

**LIQUOR LICENSE RENEWAL APPLICATION**

**LICENSING RENEWAL PROCESS**

Once a completed application packet has been received, any/all new applicants (to include; corporate officers, owners, management etc.) will undergo a background investigation conducted by the Oakdale Police Department, and then the application will be forwarded to City Council to approve. Please note that the licensing process may take 4-8 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
----	-----	-----------

<input type="checkbox"/>	<input type="checkbox"/>	<b>Renewal Form</b> – If you can answer “YES” to any of the questions in Section B, please complete a new full application.
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<b>Tennessee Warning and Informed Consent Form</b>
--------------------------	--------------------------	--

<input type="checkbox"/>	<input type="checkbox"/>	<b>Worker’s Compensation Certificate of Compliance Form</b>
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<b>Identification</b> - Attach a copy of driver’s license with a CURRENT address.
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<b>Insurance</b> - Attach a current copy of certificate of liability insurance showing worker’s compensation, general liability insurance, and liquor liability. <b>LIQUOR LIABILITY DATES MUST BE WRITTEN AS "4/1/22 - 4/1/23" OR "CONTINUOUS UNTIL CANCELLED"</b> and list the City of Oakdale as the Certificate Holder.
--------------------------	--------------------------	---

<input type="checkbox"/>	<input type="checkbox"/>	<b>Payment</b>
--------------------------	--------------------------	----------------

TYPE OF LICENSES	FEE	TYPE OF LICENSES	FEE
On-Sale Intoxicating	\$5,000.00	Wine On-Sale	\$750.00
On-Sale Intoxicating - Special Sunday	\$200.00	State:	\$300.00
Off-Sale Intoxicating	\$200.00	Bottle Club	City: \$151.50
On-Sale 3.2 Malt Liquor	\$350.00	On-Sale Special (Temporary)	\$10.00
Off-Sale 3.2 Malt Liquor	\$100.00		

*The license application fee shall be paid in full before the application for a license shall be accepted. Upon rejection of any application for a license or upon withdrawal of any application before City Council approval, the license fee shall be refunded in full to the applicant except where rejection is for a willful misstatement in the license application.*

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
Background Investigation Fee (if applicable)	\$375.00/person	

<input type="checkbox"/>	<input type="checkbox"/>	<b>Application Due Date:</b> _____
--------------------------	--------------------------	------------------------------------

<input type="checkbox"/>	<input type="checkbox"/>	<b>Renewal Checklist</b> – read, check off list, sign, and date.
--------------------------	--------------------------	--

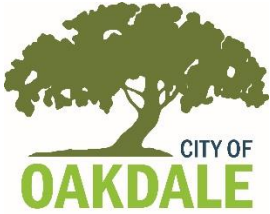
**Please mail, drop off, or e-mail renewal forms and required documents when completed.**

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:	



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

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

**LIQUOR LICENSE RENEWAL APPLICATION**

*License Period: April 1 – March 31*

*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:
Since the previous application, have there been any changes to the name, location, ownership or license applicant? <b>If yes, please contact the Licensing Division Immediately at <a href="mailto:licensing@oakdalemn.gov">licensing@oakdalemn.gov</a> call 651-730-2739.</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Since the previous application, has the owner or officers of the corporation changed; or has the entity had a similar license denied or revoked by a separate agency or entity? <b>If yes, attach a separate document and provide details.</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Since the previous application, has any employee, owner, officer of the corporation, or the business as an entity been charged with any violation of any other law or ordinance related to a similar business? <b>If yes, attach a separate document and provide details.</b>	
<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

**LIQUOR LICENSE RENEWAL APPLICATION**



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

**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.

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 Tennesen 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.



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

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

**LIQUOR LICENSE RENEWAL APPLICATION**

<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

Katie Robinson, Licensing/Deputy City Clerk  
 Agency Contact Person

651-730-2739  
 Telephone #

## 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.