



AUDITOR/TREASURER

320 Third Street NW • Faribault, MN 55021
(507) 332-6104 • Fax (507) 333-3754
www.co.rice.mn.us

CHECKLIST OF REQUIRED APPLICATION MATERIALS FOR RENEWAL OF 3.2% MALT LIQUOR LICENSE

License Period: July 1st through June 30th of the following year

The following materials must be included when submitting your Liquor License application.

The completed materials should be returned to the Rice County Auditor's Office by May 1st to be included on the agenda for the next Board of Commissioner's meeting

Please note: Do not return your application to the Auditor-Treasurer's Office until all forms are completed including all required signatures from the township, county attorney and county sheriff. Applications will be returned unapproved if they are submitted to our office incomplete.

- _____ 1. Completed & signed "**Renewal of Liquor, Wine or Club License**" - Use Form #9093
*This form is only used at renewal time for current licenses with **NO** changes in the license name or ownership. Do not use this form if the corporate name is changing, ownership is changing or address is changing - instead you must complete the full application for NEW & TRANSFER licenses.*

Additional instructions & information:

- Verify licensee name on application is: the corporate name, if incorporated **-or-** the partnership name if a partnership **-or-** the individual name or names
- Dates of Birth must be included for all officers, partners or individuals
- Forms must be filled in completely
- Sign your application
- Get approval/signatures from the county sheriff and county attorney
- For more information contact AGED at 1-651-201-7500 or visit their website at www.dps.mn.gov

- _____ 2. Certificate of Liquor Liability Insurance
- Rice County must be the certificate holder
 - **The pre-printed cancellation paragraph at the bottom must read as follows:**
"Should any of the above described policies be cancelled before the expiration date thereof, the issuing company will mail 10 days written notice to the certificate holder named to the left."
 - The insurance certificate must cover your license period completely.
 - Do not submit insurance company applications or invoices as proof of liquor liability. You must have the actual certificate of liquor liability insurance
 - Your certificate of insurance must be in your exact corporate or individual name
 - The minimum limits of the policy are \$100,000 and a \$300,000 aggregate per policy year

- OR -

Complete the "**Proof of Financial Responsibility**" form if you do not generate sales of more than \$25,000 per each calendar year for an On-Sale License or \$50,000 per year for an Off-Sale License.

- _____ 3. Certification of Compliance of the MN Workers' Compensation Law
- _____ 4. Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training
- _____ 5. **For On-Sale License Applicants:** A copy of your current Restaurant License from the MN Dept. of Health

- _____ 6. **For On-Sale License Applications:** Per MN Statute 7515.0430, Subp.2. Description of Premises. The retail license for sale of alcoholic beverages which the county may issue must contain a specific description of the premises to which the license applies. The description must state the numbered street address or the description of the lot, block, addition or township. In addition, the license application must include a complete description of the compact and contiguous area in which the licensee will conduct business, including a description of physically connected attachments to the main structure such as patios, decks or pavilions. If the description in this subpart covers a building with more than one story or rooms which are used for business purposes other than those permitted to be in combination with the license as outlined in part 7515.0420, the the description must specify the floor and the space to which the license will apply.
- _____ 7. For Corporations: Submit a copy of “Articles of Incorporation” from the State of MN
For Partnerships: Submit a copy of your Partnership Agreement
- _____ 8. Town Board Approval Request Form
- _____ 9. Paid License Fee: On-Sale \$140.00, Off-Sale \$60.00 & On & Off- Sale \$200.00
- _____ 10. Buyer’s Card Application Renewal Application (the county does not need to see this form) This is a yearly requirement and renewal applications are sent to you directly from the State.
- _____ 11. Your property taxes cannot be delinquent and you must pay each installment for the current taxes when they are due
- _____ 12. Email address _____

Return this checklist along with completed forms and fees to:

The Rice County Auditor-Treasurer’s Office
Rice County Government Services Bldg.
320 3rd Street N.W.
Faribault, MN 55021

Phone: 507-332-6104
507-645-9576
507-744-5185

Certification of Compliance of the Minnesota Worker's Compensation Law

Minnesota Statute, Section 176.182 requires every local licensing agency to withhold the issuance or renewal of license or permit to operate or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance Coverage requirement.

