



**LICENSING DIVISION**  
 1584 Hadley Avenue N.  
 Oakdale, MN 55128  
 Phone: 651-730-2739  
 Fax: 651-730-2820  
 E-Mail: [licensing@ci.oakdale.mn.us](mailto:licensing@ci.oakdale.mn.us)  
[www.ci.oakdale.mn.us](http://www.ci.oakdale.mn.us)

|                     |
|---------------------|
| FOR OFFICE USE ONLY |
|                     |
| NOTES:              |

## LIQUOR LICENSE APPLICATION

*License Term: April 1st – March 31st, annually*

**Type of License(s) Applying for:**

- |   |                                       |   |  |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> 3.2 Malt Liquor Off-Sale | <input type="checkbox"/> Wine On-Sale | <input type="checkbox"/> Intoxicating Liquor On-Sale  | <input type="checkbox"/> Special Sunday Sales  |
| <input type="checkbox"/> 3.2 Malt Liquor On-Sale  | <input type="checkbox"/> Club On-Sale | <input type="checkbox"/> Intoxicating Liquor Off-Sale | <input type="checkbox"/> Optional 2 AM Closing |

**Would alcohol be served outside on a patio as well?**       No       Yes

| SECTION A. PERSONAL  |      |                |                    |                 |  |
|--|------|----------------|--------------------|-----------------|--|
| First Name:  |      | Middle:        |                    | Last:           |  |
| Maiden Names or Others Names Used:   |      |                |                    |                 |  |
| Home Address:  |      |                |                    | City:           |  |
| State:   | Zip: | Home Phone:    |                    | Cell Phone:     |  |
| E-Mail:  |      |                | Social Security #: |                 |  |
| Driver's License #:  |      | Date of Birth: |                    | Place of Birth: |  |
| Eye Color:   |      | Hair Color:    |                    | Height:         |  |
|  |      |                |                    | Weight:         |  |
| Citizenship Status: <input type="checkbox"/> USA Citizen <input type="checkbox"/> Permanent Resident – <i>attach proof</i> <input type="checkbox"/> Work Authorization – <i>attach proof</i> |      |                |                    |                 |  |
| Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married - <i>your spouse must complete a supplemental form.</i>                   |      |                |                    |                 |  |

| SECTION B. BUSINESS PREMISES   |                              |
|--|------------------------------|
| <p><b>Zoning Verification:</b> Your business must be eligible to operate at the premises you have chosen. Please call the City Planner at 651-730-2720 to verify zoning eligibility.</p>   |                              |
| Relationship to Business: <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Officer <input type="checkbox"/> Other:   |                              |
| Company Name:  | Doing Business As:           |
| Address:   | Phone:                       |
| E-Mail:  | Website / Social Media Site: |
| Federal Tax ID:  | Minnesota Tax ID:            |
| <p>Please select from one of the following about your business:</p> <input type="checkbox"/> NOT a partnership or a corporation because it is individually owned – <i>Attach copy of Certificate of Organization</i><br><input type="checkbox"/> Partnership - <i>All partners must complete <u>additional application</u>, attach copy of Certificate of Organization, and Partnership Agreement.</i><br><input type="checkbox"/> Corporation / Limited Liability – <i>All members, officers, and any person(s) controlling or owning an interest in excess of five percent must complete a <u>supplemental form</u> and attach copy of Certificate of Assumed Name, Certificate of Incorporation, State of the Incorporation, Articles of Incorporation or Association Agreement, and By-laws.</i><br><input type="checkbox"/> <i>If foreign corporation - Attach copy of Certificate of Authority as required by Minnesota Statutes, Section 303.06</i> |                              |
| <p>Please select from one of the following about your business premises:</p> <input type="checkbox"/> The building or office space of your business is owned by you – <i>Attach copy of Purchase Agreement and skip to Section C.</i><br><input type="checkbox"/> The building or office space of your business is leased to you – <i>Attach copy of Lease Agreement and complete below:</i>   |                              |
| Management Company:  | Contact Name:                |
| Address:   | City:                        |
| State:   | Zip:                         |
|  | Phone:                       |

