



CITY OF
CHANHASSEN

Intoxicating Liquor or Wine
License Application

Application Date: _____ Part 1 – General Information

If the applicant is an individual, form must be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1. License Information:

Type of License:

Establishment Type:

Optional Licenses:

Anticipated Opening Date:

- On-Sale
 - Off-Sale
 - On-Sale Club
 - Bottle Club
 - On-Sale Wine (includes Sunday)
 - On-Sale Brewer Tap Room*
 - Off-Sale Small Brewer
 - On-Sale Cocktail Room*
 - Off-Sale Microdistillery
- *Includes on-sale Sunday

- Restaurant
- Hotel
- Bowling Center
- Club
- Liquor Store
- Brewery
- Microdistillery

- On-Sale Sunday
- On-Sale 2 am Closing Option (cannot apply to off-sale or bottle club)

2. Type of Applicant:

- Individual (7)
- Partnership (8)

- Corporation (9a, 9b, 9c)
- Other Organization (9a, 9b, 9c)

- Club (10a, 10b)

3. Legal Name of Licensee (individual, partnership, corporation, organization or club): _____

Corporate Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

4. Business (Trade) Name: _____

Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

If business is to be conducted under a designation, name or style other than the name of the applicant, attach a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02.

Attach a list of owners and their respective percentages totaling 100%.

5. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72): _____

Federal Business Tax ID Number: _____ Applicant's Social Security No: _____

6. Proof of Worker's Compensation Insurance Coverage:

Insurance company name: _____ Dates of Coverage: _____

Policy Number/Self-insurance permit number (per Minnesota Statute 176.182): _____

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

- I have no employees covered by the law
- Other (specify on a separate sheet)

Section 1: Type of Applicant
Complete only one number in this section. Refer to Question 2 for type of applicant.

7. Individual: If applicable, complete this question *and a Part 2 Personal History form*. Then proceed to Section 2.

Full Name: _____
Last
First
Full Middle

Residence Address: _____
Street
City
State
Zip

Business Address: _____
Street
City
State
Zip

Primary Phone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ Email: _____

8. Partnership: If applicable, complete this question for general and limited partners, then proceed to Section 2.
A Part 2 Personal History form is required from each general partner.

Full Name: _____
Last
First
Full Middle

Residence Address: _____
Street
City
State
Zip

Business Address: _____
Street
City
State
Zip

Primary Phone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ Email: _____

Full Name: _____
Last
First
Full Middle

Residence Address: _____
Street
City
State
Zip

Business Address: _____
Street
City
State
Zip

Primary Phone: (____) _____ Alternate Phone: (____) _____

Fax: (____) _____ Email: _____

9a. Corporation/Other Organization: If applicable, complete questions 9a, 9b and 9c, then proceed to Section 2.

Corporation Name: _____

State of Incorporation/Association: _____ **Date of Incorporation:** _____

9b. Officers of Corporation/Other Organization: *A Part 2 Personal History form is required from each officer.*

President
Full Name: _____
Last
First
Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Fax: (_____) _____ Email: _____

Vice President

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Fax: (_____) _____ Email: _____

Secretary

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Fax: (_____) _____ Email: _____

Treasurer

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Fax: (_____) _____ Email: _____

9c. All persons who singly or together with their spouse and parents, brothers, sisters or children own or control an interest in said corporation/other organization in excess of 5%. A Part 2 Personal History form is required from each individual.

Full Name: _____ %
Last First Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Full Name: _____ %
Last First Full Middle

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Attach a copy of the Certificate of Incorporation; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

10a. Club: If applicable, complete questions 10a and 10b.

Club Name _____ Date club was first organized _____ Number of members _____

Place of such Organization _____ Date club was first incorporated _____

Name of establishment or serving club _____ Date established _____

10b. Officers, Executive Committee Members and Board of Directors Members

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Attach a copy of Articles of Incorporation and a copy of the club's bylaws.

A sworn statement that the club has been in existence for at least three years must be submitted by a person who has personal knowledge of the facts stated therein. In the event that no one can make such a statement, satisfactory documentary proof may be submitted in support of such facts.

Section 2: Persons in Charge of Licensed Premises
All applicants complete this section. The Part 2 Personal History must be completed and filed with this application by each person in this section.

11. General Manager, Operating Manager, Proprietor, Food/Beverage Manager, Managing Partner or other Individual in charge of the licensed premises

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (_____) _____ Alternate Phone: (_____) _____

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (____) _____ Alternate Phone: (____) _____

Full Name: _____
Last First Full Middle Position

Residence Address: _____
Street City State Zip

Primary Phone: (____) _____ Alternate Phone: (____) _____

12. Will the licensed establishment be managed or operated by a person other than the licensee or an employee of the licensee? Yes No

Section 3: Building Ownership
All applicants complete this section.