State Law requires this information and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a penalty assessed against the applicant by the Department of Labor and Industry.

Worker's Compensation Insurance Company Name: _____
(Not the insurance agent)

Policy Number: _____

Dates of Coverage: From _____ through _____

***** Attach your Workers' Compensation Insurance Certificate*****

-OR-

I am NOT REQUIRED to have Workers' Compensation Liability Coverage because:
(check one and sign)

_____ 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 hereby 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 Address: _____

City, State, Zip: _____

Siganture: _____ Date: _____

Form: Certification of Compliance MN Workers Comp Law (Rice County) 4/25/2008

Minnesota Tax ID Number _____

(If a Minnesota Tax Identification number is not required, please explain on the reverse side)

Federal Tax ID Number _____

Certification of Compliance with the Rice County Ordinance No. 110 regarding Server Training

I hereby certify that I am in compliance with Rice County Ordinance No. 110 regarding Server Training.

Date

Signature

Title

NOTE: If you do not generate sales of more than \$25,000.00 per each liquor calendar year an On-Sale License or \$50,000.00 per year for an Off-Sale License, you may submit this form instead of the required liquor liability insurance certificate (or \$100,000 in cash or securities or the \$100,000 surety bond)

PROOF OF FINANCIAL RESPONSIBILITY

Minnesota Liquor Laws
Chapter 340A.409 Subd.4

This is to certify that:

For and in behalf of _____
License Holder Name of Business

Located at _____
Address City State Zip

In the town of _____, County of Rice, State of Minnesota;

I attest to the fact that _____
Name Name of Business

does does not generate sales due to On-Sale of \$25,000.00 or more per each liquor calendar year of July 1 through June 30 as defined in the Minnesota Liquor Laws, Chapter 340.409, Sub.4; and if sales do exceed \$25,000.00 I must and will provide the required "Certificate of Insurance".

does does not generate sales due to Off-Sale of \$50,000.00 or more per each liquor calendar year for of July 1 through June 30 as defined in the Minnesota Liquor Laws, Chapter 340.409, Sub.4; and if sales do exceed \$50,000.00 I must and will provide the required "Certificate of Insurance".

Signature of Applicant

Address of Applicant City State Zip

Subscribed and sworn to before me this _____

day of _____, 20 _____.

Notary Signature, Seal and Date

**TOWN BOARD APPROVAL REQUEST FORM
FOR THE ISSUANCE OF LIQUOR LICENSES
In RICE COUNTY, MN**

Licensee: _____

Trade Name: _____

License Location Address: _____

Applying for the following license: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor | <input type="checkbox"/> On Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor | <input type="checkbox"/> Wine |

**CONSENT OF THE TOWN BOARD
For the County of Rice to Issue a Liquor License**

The town board of the Town of _____, County of
Rice, State of Minnesota, at their meeting held the _____ day of _____,
20____, with a quorum of the board being present, consented to the issuance of the following
license(s): (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> On-Sale Intoxicating Liquor | <input type="checkbox"/> On Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Off-Sale Intoxicating Liquor | <input type="checkbox"/> Off Sale 3.2% Malt Liquor |
| <input type="checkbox"/> Sunday Liquor | <input type="checkbox"/> Wine |

for the above named licensee within this township for the license period beginning July 1, 20____.

Date

Signature of Chair of the Town Board

Date

Signature of Town Clerk

- Complete this section ONLY if Sunday Liquor has been requested -

Certification of Approval to Issue a License to Sell Liquor on Sunday
Furthermore, we consent to the issuance of a license to sell liquor on Sundays. The question regarding the sale of liquor on Sundays was placed on a ballot and approved by the voter's of this town at an election held on _____.

Date

Signature of the Town Clerk