



City of  
Chaska

## NEW BUSINESS LIQUOR LICENSE APPLICATION

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

### TYPE OF LICENSE(S)

- |   |   |
|---|---|
| <input type="checkbox"/> On-Sale Intoxicating           | <input type="checkbox"/> Brewer: On-Sale Taproom      |
| <input type="checkbox"/> Off-Sale Intoxicating          | <input type="checkbox"/> Brewer: Off-Sale Malt Liquor |
| <input type="checkbox"/> Sunday Sale                    | <input type="checkbox"/> On-Sale 3.2% Malt Liquor     |
| <input type="checkbox"/> On-Sale Wine (Includes Sunday) | <input type="checkbox"/> Off-Sale 3.2% Malt Liquor    |
| <input type="checkbox"/> On-Sale Club                   |   |

❖ **New Applications require a Non-Refundable Investigation fee:**

**On-Sale Intoxicating - \$300**

**All Other License Types - \$150**

**Note: Investigations may take up to 3 to weeks**

Name of Applicant (name of individual, partnership, corporation or association to be licensed):

Name of Operating Manager:

Applicant Address:

Applicant City/State/Zip:

Applicant Phone:

Applicant Email Address:

Applicant Cell Phone:

Business Name/DBA\*:

Business Address:

Business Phone:

Business Website:

Minnesota Tax ID Number:

Federal Tax ID Number:

Carver County Property ID Number:

### LICENSE PERIOD:

List date you desire to start serving liquor: \_\_\_\_\_ to June 31, \_\_\_\_\_.

**\*IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH COPY OF THE CERTIFICATE OF ASSUMED NAME, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE OFFICE OF THE SECRETARY OF STATE.**

**Full names, residences and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located.**

Full Name:	Phone Number:
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Residence Address:

Business Address:	Business Phone Number:
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Full Name:	Phone Number:
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Residence Address:

Business Address:	Business Phone Number:
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Where the building is owned by someone other than the applicant, describe in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc: (Attach a copy of the lease)

**FINANCIAL INTEREST CRITERIA:**

Give full names, addresses and telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. This shall include, but not limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and person who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant. **If necessary, use additional sheets.**

Full Name:	Phone Number:
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Address:

Nature of Interest, etc.:

Terms of Payment:

Full Name:	Phone Number:
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Address:

Nature of Interest, etc.:

Terms of Payment:

**DESCRIPTION OF PROPOSED BUSINESS:**

Provide a detailed narrative description of the proposed business for which the license is sought including, but not limited to, type of clientele, type of entertainment including, but not limited to, outdoor entertainment, dancing, live music and amplified music (if any) and type of food menu:

What is the seating capacity of the restaurant?

Indoor seating:

Outdoor seating:

*Minimum seating requirements: Wine License Requires a Seating Capacity of 25.*

IF THE APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED.

*The term "Licensed Premises" is defined as the exact rooms and square footage in a compact and contiguous building or structure situated on the premises and any **outdoor enclosed seating** area contiguous to that building or structure as described in the license application.*

Describe the general area and all rooms, including the floor number and **outdoor areas**, where intoxicating liquor is to be sold and consumed: (Attach floor plan with dimensions, seating areas and number of persons to be served in each room.)

Will prepared food be served at this site?

Yes  No

***If yes, please attach license from Carver County Health Department.***

What permits or licenses required by the State of Minnesota have been applied for or issued for the premises?

Are any real estate taxes, special assessments, or other financial claims of the City of Chaska or State of Minnesota delinquent or unpaid for the premises to be licensed?

Yes  No

***If yes, please give details.***

*The data on this form will be used to consider your liquor license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are required by State law or City ordinance to answer any questions to provide information requested. However, failure to answer questions or provide the information requested will prevent the City of Chaska from processing your application.*

**ANY FALSIFICATION OF ANSWERS TO THE ABOVE QUESTIONS WILL RESULT IN DENIAL OF THE LIQUOR LICENSE.**

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE.**

\_\_\_\_\_  
(Signature of applicant)

SUBSCRIBED AND SWORN TO BEFORE ME this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My Commission expires on: \_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public



City of Chaska

**OWNER**

**CHASKA POLICE DEPARTMENT  
BACKGROUND INVESTIGATION CONSENT RELEASE**

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

*As a license applicant, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.*

Type of License: New Liquor License

**Owner Information**

First Name Middle Name Last Name

Home Address:

