



**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)

<b>FOR OFFICE USE ONLY</b>
NOTES:

## LIQUOR LICENSE RENEWAL APPLICATION

*April 1<sup>st</sup> – March 31<sup>st</sup>, annually*

*If you are able to answer "No" to **Section B**, this form may be used in place of the full application for the renewal of a previously issued liquor license. If you answer "Yes" to any of the following questions in "Section B," a full liquor license application must be completed. These questions apply to the previous licensing period.*

SECTION A. PERSONAL INFORMATION		
First Name:	Middle:	Last:
Maiden Names or Names Known by Others:		
Home Address:		
City:	State:	Zip:
Home Phone:	Cell Phone:	
E-Mail:		

SECTION B. BUSINESS PREMISES INFORMATION	
Company Name:	Doing Business As:
Address:	
Phone:	Fax:
E-Mail:	
Federal Tax ID:	Minnesota Tax ID:
Were there any changes to the license holder (different license holder from the last licensing term)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were there any changes in the ownership, name, or location of the licensed business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any employee, owner or officer of the business or corporation, or the business as an entity, charged with a violation of state or local liquor license laws?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was any employee, owner or officer of the business or corporation, or the business as an entity, charged with any violation of <b>any other</b> law not related to the operation of the business?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION C. LICENSING POINT OF CONTACT	
<i>List the person who will serve as the licensing point of contact. This person will be the one to receive renewal packets.</i>	
Please check one: <input type="checkbox"/> Same as the applicant listed in Section B – <i>Skip to Section D</i> <input type="checkbox"/> Different from the applicant listed in Section B – <i>Complete below</i>	
Full Name:	Job Title/ Relationship to Applicant:
Address:	
City:	State:                      Zip Code:
Phone Number:	Fax Number:
E-Mail:	
How would you like to receive license renewal packets? <input type="checkbox"/> E-Mail <input type="checkbox"/> Mail	

**SECTION D. EMERGENCY CONTACT**

*Please list an alternative contact information different from the applicant.*

Full Name:		Job Title/ Relationship to Applicant:	
Address:			
City:		State:	Zip Code:
Phone Number:		Other Number:	

By signing below you are indicating that the answers to Section B is "No". Any inaccurate information contained on this form shall constitute grounds for the non-renewal or revocation of the liquor license and potential criminal prosecution.

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

\_\_\_\_\_  
Date

## 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, telephone (651) 738-1022.

By signing below, I have read and understood the Tennessee warning.

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

\_\_\_\_\_  
Date

## INFORMED CONSENT

The City of Oakdale requires criminal background checks for all liquor license applicants. 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:		

By signing below, I authorize the Oakdale Police Department to access the Minnesota Bureau of Criminal Apprehension criminal history record information for the purpose of obtaining a liquor 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 my signature.

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

\_\_\_\_\_  
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 Minnesota Statutes 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		

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.***

### **Number 1 – Workers' compensation insurance policy information**

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

### **Number 2 – Reason for exemption from workers' compensation insurance**

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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
--------------------------------	-------	------

NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

**LICENSING RENEWAL PROCESS**

Once a completed renewal application packet has been received, applicants will undergo a background investigation conducted by the Oakdale Police Department, and then your renewal application will be forwarded to City Council to approve. Please note that the licensing renewal process may take 4 weeks.

**RENEWAL CHECKLIST**

Before you submit your renewal application packet, please check off the following to ensure everything has been completed. **All incomplete renewal applications will be returned and a late fee will be charged if a completed renewal application isn't received by the due date.**

*AP – Applicant check list, CTY – City check list*

**AP CTY MATERIALS**

**Renewal Form** – If you can answer “YES” to any of the questions in Section B, please complete a new full application.

**Tennessee Warning and Informed Consent Form**

**Worker’s Compensation Certificate of Compliance Form**

**Identification** - Attach a copy of driver’s license with a CURRENT address.

**Insurance** - Attach a current copy of certificate of liability insurance showing worker’s compensation, general liability insurance, and liquor liability. **LIQUOR LIABILITY DATES MUST BE WRITTEN AS "4/1/19 - 4/1/20" OR "CONTINUOUS UNTIL CANCELLED"** Please list the City of Oakdale as the Certificate Holder.

**Payment**

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
Wine On-Sale	\$750.00
Bottle Club	State: \$300.00 City: \$151.50
On-Sale Special (Temporary)	\$10.00

OTHER FEES	FEE	NOTES
Late Processing Fee	\$50.00	Applicable to <b>LATE RENEWAL</b> applications. Late applications will not be processed until this fee is paid in full

**Application Due Date:** \_\_\_\_\_  
**Late Fee - \$ 50.00 will be charged to late renewal applications. Late renewal applications will not be processed until the late fee is received.**

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

**Please mail, drop off, or e-mail renewal forms and required documents when completed.**

By signing below, I hereby certify that I understand and have read the foregoing questions and that the answers to said questions are true of my own knowledge. I also agree that I have looked over the renewal checklist and I understand what I need to submit. I’m aware of the renewal application due date and about the late policy. I also understand that if my renewal application is incomplete, it will be returned.

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

\_\_\_\_\_  
Date

FOR OFFICE USE ONLY	
PM:	AMT:
PD:	RD:
NOTES:	