**SECTION C. HISTORY**

*Attach additional documents if needed.*

List home addresses for all previous residences during the past 5 years. Start with the most current one first:

| Address | City  | State | Dates |
|---------|-------|-------|-------|
| _____   | _____ | _____ | _____ |
| _____   | _____ | _____ | _____ |

List full-time and part-time employers for the past 5 years. Start with the most current one first:  N/A

| Employer | Address | City  | State | Dates |
|----------|---------|-------|-------|-------|
| _____    | _____   | _____ | _____ | _____ |
| _____    | _____   | _____ | _____ | _____ |

List all other businesses you own or operate, licensed under federal or state statute or local ordinance in the past 5 years; or if the applicant represents a corporation, list such business:  N/A

| License Type | Business Name | Address | City  | State | Dates |
|--------------|---------------|---------|-------|-------|-------|
| _____        | _____         | _____   | _____ | _____ | _____ |

Have you, any employee, owner, or officer of the business or corporation, or the business as an entity, ever had a business license denied, suspended, or revoked?  No  Yes - *if yes, please complete below.*

| License Type | Issuing Agency | City  | State | Dates | Reason |
|--------------|----------------|-------|-------|-------|--------|
| _____        | _____          | _____ | _____ | _____ | _____  |

Have you, any employee, owner, or officer of the business or corporation, or the business as an entity, ever had a summons issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802?  No  Yes - *if yes, please complete below.*

| Summons | City  | State | Dates |
|---------|-------|-------|-------|
| _____   | _____ | _____ | _____ |

Have you, any employee, owner, or officer of the business or corporation, or the business as an entity, ever been charged or convicted of any liquor law violation in this state, or any other state, or under Federal Laws?  No  Yes - *if yes, please complete below.*

| Offense | City  | State | Dates |
|---------|-------|-------|-------|
| _____   | _____ | _____ | _____ |

Have you, any employee, owner, or officer of the business or corporation, or the business as an entity, ever been charged or convicted with any violation of any law or ordinance not related to the operation of the business?  No  Yes - *if yes, please complete below*

| Offense | City  | State | Dates |
|---------|-------|-------|-------|
| _____   | _____ | _____ | _____ |

**SECTION D. PROFESSIONAL REFERENCES***List 3 professional references who are unrelated to you, from the 7 county residential areas, and have no ownership or interest in your business / premises.*

|             |           |   |       |
|-------------|-----------|---|-------|
| Full Name:  |           | Job Title or Relationship to Applicant: |       |
| Address:    |           |   | City: |
| State:      | Zip Code: | Phone Number:                           |       |
| Work Phone: |           | E-Mail:                                 |       |

|             |           |   |       |
|-------------|-----------|---|-------|
| Full Name:  |           | Job Title or Relationship to Applicant: |       |
| Address:    |           |   | City: |
| State:      | Zip Code: | Phone Number:                           |       |
| Work Phone: |           | E-Mail:                                 |       |

|             |           |   |       |
|-------------|-----------|---|-------|
| Full Name:  |           | Job Title or Relationship to Applicant: |       |
| Address:    |           |   | City: |
| State:      | Zip Code: | Phone Number:                           |       |
| Work Phone: |           | E-Mail:                                 |       |

**SECTION E. MANAGER**List the person who will serve as manager(s) for this business establishment. If the manager is not the same as the applicant, the manager must complete a supplemental form:

| Full Name | Phone | Address | State | Date of Birth |
|-----------|-------|---------|-------|---------------|
| _____     | _____ | _____   | _____ | _____         |

**SECTION F. LICENSING POINT OF CONTACT***List the person who will serve as the licensing point of contact. This person will handle all licensing questions and materials from the City.*

|   |  |   |        |           |
|---|--|---|--------|-----------|
| Full Name:  |  | Job Title or Relationship to Applicant: |        |           |
| Address:  |  | City:                                   | State: | Zip Code: |
| Phone Number:   |  | Fax Number:                             |        |           |
| E-Mail:   |  |   |        |           |
| Preference for receiving licensing materials: <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail |  |   |        |           |

