

**APPLICATION/INVESTIGATION FORM  
FOR LIQUOR LICENSE**

Dear Applicant,

Thank you for your interest in obtaining a liquor license in the City of St. Louis Park. All City application materials must be completed and received before your application can be processed. Upon receipt of your completed application, the Police Department will conduct an investigation.

After the investigation is complete, a date is set for the City Council to hold a public hearing where they will take action to approve or deny the license. Once that date is set, City ordinance requires that a public hearing take place and that a meeting notice be published at least 7 days prior to that hearing. Please be aware that the entire approval process can take 4 to 10 weeks to complete.

Enclosed you will find various forms which you will need to complete. A checklist of all materials you must provide with your application is included to help you in organizing your application and copies of the ordinance and resolution setting fees is also attached.

All fees are due at the time the application is filed. In addition to the license fee, a non-refundable investigation fee of \$500.00 is required. In the event your license is denied, the investigation fee will be retained by the city and the annual license fee will be refunded.

In addition to licensing, establishments must comply with local zoning regulations. Please contact the Community Development Office at (952) 924-2575 to make arrangements to discuss these requirements with a staff member. A form verifying that you have contacted our zoning department is required and is part of this packet.

If you have questions about our ordinance, these forms or the City's process for consideration of your application, please feel free to contact me at 952-928-2840.

Sincerely,

*Nancy J. Stroth*  
City Clerk

**CITY OF ST. LOUIS PARK  
LIQUOR LICENSE APPLICATION  
CHECKLIST OF REQUIRED APPLICATION MATERIALS**

**The following materials must be submitted to the City Clerk for consideration of your Liquor License application:**

- Completed STATE application(s) from the MN Dept of Public Safety, Liquor Control Division (State of Minnesota website - <http://www.dps.state.mn.us/alcgamb/alcgamb.html>)
- Completed Part I – General Information Form
- Corporate (if applicable) information
  - Partnership Agreements
  - List of stockholders and number of shares held
  - Lease and/or Purchase Agreements for the premises
  - Articles of incorporation/by-laws
  - Source of Funds
- Certification of Liquor Liability Insurance covering the entire license period
- Certification of Worker’s Compensation Compliance
- Verification of Contact with Community Development Department
- Check for \$ 500.00 for New License Application Fee

**EACH Owner, Officer, Partner, and Manager must submit the following:**

- Signed and dated Information Advisory/Authorization for Release of Information
- Completed Part II - Personal Information form
- Completed References - Personal and Business

**Person responsible for operations at the establishment (Individual Owner, Managing Officer or Store Manager) must also submit:**

- Completed Personal Financial Statement
- Certificate of Search (Docket Clearance) from 1) Civil/Criminal, US District Court and 2) US Bankruptcy Court (Call 612-664-5200 and 612-664-5000 to obtain)

**Additional Other Requirements:**

- Applied for City Certificate of Occupancy and Land Use Registration Application (Inspections Dept)
- Applied for City Food & Beverage License (Inspections Dept – 952-924-2588)
- Applied for State Retailer’s (Buyer’s) Card (Alcohol & Gambling Division – 651-201-7507)

**PART 1 - GENERAL INFORMATION**

**Specify Type of License:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ON-SALE Intoxicating    | <input type="checkbox"/> ON-SALE Sunday           | <input type="checkbox"/> ON-SALE Wine (includes Sunday) |
| <input type="checkbox"/> ON-SALE 3.2 Malt Liquor | <input type="checkbox"/> Club                     | <input type="checkbox"/> Brewer OFF-SALE Malt Liquor    |
| <input type="checkbox"/> OFF-SALE Intoxicating   | <input type="checkbox"/> OFF-SALE 3.2 Malt Liquor | <input type="checkbox"/> BrewPub OFF-SALE               |

**Specify Type of Business:**

- Individually owned/operated                       Corporation                       Partnership

**Applicant Information**

**Licensee Name**

**Trade Name or DBA**

**License Location (full address)**

**License Location Phone**

**MN Tax ID No.**

**Federal Tax ID No.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Complete the following information for Store Manager, MN Mgr Officer and each Officer or Partner:  
(attach additional sheets if necessary –Part II form must be submitted for individuals listed below)**

