



**CITY OF AURORA**  
**MINNESOTA**

**On-Sale & Sunday Liquor**  
**License Application**

**LICENSING PERIOD JULY 1, 2019 to JUNE 30, 2020**  
On Sale License Fee: \$600.00 Sunday License Fee: \$200.00

**DIRECTIONS: PLEASE PRINT.** This form must be filled out in either ink or typed. If the application is for an individual, by that person; if a corporation, by an officer thereof; if a partnership, by one of the partners; if an unincorporated association, by the manager or managing officer thereof.

TO THE HONORABLE CITY COUNCIL:

1. I, \_\_\_\_\_, as \_\_\_\_\_  
(Name of applicant) (Owner, officer or partner)

for and on behalf of \_\_\_\_\_  
(Myself, names of partners or name of corporation)

hereby apply for a Liquor license to be located at:

\_\_\_\_\_  
(Street address)

Trade name: \_\_\_\_\_

Home phone number: \_\_\_\_\_ Business phone number: \_\_\_\_\_

2. If a partnership, state full name and address of each member of partnership

a. Name of Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

b. Name of Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

c. Name of Partner: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

3. If a corporation, date of incorporation: \_\_\_\_\_

If a subsidiary of any other corporation, so state: \_\_\_\_\_

List full name and address of all officers, directors and stockholders:

a. Name of Officer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

b. Name of Officer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

c. Name of Officer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

4. If a Club, state full name and address of each current board member:

a. Name of Member of Managing Board: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

b. Name of Member of Managing Board: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

c. Name of Member of Managing Board: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

d. Date of Club Charter: \_\_\_\_\_ e. Date of Incorporation: \_\_\_\_\_

f. Number of Years in Continuous Existence: \_\_\_\_\_ g. Number of Club Members: \_\_\_\_\_

5. The owner of the property is: \_\_\_\_\_

6. The address of the property owner is: \_\_\_\_\_

7. Are the Real Estate Taxes for the premises paid in full? \_\_\_\_\_

(Proof of First Half Property Taxes Paid is REQUIRED)

8. Are the Sales Taxes for this business paid in full? \_\_\_\_\_

9. Are the City Utilities paid in full? \_\_\_\_\_

10. Has applicant or spouse; if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever been convicted of any violation of any municipal ordinance or of any liquor law violation, or the violation of any municipal ordinance relating to intoxicating liquor; or any felony or crime in this state, or any other state? If so give date and details:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Is applicant; if partnership, any partner; if corporation, any officer or director; a member of the governing body of the municipality in which this license is to be issued? If so, in what capacity?

\_\_\_\_\_

(Name) (Capacity)

\_\_\_\_\_

(Name) (Capacity)

12. State full name of person who will operate or manage premises: \_\_\_\_\_

13. Type of License sought  On-Sale  Sunday

14. LICENSE FEES

Fees are due at the time of application

\_\_\_\_\_ On-Sale Intoxicating Liquor \$600.00

\_\_\_\_\_ Off-Sale Intoxicating Liquor \$100.00

\_\_\_\_\_ On-Sale Sunday Liquor \$200.00

\_\_\_\_\_ Club License \$125.00

To qualify for a Club License you must have at least 50 members, been in continuous existence for at least 3 years, have an elected board and limit sales to members and bona fide guests only, NOT THE PUBLIC.

\_\_\_\_\_ **TOTAL LICENSE APPLICATION FEE ENCLOSED**

Description and Drawing of premises to be licensed (location, facilities)