City/State/Zip:

Home Phone:

Business Phone:

Date of Birth:

Place of Birth:

Driver's License Number

State

Social Security Number:

**Physical Attributes**

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of a crime relating to this type of license?  YES  NO

*If yes, state jurisdiction, type of violation and disposition:*

**TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:**

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Chaska.
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is 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 application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.**

Owner Signature:

Date:

*These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.*



**OPERATING MANAGER (IF DIFFERENT THAN OWNER)**

**BACKGROUND INVESTIGATION CONSENT RELEASE**

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

*As the designated Operating Manager, I hereby give my consent for a personal background investigation, to include a criminal history check, to be used in the determination of whether my application is to be approved. The results of such investigation shall be made public pursuant to appropriate City Council approval or denial of the license application. I understand that I am under no legal obligation to consent to such investigation, but that my refusal to consent may be the basis for denying my application.*

**Operating Manager Information**

First Name Middle Name Last Name

Home Address:

City/State/Zip:

Home Phone:

Business Phone:

Date of Birth:

Place of Birth:

Driver's License Number

State

Social Security Number:

Physical Attributes:

Sex Race Height Weight Eye Color Hair Color

Other Known Names:

Have you ever been convicted of a crime relating to this type of license?  YES  NO

*If yes*, state jurisdiction, type of violation and disposition:

**TENNESSEN WARNING: In connection with your request for a license, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:**

1. The purpose and intended use of the information requested is to determine if you are eligible for a license from the City of Chaska
2. You are not legally obligated to supply the requested information.
3. The known consequences of supplying the requested information is that the information or further investigation could disclose information which could cause your application to be denied.
4. The known consequences of refusing to supply the requested information is that your request for a license cannot be processed.
5. A criminal charge, arrest, or conviction will not necessarily bar you from obtaining a license with the City, unless the conviction is 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 application.
6. Other governmental agencies necessary to process your application are authorized by law to receive the information provided.
7. The City is required by law to furnish some of this information to the Department of Labor and Industry and the Minnesota Commissioner of Revenue.

**The undersigned, by signing this notice, acknowledges that he/she has read and understood the contents of this notice and has received a copy of this notice.**

Operating Manager  
Signature

Date:

***These statements are true, correct and are made with the knowledge that this information may be made public. False disclosures are subject to perjury proceedings and forfeiture of the license application.***



City of Chaska

**CERTIFICATE OF COMPLIANCE  
MINNESOTA WORKERS' COMPENSATION LAW**

1 City Hall Plaza, Chaska MN 55318

(952) 448-9200

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, 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. This information will be collected by the City and retained in the files.

**A valid workers' compensation policy must be kept in effect at all times by employers as required by law.**

Please supply the following information and return along with your application:

Business Name <i>(Use Applicant name if not affiliated with a company):</i>	License or Permit Number:
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DBA *(doing business as name, if applicable):*

Business Address/City/State/Zip:

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION.**

**NUMBER 1 – Complete if insured by business:**

Insurance Company Name *(NOT the Agency or Agent):*

Workers' Compensation Insurance Policy Number:	Effective Date:	Expiration Date:
NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.		

**NUMBER 2 – Complete if self-insured:**

- I have attached a copy of the permit to self-insure.

**NUMBER 3 – Complete this portion if exempt:**

*I am not required to have workers' compensation liability coverage because:*

- I have no employees
- I have employees but they are not covered by the workers' compensation law. (See MN Stat. 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**ALL APPLICANTS COMPLETE THE FOLLOWING SECTION:**

***I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.***

Applicant Signature	Title	Date
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**IN SUPPORT OF AN APPLICATION FOR  
INTOXICATING OR 3.2% MALT LIQUOR LICENSES**

**PART 2 – PERSONAL INFORMATION**

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a liquor license. Failure to provide the information will result in denial of the liquor license.

**Directions:** This form must be filled out by the sole owner, by **each** partner, by **each** officer or director, be **each** manager, proprietor or other agent in charge of the premises, by **each** person who by combined ownership or control has an interest in a corporation or association in excess of twenty five percent (25%).