First, Middle, Last Name	DOB	Title	Percent Interest	Full Address

**Corporation Information**

Date of Incorporation \_\_\_\_\_ State Incorporated In \_\_\_\_\_ Amount Paid in Capital \_\_\_\_\_

If a subsidiary of any other corporation, give name and purpose of incorporation:

If incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota?     Yes                       No                      *(Attach Articles of Incorporation and By-laws)*

## Premises Information

Describe premises to which license applies and submit a copy of the **floor plan** with the following information:

1. The floor number, general area, and all rooms identified and labeled where intoxicating liquor or wine is to be sold, consumed, and stored.
2. The square feet and dimensions of each area indicated on the floor plan.
3. The number of persons intended to be served in said rooms.
4. If outdoor seating - Identify fencing, barriers, gates/access points, etc

Indoor Seating - Number of seats \_\_\_\_\_ Outdoor Seating:  No  Yes - Number of seats \_\_\_\_\_

How are the premises classified under the St. Louis Park Zoning Ordinance?

Name and address of building owner (if other than applicant):

Does the building owner have any other connection, directly or indirectly, with applicant?  Yes  No

Summarize terms of lease – years, monthly rent, etc. (*attach copy of lease agreement*):

If premise is owned by applicant (*attach purchase agreement*), summarize as follows:

Date Purchased \_\_\_\_\_ From whom \_\_\_\_\_  
Purchase price \_\_\_\_\_ Down payment \_\_\_\_\_  
Mortgage or contract for deed holder \_\_\_\_\_  
Term of mortgage/contract for deed \_\_\_\_\_  
Interest rate on mortgage/contract for deed \_\_\_\_\_  
Rate at which mortgage or contract is being liquidated \_\_\_\_\_  
Are payments current? \_\_\_\_\_ If not, explain fully: \_\_\_\_\_

Is the premise located within 300 feet of any school or place of worship?  Yes  No

(*Distance measured as a straight line from the property line of the site to receive the proposed license to the property line of the school or place of worship*)

Does any person other than the applicant have any right, title, or interest in the furniture, fixtures or equipment for which the license is applied?  Yes  No (If yes, give names and details)

Are taxes, assessments and other financial claims of the city current for the premises?  Yes  No

Will a food establishment be operated in conjunction with this liquor license?  Yes  No

## Insurance Information

Give name, address and phone number of liquor liability insurance agent:

*(Attach Liquor Liability Certificate)*

*Applicants are required to demonstrate liquor liability insurance coverage in the amount of \$50,000/person; \$100,000/more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support, and providing 30-day notice of cancellation. The certificate holder shall be the City of St. Louis Park and the policy expiration date shall be the last day of February, annually, or "Continuous Until Cancelled".*

Worker's Compensation Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_ Dates of Coverage \_\_\_\_\_

*(Attach Certificate of Worker's Compensation Compliance Form)*

**"I certify that I have read all of the questions and the answers are true and correct of my own knowledge."**

\_\_\_\_\_,  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## **Liquor Liability Insurance Requirements**

### **City Code Sec. 3-61. Liability insurance.**

All applicants for a liquor license must, as a condition to the issuance of such license or permit, demonstrate to the city proof of financial responsibility with regard to liability imposed by M.S.A. § 340A.801, by providing proof of liquor liability and workers' compensation insurance coverage.

(1) *Liability.* Proof of financial responsibility shall be given by filing one of the following:

- a. A certificate stating that there is in effect for the license period an insurance policy issued by an insurer required to be licensed under M.S.A. 60A.07, subd. 4, or by an insurer recognized as an eligible surplus lines carrier pursuant to M.S.A. § 60A.206, or pool providing at least the insurance coverage amounts as required by M.S.A. § 340A.409.
- b. A certificate of the commissioner of finance stating that the licensee has deposited with the commissioner of finance cash or securities which may legally be purchased by savings banks or for trust funds having a market value in an amount required by M.S.A. § 340A.409.

(2) *Dram shop.* An annual aggregate policy limit for dram shop insurance of not less than the amounts as required by M.S.A § 340A.409 may be included in the policy provisions.

(3) *Workers' compensation insurance.* The policy limits for workers' compensation insurance shall be as provided for by state law.