13a. Is the building where licensed business will be located owned by the applicant? (individual, partnership, corporation or other organization) Yes (complete questions 13a-e) No, proceed to question 14

Date Purchased _____ Purchase Price: \$ _____ Down Payment: \$ _____

Name of Person Purchased From: _____

Address of Above Person: _____
Street Address City State Zip

13b. Is there a mortgage? Yes No Amount: \$ _____

Mortgage Holder: _____

Address: _____
Street City State Zip

Term of Mortgage: _____ Rate of Interest: _____

13c. Is there a contract for deed (C.D.)? Yes No Amount: \$ _____

C.D. Holder: _____

Address: _____
Street City State Zip

Term of C.D.: _____ Rate of Interest: _____

13d. Amount of the monthly payment at which mortgage and/or C.D. is being liquidated: \$ _____

13e. Are the payments on the mortgage and/or C.D. up-to-date? Yes No

14. Is building where licensed business will be located owned by someone other than the applicant?

- Yes, complete question 14
- No, proceed to question 15

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Business Address: _____
Street City State Zip

Primary Phone: (_____) _____

Attach a copy of the lease agreement

15. List all persons other than the applicant, who have any ownership, in whole or in part, in the business, buildings, premises, fixtures, furniture or stock in trade. This shall include, but not be limited to, any lessees, lessors, mortgagees, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Nature and amount of ownership, terms for payment or reimbursement: _____

Full Name: _____
Last First Full Middle

Residence Address: _____
Street City State Zip

Nature and amount of ownership, terms for payment or reimbursement: _____

Section 4: Business Assets
All applicants complete this section.

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. Loans or extensions of credit provided to fund opening investment require submission of credit approval documentation. If acquiring an existing business, attach copy of purchase agreement. Round balances to the nearest hundred dollars.

16. Uses of Funds

17. Sources of Funds

Operating capital for daily needs \$ _____
Opening checking account balance, cash register balances, funds to carry average accounts receivable and prepaids; i.e. insurance, rent

Merchandise/inventory for resale \$ _____

Business property:
a. Land and buildings \$ _____
(Enter zero, if rented)

b. Equipment and furnishings \$ _____

Other uses of funds, if any
Describe each below:

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL REQUIREMENTS \$ _____
Must equal total of column 17

Indebtedness owed to seller \$ _____
Seller provides portion of financing to acquire existing business after the closing date.

Loans from financial institutions \$ _____

Loans from relatives \$ _____

Loans from other individuals \$ _____

Other outside sources, if any
Describe each below.

_____ \$ _____
_____ \$ _____

Opening investment by owners:
a. Individual (*Sole Proprietorship*) \$ _____
b. Two or More Individuals (*Partnership*) \$ _____
c. Stockholders (*For issuance of stock and for capital contributed, if any*) \$ _____

TOTAL SOURCES AND INVESTMENT \$ _____
Must equal total of column 16

Ownership by only one individual (Sole Proprietorship requires submission of personal financial statement, including annual income details, and most recently submitted federal income tax return.

Ownership by two or more individuals (Partnership) requires each individual submit a personal financial statement, including annual income details, most recently submitted federal income tax return, and partnership financial statement, including income statement.

Ownership by a corporation requires submission of most recent annual report and/or corporate audited financial statements, plus most recently completed corporate tax return. (If no audit is completed, include unaudited financial statements.)

Section 5: Premises
All applicants complete this section

18. Legal Description of premises to be licensed. Attach a survey showing dimensions, building location, street access, parking facilities and location.

_____ PID No. _____

19. State the floor number, general area and all rooms where intoxicating liquor is to be sold and consumed. Attach a floor plan showing dimensions and indicating number of persons intended to be served in said rooms.

_____ Square Footage: _____

20. Do you wish to have your liquor license apply to an attached outside area? [] Yes [] No
If yes, attach a site plan showing the building and the outside serving area, estimating the square footage of the outside area. _____ Sq. ft.

21. How is the premises zoned under Chanhassen City Ordinances: _____

22. Are any real estate taxes, personal property taxes, special assessments, utility bills, or other financial claims of the state, county, school district, or city delinquent or unpaid for the premises to be licensed? If yes, give years and unpaid amounts. [] Yes [] No

Section 6: On-Sale Intoxicating Liquor License
Fill out this section if applying for an on-sale intoxicating license

23. If a hotel or motel, is there a dining room open to the general public with seating for a minimum of 30 persons, and a minimum of 25 guest rooms? [] Yes [] No

24. If a restaurant, is it open to the general public with dining and provisions for seating a minimum of 25 persons at one time? [] Yes [] No
Number of Seats: Restaurant _____ Bar _____

Section 7: On-Sale Wine License
Fill out this section if applying for an on-sale wine license

25. Is the premises open to the general public for dining and provisions for seating a minimum of 25 persons at one time? [] Yes [] No

26. Do you intend to also apply for an on-sale 3.2 percent malt liquor license? [] Yes [] No
The holder of an on-sale wine license who is also the holder of an on-sale 3.2 percent malt liquor license whose gross receipts are at least sixty percent (60%) attributable to the sale of food, may sell intoxicating malt liquor without an additional on-sale intoxicating liquor license.

Section 8: Bottle Club Liquor License
Fill out this section if applying for a bottle club liquor license

27. Does the applicant currently hold an on-sale intoxicating liquor license or an on-sale non-intoxicating malt liquor license? [] Yes [] No