1. True Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (LAST NAME)

2. Resident Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

3. City in which you live: \_\_\_\_\_ County \_\_\_\_\_

4. Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

5. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(CITY, COUNTY, STATE)

6. Marital Status: Single  Married  Widowed  Separated  Divorced

If married provide spouse's true name, place and date of birth and residence address:

True Name \_\_\_\_\_ Maiden Name \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE) (LAST NAME)

Resident Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(CITY, COUNTY, STATE)

INTOXICATING LIQUOR LICENSE APPLICATION  
PART 2 – PERSONAL INFORMATION  
PAGE 2 of 7

7. If you have ever used or been known by a name or names other than the true name given in #1 above, list such name(s) and information concerning dates and places where used:

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

Dates, Places & Circumstances: \_\_\_\_\_

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

Dates, Places & Circumstances: \_\_\_\_\_

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

Dates, Places & Circumstances: \_\_\_\_\_

8. Addresses at which you have lived during the preceding ten years. (Begin with present or last address and work back.)

\_\_\_\_\_  
(Number & Street) (City & State) (Dates)

\_\_\_\_\_  
(Number & Street) (City & State) (Dates)

\_\_\_\_\_  
(Number & Street) (City & State) (Dates)

\_\_\_\_\_  
(Number & Street) (City & State) (Dates)

\_\_\_\_\_

\_\_\_\_\_

INTOXICATING LIQUOR LICENSE APPLICATION  
PART 2 – PERSONAL INFORMATION  
PAGE 3 of 7

9. Addresses at which your spouse has lived during the preceding ten years. (Begin with present or last address and work back.)

_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)
_____	_____	_____
(NUMBER & STREET)	(CITY, STATE, ZIP)	(DATES)

10. Kind, name and location of every business or occupation you have been engaged in during the preceding ten years. (Begin with present or last one and work back.)

_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)

11. Kind, name and location of every business or occupation your spouse has been engaged in during the preceding ten years. (Begin with present or last one and work back.)

_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)
_____	_____	_____
(BUSINESS OR OCCUPATION)	(FULL ADDRESS)	(NATURE OF BUSINESS/OCCUPATION)

INTOXICATING LIQUOR LICENSE APPLICATION  
PART 2 – PERSONAL INFORMATION  
PAGE 4 of 7

12. Names and addresses of your employers or partners, if any, for the preceding ten years. (Begin with present or last one and work back.)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

13. Names and addresses of your spouse's employers or partners, if any, for the preceding ten years. (Begin with present or last one and work back.)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

\_\_\_\_\_  
(EMPLOYER'S OR PARTNER'S NAME) (FULL ADDRESS) (DATES)

14. Have you, your spouse, a parent, brother, sister, or a child ever been convicted of any felony, any crime, DWI or violation of any ordinance other than traffic? Yes  No

If yes, give information as to the time, place and offense for which there was a conviction:

\_\_\_\_\_  
\_\_\_\_\_

15. Have you, your spouse, a parent, brother, sister, or a child ever been engaged as an employee or in operating a saloon, hotel, restaurant, cafe, tavern or other business of a similar nature? Yes  No  If yes, provide place, time and length of time:

\_\_\_\_\_  
\_\_\_\_\_

INTOXICATING LIQUOR LICENSE APPLICATION  
PART 2 – PERSONAL INFORMATION  
PAGE 5 of 7

16. Names, residence addresses, business addresses, and telephone numbers of each person who is engaged in Minnesota in the business of selling, manufacturing or distributing intoxicating liquor and who is nearer of kin to you or your spouse than second cousin, whether of the whole or half blood, computed by the rules of civil law, or who is a brother-in-law or sister-in-law of you or your spouse.

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

**Full Name:** \_\_\_\_\_ Relationship: \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

17. Are you a manufacturer or wholesaler of intoxicating liquor or interested directly or indirectly in the ownership or operation of any such business: Yes  No

18. Are you directly or indirectly interested in other establishments in the City of Chaska to which a license of the same kind has been issued? Yes  No   
If yes, list names, addresses and interest:

\_\_\_\_\_  
\_\_\_\_\_

INTOXICATING LIQUOR LICENSE APPLICATION  
PART 2 – PERSONAL INFORMATION  
PAGE 6 of 7

19. What is the amount of investment that you will have in the business, building, premises, fixtures, furniture, stock in trade, etc., and what was the source of such money? (You must be prepared to furnish proof of the source of such money.)