(4) *Additional requirements.* For purposes of subsection (1) of this section, the city shall be named as an additional insured on the liability insurance policy. The liability insurance required by subsection (1) of this section must provide that such liability insurance may not be canceled for the following:

- a. Any cause, except for nonpayment of premium, by either the insured or the insurer unless the canceling party has first given 30 days' notice in writing to the city of their intent to cancel the policy; and
- b. Nonpayment of the premium unless the canceling party has first given ten days' notice in writing to the city of their intent to cancel the policy.

The insurance limits outlined in this section shall be effective for license renewals and immediately on any new license applications.

# ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)  
01/14/2003

PRODUCER  
CORPORATION  
7270 METRO BOULEVARD  
LITTLETON, MN 55439-2133

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

**INSURERS AFFORDING COVERAGE**

INSURED **Park Tavern Lounge & Lanes**

**Licensee Name and Trade name must appear here exactly as on the MN State Renewal form, including spelling and punctuation**

INSURER A:  
INSURER B:  
INSURER C:  
INSURER D:  
INSURER E:

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>				WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

**ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES**

**Policy effective dates must read:**  
3/1/11 - 3/1/12  
**OR**  
**CONTINUOUS UNTIL CANCELLED**

**1,000,000 Limit**

OTHER **Liquor Liability**  
A **Liquor Liability**

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENI

CERTIFICATE HOLDER

City of St. Louis Park  
Office of the City Clerk  
5005 Minnetonka Blvd  
St. Louis Park MN 55416

ADDITIONAL INSURED; INSURER LETTER: CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Minnesota Department of Labor and Industry  
 Construction Codes and Licensing Division  
 Licensing and Certification Services  
 443 Lafayette Road North  
 St. Paul, MN 55155  
 Phone: (651) 284-5034  
 Fax: (651) 284-5743  
 www.dli.mn.gov  
 dli.license@state.mn.us

## Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED AND SIGNED BY ALL  
 BUSINESS TYPES**

**PRINT IN INK or TYPE.**

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity 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.

CONTRACTOR'S LICENSE or CERTIFICATE NO (if applicable)	BUSINESS TELEPHONE NO.	FAX TELEPHONE NO.
--	------------------------	-------------------

BUSINESS NAME (Use the person(s) name if business structure is sole proprietor or partnership (i.e., John Doe, or John Doe and Jane Doe), otherwise it is the legal name of the business entity.)

DBA ("doing business as" or also known as an assumed name) (if applicable)

BUSINESS ADDRESS (must be physical street address, no PO boxes)	CITY	STATE	ZIP CODE
COUNTY	E-MAIL 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)

POLICY NO.	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, contact 651.284.5032.

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

Other: \_\_\_\_\_

I certify that the information provided on this form is accurate and complete.

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
---------------------------------	-------	------

**NOTE: You must notify us if there is any change to your Workers' Compensation Insurance Information or Employee Status Change by resubmitting this form.**

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

**Directions:**

Complete the first part of this form, and then submit only this form to the St. Louis Park Zoning Official for review and approval. Do not submit the entire liquor license application.

Site Address: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_

Alternate Phone: \_\_\_\_\_

- The License is for:
- On-Sale - 3.2 Liquor License
  - On-Sale - Intoxicating Liquor License
  - Off-Sale Liquor License

Provide a brief description of the business: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

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

*For Office Use Only*

The site is zoned: \_\_\_\_\_

The use and license as described above is:

- Approved Per Zoning.** It is either a permitted use, or has an approved conditional use permit.
- Not Approved Per Zoning.** The license application cannot be approved because:
  - It is a permitted use, but it does not meet the following City Code requirements:
    1. \_\_\_\_\_
    2. \_\_\_\_\_
  - It is a Conditional Use, and the site does not have an approved Conditional Use Permit.

Zoning Official Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CITY OF ST. LOUIS PARK**

**INFORMATION ADVISORY AND AUTHORIZATION**  
**FOR RELEASE OF INFORMATION TO SUPPORT LICENSE APPLICATION**

In connection with your application for a license, you are being requested to provide information regarding your criminal and financial background which may be classified as public or private data under the Minnesota Data Practices Act.