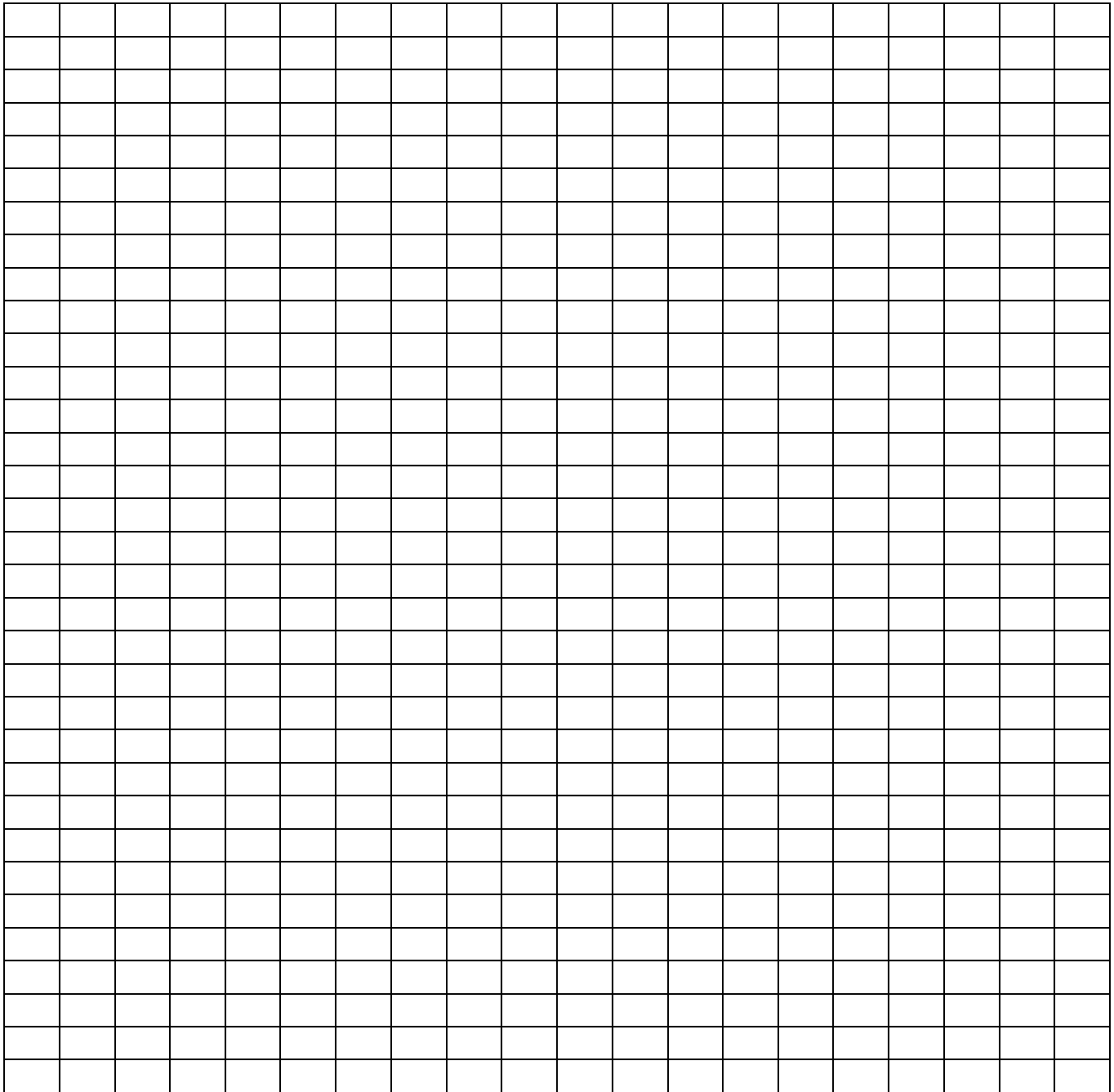
**Property Identification Number:** \_\_\_\_\_

**Description of Premise:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**Minnesota Government Data Practices Act**  
**“Tennessee Warning”**

Data is requested from the applicant on various forms. The purpose and intended use of the requested data is to verify the applicant meets all State Statute and City ordinance provisions and, if the license or permit is approved, to verify that all required data remains current.

The following data collected, created or maintained is classified under the Minnesota Government Data Practices Act as **private data until license approval when the data becomes public:** (§13.41, Subd. 2):

1. Data submitted by applicants (other than names and designated addresses).
2. Orders for hearing and findings of fact.
3. Conclusions of law and specification of the final disciplinary action contained in the record of the disciplinary action.
4. Entire record concerning the disciplinary proceeding.
5. License numbers.
6. License status.

The following data collected, created or maintained is classified as **Private:** (§13.41, Subd. 2):

1. The identity of complainants who have made reports concerning licenses or applicants which appear in inactive complaint data unless the complainant consents to the disclosure.
2. The nature or content of unsubstantiated complaints when the information is not maintained in anticipation of legal action.
3. Inactive investigative data relating to violations of statutes or rules.
4. The record of any disciplinary proceeding except as limited by Subd. 5.

The following data collected, created or maintained is classified as **confidential:** (§13.41, Subd. 4).

1. Active investigative data relating to the investigation of complaints against any licensee.

Under law, private data may be shared with licensing and inspection employees, approval authorities, insurance providers, law enforcement employees, contracted inspection officials, as required by court order and City Officials who have a bona fide need for it. The City of Aurora may make any data classified as private or confidential 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.

We ask that you complete or provide all data requested on the application form(s) unless we have noted that it is not required. Refusal to supply required information may mean that your application cannot be processed.

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION REGARDING MY RIGHTS AS A SUBJECT OF GOVERNMENT DATA.

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

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Print Name

**CITY OF AURORA  
TAX CLEARANCE FORM**

Pursuant to Minnesota Statute §270C.72 Tax Clearance; Issuance of Licenses, the license authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service; and
3. Failure to supply this information may jeopardize or delay the processing of your application.

Please supply the following information and return along with your application. **DO NOT RETURN TO THE DEPARTMENT OF REVENUE.**

TYPES OF LICENSES BEING APPLIED FOR: \_\_\_\_\_

**PERSONAL INFORMATION (if applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Social Security Number: \_\_\_\_\_

**BUSINESS INFORMATION (if applicable):**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

\_\_\_\_\_  
City State Zip Code

Minnesota Tax Identification #: \_\_\_\_\_ Federal Tax Identification #: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



**REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT**

This is to certify that the applicant, or any associates, named herein have never been convicted for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except hereinafter stated:

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Approved by: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_