**SECTION G. EMERGENCY CONTACT***List the emergency contact information for the business or applicant. This person CANNOT be the same person as the applicant.*

|               |  |                                       |           |  |
|---------------|--|---------------------------------------|-----------|--|
| Full Name:    |  | Job Title/ Relationship to Applicant: |           |  |
| Address:      |  |                                       |           |  |
| City:         |  | State:                                | Zip Code: |  |
| Phone Number: |  | E-Mail:                               |           |  |

I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

**\*Electronic Signature:**\_\_\_\_\_  
Please type your full name\_\_\_\_\_  
Date I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.



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**TENNESSEN WARNING**

Pursuant to Minn. Statutes, 13.04, Subd. 2 and other applicable divisions of the Minnesota Government Data Practices Act, license applicants must be informed of their rights concerning the provision of private or confidential data requested in this application.

Private and confidential data requested in this application is required for the following purposes:

1. To confirm the applicant's identity and qualifications to perform the functions regulated under this license.
2. To allow the city to perform necessary investigation of applicants for the protection of public health and safety.
3. To limit city liability arising from failure to exercise due care with respect to the regulation of commerce or public conduct.

Private information requested, including identification, medical and criminal history data, will be used by law enforcement personnel in investigating the qualifications, moral conduct, and suitability of applicants to provide service to the public. Applicants can decline to provide the information requested in this application form, however, if an applicant fails to provide the requested information or supplies incomplete or inaccurate information, the license may be denied, suspended, or revoked. If information supplied in this application is subsequently used in a criminal prosecution of the applicant, the result may include a fine, imprisonment, or other penalty order by the court subsequent to conviction. Individuals authorized access to the private or confidential data contained in this application includes city employees whose duties require such access; local, state, and federal public safety personnel conducting related investigations; state and federal revenue authorities; and lawfully mandated reporting agencies. A specific exception to the confidentiality of data supplied in this application exists as follows:

**Minn. Statute 13.41, Subd. 5.**

Any licensing agency may make any data classified as private or confidential, pursuant to this section, 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.

Questions concerning this warning, or the effect of providing or failing to provide requested information should be directed to the Chief of Police, Oakdale, Minnesota 55128, telephone (651) 738-1022.

**INFORMED CONSENT**

The City of Oakdale requires criminal background checks for this type of city issued license. The Oakdale Police Department is responsible for maintaining all criminal history data retrieved during the criminal background check.

|   |                                 |       |
|---|---------------------------------|-------|
| First Name:   | Middle:                         | Last: |
| Maiden Name or Names Known by Others:                                 |                                 |       |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Date of Birth (mm/dd/yyyy):     |       |
| ID / Driver's License Number:   | State of ID / License Issuance: |       |
| Social Security Number:   |                                 |       |

I hereby certify that I have read and understood the Tennessee Warning in addition to authorizing the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a business license in the City of Oakdale. The expiration of this authorization shall be for a period no longer than one year from the date of signature.

**\*Electronic Signature:** \_\_\_\_\_  
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.



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To: Department of Human Services  
 Residential Program Management Division  
 Human Services Building  
 444 Lafayette Road  
 St. Paul, Minnesota 55155-3826  
 Fax: 651-431-7702

|                            |  |               |  |             |  |
|----------------------------|--|---------------|--|-------------|--|
| <b>Name</b>                |  | <b>Middle</b> |  | <b>Last</b> |  |
| <b>Other / Maiden Name</b> |  |               |  | <b>DOB</b>  |  |

I hereby authorize and grant, by informed consent, to permit the Minnesota Department of Human Services to release to and make available to the Oakdale Police Department and/or its agents and/or representatives, data classified as private which concerns me and which may be in your possession.