The purpose of the information requested in the application is to provide background for the investigation of license applicants required by City Ordinance. Providing the information will assist the police department in preparing an investigative report for the city council's review. The investigative report is given to the city council and is used when granting or denying the license. All information provided in that report becomes part of the public record and is available to any interested individual.

If the license is approved, all information provided by the applicant as part of the license application becomes public and is available to any interested individual. If the license is not approved, only the name and address of the applicant and the investigative report provided to council for consideration becomes public.

You have the right to refuse to supply the requested information. If you do so, this fact may be reported to the city council and may result in the denial of your license.

A criminal charge, arrest, or conviction will not bar an applicant from obtaining a license with the City of St. Louis Park unless the conviction is directly related to the matter for which the license is sought, according to Minnesota Statute §364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for the denial of the license.

\* \* \* \* \*

*"I acknowledge being informed and receiving a copy of the above advisory and agree to provide the requested information. I further authorize the release to the City of St. Louis Park of any information about my business and financial affairs which may be requested from any firm relative to my financial background. I also authorize the City of St. Louis Park to investigate the information provided in my application and to contact the persons named on the application. I understand that incorrect or incomplete information provided by me in my application may be considered falsification of the application and may be used as grounds for the denial of the license."*

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Full Name of Person Signing

**ST. LOUIS PARK LIQUOR LICENSE APPLICATION  
PART II - PERSONAL INFORMATION**

**This form must be completed by an individual owner, by each partner or officer, the Minnesota Managing Officer and the Store Manager.**

1. Complete Full Name (last, first, middle) \_\_\_\_\_

List any other names used \_\_\_\_\_

2. Date of Birth (month, day, year) \_\_\_\_\_

3. Relation to the Applicant Business:  Individual Owner     Partner     Officer  
 MN Managing Officer                       Store Manager

4. Home Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

E-mail address \_\_\_\_\_

Driver's License No. \_\_\_\_\_

5. Marital Status: \_\_\_\_\_ Single    \_\_\_\_\_ Married    \_\_\_\_\_ Widowed    \_\_\_\_\_ Divorced    \_\_\_\_\_ Separated

6. If married, name of spouse and address (if different from Question 4 above) \_\_\_\_\_

7. Occupation(s) during the past five years, including dates, type, general duties, and location.  
(Attach additional pages, if necessary)

Date	Type	Duties	Location

8. Name and address of each employer during the past five years (Attach additional pages if necessary)

Name	Address	Date

9. Have you or your spouse ever engaged in operating a liquor establishment? \_\_\_\_\_ Yes    \_\_\_\_\_ No  
 If yes, when, where, and for how long? \_\_\_\_\_

10. Have you or your spouse ever been arrested or convicted for any misdemeanor, gross misdemeanor, or felony in this or any other state? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, give dates and details \_\_\_\_\_

11. Have you or your spouse ever been arrested or convicted for any liquor law violation in this or any other state? \_\_\_\_\_ Yes    \_\_\_\_\_ No    If yes, give dates and details \_\_\_\_\_

12. Have you or your spouse ever had a liquor license revoked or suspended for violation of any law related to liquor?  Yes  No If yes, give dates and details \_\_\_\_\_

13. Do you or your spouse have any interest, directly or indirectly, in any liquor establishment in the State of Minnesota?  Yes  No If yes, give name and address of each establishment together with type of interest held \_\_\_\_\_

14. Provide three (3) Personal References and three (3) Business References (Page 11 & 12 of application).

Other licensing: (If the answer is "yes," please explain on line below each question)

15. Have you ever failed to file Federal or State income tax records?  Yes  No

16. Have you ever had a sales or use tax permit revoked?  Yes  No

17. Have you ever had any other license or permit revoked, denied, or canceled?  Yes  No

18. Have you ever failed to submit reports or pay taxes to any agency?  Yes  No

19. Financial interest in any other liquor activity or business.

Types of interest held:

a) Invested or loaned money, have an option to purchase, or have a contract for service to any other liquor facility or activity.  Yes  No If yes, please explain \_\_\_\_\_

b) Have ownership interest in equipment being leased or otherwise provided to any liquor facilities.  Yes  No If yes, please explain \_\_\_\_\_

c) Have an investment or ownership in any business involved in any of the activities listed in a) or b) above.  Yes  No If yes, please explain \_\_\_\_\_

d) Do you receive any revenue or payments or money from any person who is involved in the activities listed in a) or b) above, or is the result of the operation of a liquor establishment?  Yes  No If yes, please explain \_\_\_\_\_

(use additional sheets of paper if more explanation is needed than space is provided)

"I certify that I have read all of the above questions on pages nine (9) and ten (10) and the answers are true and correct of my own knowledge."

