ☐ BACKGROUND INVESTIGATION FEE (if applicable)
- ☐ CERTIFICATE OF INSURANCE EVIDENCING LIQUOR LIABILITY COVERAGE MUST COVER LICENSE PERIOD OF APRIL 1 TO MARCH 31.
- ☐ SUPPORTING LICENSE DOCUMENTATION

STATE THE EXACT LEGAL DESCRIPTION OF THE PREMISES TO BE LICENSED, OR ATTACH A COPY.

HOW ARE THE PREMISES ZONED UNDER THE CITY OF ISANTI ZONING CODE? (**NEW LICENSE ONLY**)

IF THE OWNER OR OWNERS OF THE BUILDING WHEREIN THE LICENSED BUSINESS WILL BE LOCATED IS OTHER THAN THE APPLICANT, STATE: (**NEW LICENSE ONLY**)

Full Name _____
Residence Address _____ Phone _____
Business Address _____ Phone _____

Full Name _____
Residence Address _____ Phone _____
Business Address _____ Phone _____

STATE IN SUMMARY THE CONDITIONS OF LEASE ARRANGEMENT, SUCH AS TERM OF LEASE, MONTHLY RENTAL, RENEWAL PRIVILEGES, ETC. (ATTACH A TRUE COPY OF THE LEASE).

IF BUILDING IS OWNED BY INDIVIDUAL APPLICANT, PARTNERSHIP, CORPORATION OR ASSOCIATION, STATE (**NEW LICENSE ONLY**):

Date purchased _____
Name and address of person purchased from: _____



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Who currently holds contract for deed? Name and address

STATE THE FLOOR NUMBER, GENERAL AREA, AND ALL ROOM WHERE LIQUOR IS TO BE SOLD AND CONSUMED. (APPLICANT SHALL ATTACH A FLOOR PLAN SHOWING DIMENSIONS AND INDICATING NUMBER OF PERSONS INTENDED TO BE SERVED IN THE SAID ROOMS).

ARE ANY REAL ESTATE TAXES, PERSONAL PROPERTY TAXES, SPECIAL ASSESSMENTS, OR OTHER FINANCIAL CLAIMS OF THE CITY OF ISANTI DELINQUENT OR UNPAID FOR THE PREMISES TO BE LICENSED?

Yes _____ No _____ if yes, give details

STATE THE SEATING CAPACITY FOR SERVING OF MEALS OF ANY RESTAURANT OR DINING ROOM OF ANY HOTEL



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APPLICANT AND ASSOCIATES IN THIS APPLICATION WILL STRICTLY COMPLY WITH ALL THE LAWS OF THE STATE OF MINNESOTA GOVERNING THE TAXATION AND THE SALE OF LIQUOR; RULES AND REGULATIONS PROMULGATED BY THE LIQUOR CONTROL COMMISSIONER; AND ALL ORDINANCES OF THE CITY OF ISANTI.

- A. I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. The City of Isanti has determined that a comprehensive background investigation is necessary.
- B. I have been given a copy of the city code relating to liquor.
- C. Any falsification of answers to the questions may result in denial of the application.

SIGNATURE: _____ DATE: _____

Subscribed and sworn to before me a
Notary Public on this _____ day of
_____, 20_____.

NOTARY STAMP

Notary Signature

MN Statutes 340A.403, subd. 4 states: (Notice to the Commissioner.) Within 10 days of the issuance of a license under this section, a municipality shall inform the commissioner, on a form the commissioner prescribes of the licensee's name and address and trade name, the effective date and expiration date of the license, and any other information on the licensee the commissioner requires. This law is for on sale intoxicating liquor licenses and on sale and off sale 3.2% beer licenses that have been issued. Date the Commissioner was notified



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INFORMED CONSENT FOR BACKGROUND INVESTIGATION

The following named individual has made application with the City of Isanti for a on sale liquor license. In order to determine if the applicant is eligible to receive the license, a criminal history check must be conducted. You are not legally required to provide the requested information. However, if you do not, the City of Isanti will be unable to conduct the required background inquiries and will not be able to issue a license.

PLEASE PRINT LEGIBLY

Legal First Name (full name)	Middle Name (full name)	Last Name
Any Maiden, Alias or Former Name(s)		
Address:		
Date of Birth (MM/DD/YYYY)	Driver's License #:	Gender:

I, _____, authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the City of Isanti and the Isanti Police Department for the purpose of conducting a criminal background check for determining eligibility for a temporary on sale liquor license.

The authorization shall expire one year from the date of my signature.

Applicant's signature

Date



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DATA PRACTICES ADVISORY
TENNESSEN WARNING – ON SALE LIQUOR LICENSE

You are being asked to answer questions and provide information pursuant to the temporary malt liquor licensing and application process that is required by the city of Isanti, Minnesota city code. The purpose and intended use of the requested data is to verify that each applicant meets the requirements for state statutes and city code provisions and, if the license or permit is approved, to verify that all required data remains current.
The following data collected, created, or maintained is classified under the Minnesota government data practices act as public data once a license has been approved (Minn. Stat. § 13.41, subd. 5):

1. Data submitted by applicants (other than names and designated 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
5. License status

The following data collected, created, or maintained is classified under the act as private data (Minn. Stat. § 13.41, subd. 2):

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to disclosure
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action
3. Inactive investigative data relating to violations of statutes or rules
4. Record of disciplinary proceedings, except as limited by the provisions above

The following data collected, created, or maintained is classified under the act as confidential data ((Minn. Stat. § 13.41, subd. 4) :

1. Active investigative data relating to complaints against any license.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, city officials who have a bona fide need for it, or as required by court order. The city of Isanti may make any data classified as private or confidential accessible to an appropriate person or agency if the licensing agency determines that failure to make the data accessible is likely to create a clear and present danger to public health or safety.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I read and understand the above information regarding my rights as a subject of government data:

Applicant's Signature

Date



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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	CONTACT NAME:		
	PHONE (A/C, No, Ext):	FAX (A/C, No):	
	E-MAIL ADDRESS:		
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED	INSURER A:		
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		

ESTABLISHMENT must appear here exactly as on the MN State Renewal form, including spelling and punctuation:

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						EACH OCCURRENCE \$
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
							\$
	GEN'L AGGREGATE LIMIT APPLIES PER:						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						BODILY INJURY (Per person) \$
	OTHER:						BODILY INJURY (Per accident) \$
	AUTOMOBILE LIABILITY						PROPERTY DAMAGE (Per accident) \$
	<input type="checkbox"/> ANY AUTO						\$
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					
	UMBRELLA LIAB	<input type="checkbox"/> OCCUR					EACH OCCURRENCE \$
	EXCESS \$ LIAB	<input type="checkbox"/> CLAIMS-MADE					AGGREGATE \$
	DED \$	RETENTION \$					\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A				PER STATUTE OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>					E.L. EACH ACCIDENT \$
	DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$
	Liquor Liability						E.L. DISEASE - POLICY LIMIT \$

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 701, Additional Remarks Schedule, may be attached if more space is required)
Note Outdoor seating area if applicable.
*Policy effective dates must state license dates OR CONTINUOUS UNTIL CANCELLED

CERTIFICATE HOLDER	CANCELLATION
City of Isanti 110-1 st Ave NW Isanti, MN 55040	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