The data, which I authorize to be released, consists of private data as defined by Minnesota Statute 13.02, Subd. 12, and has been collected by you as a result of my contact and association with you, and/or your agents and representatives. The information for which release is authorized includes all data, which has been collected, created, received, retained or disseminated in whatever form, which in any way related to my dealing with you or your agency. This information includes, but is not limited to, data regarding mental illness or chemical dependency.

I understand that access to this information is to determine my eligibility for a liquor license.

This authorization shall be valid for a period of one year, but I reserve the right to, at any time prior to that expiration, cancel the written authorization by providing written notice to the Oakdale Police Department or to you of that fact.

**\*Electronic Signature:** \_\_\_\_\_  
 Please type your full name Date

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

\_\_\_\_\_  
 Date Released Expiration of Date of Release

Mai Xiong, Licensing Clerk  
 Agency Contact Person 651-730-2739  
 Telephone #



**POLICE DEPARTMENT**  
 1584 Hadley Avenue N  
 Oakdale, MN 55128  
 Phone: 651-730-2739  
 Fax: 651-730-2820  
 www.ci.oakdale.mn.us

**F.B.I. FINGERPRINT CARD FOR LIQUOR LICENSING – INFORMED CONSENT**

*The below individual has been fingerprinted as part of the application process for liquor licensing in the City of Oakdale. Please send results to the attention of Becky Johnson at the above address.*

|   |                 |
|---|-----------------|
| Full Name:  |                 |
| Maiden Name / Former name(s):   |                 |
| Address:  |                 |
| Date of Birth:  | Place of Birth: |
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female | Race:           |
| Height:   | Weight:         |
| Eye Color:  | Hair Color:     |
| ID / Driver's License Number:   |                 |
| State of ID / License Issuance:                                       |                 |
| Social Security Number:   |                 |

I authorize the Minnesota bureau of Criminal Apprehension to disclose all criminal history record information to the Oakdale Police Department for the purpose of liquor licensing with this agency as pursuant to Minnesota State Statute 340.402. The expiration of this authorization shall be one year from the date of my signature.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date

# Certificate of Compliance

## Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

**Print in ink or type**

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 |
|---|---------------------------|----------------------------|

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 |

**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**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.

**\*Electronic Signature:**

|                 |       |      |
|-----------------|-------|------|
| Print Full Name | Title | Date |
|-----------------|-------|------|

I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

**LICENSING PROCESS**

Applicants will undergo a background investigation conducted by the Oakdale Police Department and a public hearing date will be established for City Council to approve the license. Please note that the licensing process may take up to 8 weeks or more.

**APPLICATION CHECKLIST**

The following materials must be submitted with your application in order to be considered complete. If you have any questions or concerns regarding the necessary materials please contact City Staff. All incomplete applications will be returned.