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

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**CITY OF ST. LOUIS PARK  
PERSONAL REFERENCES  
IN SUPPORT OF LIQUOR LICENSE APPLICATION**

Re: \_\_\_\_\_  
(Individual applicant's name, not business name)

**Provide three PERSONAL references:**

1. Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Residence Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

**CITY OF ST. LOUIS PARK  
BUSINESS REFERENCES  
IN SUPPORT OF LIQUOR LICENSE APPLICATION**

Re: \_\_\_\_\_  
(Individual applicant's name, not business name)

**Provide three BUSINESS references:**

1. Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
2. Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_
  
3. Name \_\_\_\_\_  
Business Name \_\_\_\_\_  
Business Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Phone Number \_\_\_\_\_

**CITY OF ST. LOUIS PARK  
PERSONAL FINANCIAL STATEMENT  
AS OF \_\_\_\_\_**

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, & Zip \_\_\_\_\_  
 Organization \_\_\_\_\_

<u>Assets</u>	<u>Liabilities</u>										
Cash on hand in Banks	Installment Loans (indicate lender and balance )										
Savings Accounts	a.										
Retirement Funds	b.										
Cash Value of Life Insurance	c.										
Stocks and Bonds	d.										
Real Estate	Loans on Life Insurance										
Automobile – present value	Mortgages on Real Estate (indicate lender and bal.)										
Other Personal Property	a.										
a.	b.										
b.	Unpaid Taxes										
c.	Other Liabilities (list lender and balance)										
	a.										
Total Assets	Total Liabilities										
	Net Worth										
	Total (must equal total assets)										
<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Income _____</td> <td></td> </tr> <tr> <td>Wages _____</td> <td></td> </tr> <tr> <td>Investment Income _____</td> <td></td> </tr> <tr> <td>* Other Income _____</td> <td>* Alimony or child support payment need not be disclosed in "other income" unless it is desired to have such payments counted toward total income.</td> </tr> <tr> <td>Total Income _____</td> <td></td> </tr> </table>		Income _____		Wages _____		Investment Income _____		* Other Income _____	* Alimony or child support payment need not be disclosed in "other income" unless it is desired to have such payments counted toward total income.	Total Income _____	
Income _____											
Wages _____											
Investment Income _____											
* Other Income _____	* Alimony or child support payment need not be disclosed in "other income" unless it is desired to have such payments counted toward total income.										
Total Income _____											

**The City of St. Louis Park is authorized to make all inquiries deemed necessary to verify the accuracy of the personal financial statements and determine creditworthiness.**

I/We certify the person financial statement is a true and accurate statement of financial condition as of the date stated.

Signature	Social Security Number	Date
Signature	Social Security Number	Date

## Liquor License Fees 2011

Liquor License Type:	2011 Fee
Brewpub Off-sale Malt Liquor	\$150
Brewers Off-sale Malt Liquor	\$200
Off-sale 3.2 Malt Liquor	\$150
Off-sale Intoxicating Liquor	\$380
Off-sale Intoxicating Liquor fee per M.S. 340A.408 Subd.3(c )	\$280
On-sale 3.2 Malt Liquor	\$750
On-sale Intoxicating Liquor	\$8,500
On-sale Sunday Liquor	\$200
On-sale Wine	\$2,000
Club (per # members)	
1 - 200	\$300
201 - 500	\$500
501 - 1000	\$650
1001 - 2000	\$800
2001 - 4000	\$1,000
4001 - 6000	\$2,000
6000+	\$3,000
Temporary On-sale Liquor	\$100/day

Background Investigation	Fee
New License Applicant (non-refundable)	\$500 in-state applicant; actual costs for out-of-state applicant may be billed up to a maximum of \$10,000.
New Store Manager	\$500
On-sale license renewal per 340A.412 Subd. 2	\$500