AP – Applicant check list, CTY – City check list

- | AP                       | CTY                      | MATERIALS   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Application   |
| <input type="checkbox"/> | <input type="checkbox"/> | Tennessee Warning and Informed Consent Form   |
| <input type="checkbox"/> | <input type="checkbox"/> | Department of Human Services Form   |
| <input type="checkbox"/> | <input type="checkbox"/> | Buyer's Card Form (for liquor and wine license applicants only)   |
| <input type="checkbox"/> | <input type="checkbox"/> | F.B.I Fingerprint Consent Form  |
| <input type="checkbox"/> | <input type="checkbox"/> | MN Worker's Compensation Certificate of Compliance Form   |
| <input type="checkbox"/> | <input type="checkbox"/> | State Issued ID / Driver's License – Must have a current address.   |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Business Verification:</b><br><input type="checkbox"/> If in partnership - Attach a true copy of Partnership Agreement as well as Certificate of Organization.<br><input type="checkbox"/> If the applicant is a corporation or other organization – Attach copy of Certificate of Assumed Name, Certificate of Organization, Certificate of Incorporation, State of the Incorporation, Articles of Incorporation or Association Agreement, and By-laws.<br><input type="checkbox"/> If foreign corporation – Attach copy of Certificate of Authority as required by Minnesota Statutes, Section 303.06  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Site Plan</b> - attach a site plan of the proposed premises, drawn to scale, no less than 8"x11" showing the scale used in the drawing and placement of pertinent interior facilities including waiting areas, restrooms, food preparation, bar, and serving areas.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Business Premises Verification:</b><br><input type="checkbox"/> If premises is owned - Attach copy of signed purchase agreement from the seller.<br><input type="checkbox"/> If premises is leased - Attach copy of signed lease agreement from the owner of the premises and attach copy of signed purchase agreement of the business.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Insurance</b> - Attach a current copy of certificate of liability insurance showing worker's compensation, general liability, and liquor liability insurance. Please list the City of Oakdale as the Certificate Holder. Certificate must cover same period as license period and certificate must bear the exact corporate name. If not a corporation, individual names must appear on certificate) <b>OR</b> an Affidavit of Exemption Form - In lieu of Liquor Liability Insurance for malt liquor and wine licenses only. (For new applications, applicant may submit a written statement, which projects that sales are anticipated to fall within these guidelines.) |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Additional Documents:</b><br><input type="checkbox"/> Supplemental Form - Any applicant's spouse, officer, person in charge of premises, or any person(s) controlling or owning an interest in excess of five (5) percent must complete this form.<br><input type="checkbox"/> Additional Application – All business partners must complete additional application as well.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <b>Fee Schedule</b>   |

| TYPE OF LICENSES                      | FEE        |
|---------------------------------------|------------|
| On-Sale Intoxicating                  | \$5,000.00 |
| On-Sale Intoxicating – Special Sunday | \$200.00   |
| Off-Sale Intoxicating                 | \$200.00   |
| On-Sale 3.2 Malt Liquor               | \$350.00   |
| Off-Sale 3.2 Malt Liquor              | \$100.00   |

| TYPE OF LICENSES                     | FEE      |
|--------------------------------------|----------|
| On-Sale Wine                         | \$750.00 |
| State:                               | \$300.00 |
| City:                                | \$151.50 |
| Bottle Club                          | \$10.00  |
| On-Sale Temporary Beer, Wine, Liquor | \$10.00  |

| OTHER FEES                                    | FEE      | NOTES   |
|---|----------|---|
| Buyer's Card                                  | \$20.00  | Submit a separate check payable to "AGED" (Alcohol & Gambling Enforcement Division)   |
| Investigation Fee – Single                    | \$367.50 | One-time fee for new applicants only.   |
| Investigation Fee – Partnership / Corporation | \$500.00 | One-time fee for new applicants only.   |
| Fingerprint Card                              | \$21.00  | All new applicants and license holders are required to submit a fingerprint card. If no fingerprint card is available, applicants or new license holders may get fingerprinted at the Oakdale Police Department for an additional \$21.00 per person. |
| Bureau of Criminal Apprehension (BCA)         | \$33.25  | Per fingerprint card. Submit a separate check payable to the "BCA"  |
| Public Hearing Fee                            | \$30.00  | Per public hearing notice posting. Public hearings are required when either one of the following occurs: new premises, premises relocation, and ownership changes.  |

- Checklist** – read, check off list, sign, and date.

I hereby certify that I have received and read a copy of the city ordinance. I understand the licensing process and have looked over the application checklist. I know what I need to submit and I understand that if my forms are incomplete, my license application will be returned.

**\*Electronic Signature:** \_\_\_\_\_ Date \_\_\_\_\_  
 Please type your full name

- I understand that checking this box constitutes a legal signature confirming that I acknowledge and agree to the above statement.

You may mail, drop off, or e-mail license application materials when completed.

Need another application? You can find more online at  
<http://www.ci.oakdale.mn.us/301/Liquor-Sales-License>

**Thank you for doing business in Oakdale!**

| FOR OFFICE USE ONLY |    |    |
|---------------------|----|----|
| Bkgd. Fee:          | M: | #: |
| Lic. Fee:           | M: | #: |
| P.H. Fee:           | M: | #: |