\_\_\_\_\_  
\_\_\_\_\_

20. Are you now or have you had any interest in any previous liquor license? If so, were they ever suspended or not renewed? Yes  No  If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

21. Have you ever individually, or with others, made application for an intoxicating liquor license and had such application denied? Yes  No  If yes, explain in detail:

\_\_\_\_\_  
\_\_\_\_\_

22. List the names, residence addresses, business addresses and telephone numbers of three residents of the 7-county Twin Cities metro area, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as a character reference. Submit a written reference letter from each person listed below:

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

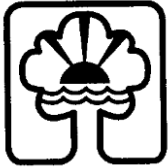
Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

**Full Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

Residence Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)

Business Address \_\_\_\_\_ Phone \_\_\_\_\_  
(STREET, CITY, STATE, ZIP CODE)



**INTOXICATING LIQUOR LICENSE APPLICATION**  
**PART 2 – PERSONAL INFORMATION**  
**PAGE 7 of 7**

**INFORMATION ADVISORY AND AUTHORIZATION**  
**FOR RELEASE OF INFORMATION**

In connection with your application for a liquor license, you are being requested to provide data which may be classified as private, confidential, non-public or protected non-public data under the Minnesota Data Practices Act. This means that this data is not ordinarily available to the general public.

The purpose of the information requested in the application is to provide background for the investigation of liquor license applicants as required by City Ordinance. Providing the information will assist the Police Department in preparing an investigative report for the City Council's review. This information may be given to the City Council of Chaska and used by the City Council in its deliberations when granting or denying the liquor license. If the information is provided to the City Council, it may become part of public record, available to any interested individual.

You have the right to refuse to supply the requested information. If you do so, however, this fact may be reported to the City Council and may result in the denial of your liquor license application.

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

\_\_\_\_\_

Once copy of this release needs to be signed by each individual on the license application who completes a Personal Information form (Part 2).

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 Chaska 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 Chaska to investigate the information provided in my application, and to contact 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 application.

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.



\_\_\_\_\_  
Notary Signature  
My Commission Expires: \_\_\_\_\_

# CHECKLIST OF ITEMS TO INCLUDE WITH APPLICATION

	<b>Non-Refundable Investigation/Background Check fee \$300 On-Sale Intoxicating or \$150 All Other License Types</b>
	<b>License Fee:</b> The City's license period is July. 1 through June 31. If application is for less than the 12-month period, please contact the City Clerk for the prorated amount. License Fees are listed on Page 9.
	<b>Colored copy of Driver's License for Applicant/Owner (FRONT ONLY)</b>
	<b>Background Consent for owner(s):</b> Refer to page 4
	<b>Colored copy of Driver's License for Operating Manager (FRONT ONLY)</b>
	<b>Background Consent for Operating Manager:</b> Refer to pages 5
	<b>Articles of Incorporation</b>
	<b>Certificate of Assumed Name:</b> Refer to page 1
	<b>Copy of Restaurant license from Carver County Health Department:</b> Refer to page 3
	<b>Building Lease Agreement, Purchase Agreement, Property Tax Statement or Deed</b>
	<b>Certificate of Workers Compensation Insurance</b>
	<b>Floor plan showing the dimensions and indicating number of persons intended to be served in the rooms</b>
	<b>Certificate of Liquor Liability Insurance:</b> Coverage must expire June 31, ____ OR state "Continuous Until Cancelled." Refer to example on page 8 for Wine, On-Sale Liquor, and Off-Sale Liquor Licenses. <i>Attach certificate of liquor liability insurance with application or email to <a href="mailto:dbeebe@chaskamn.gov">dbeebe@chaskamn.gov</a></i>

**Please check zoning requirements with the Chaska Planning Department before submitting your application.**

## SUPPLEMENTAL STATE FORMS NEEDED FOR LICENSES BELOW

Forms available at: <https://dps.mn.gov/divisions/age/forms-documents/Pages/default.aspx>

	<b>Certificate of an On-Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License (3.2 Off-Sale, On-Sale &amp; Sunday and Wine &amp; 3.2)</b>
	<b>Application for Off-Sale Intoxicating Liquor License (Off-Sale)</b> <i>340A.412 Subd. 3: A municipality may not issue more than one off-sale intoxicating liquor license to any one person or for any one place.</i>
	<b>Application for Retailer's (Buyer's) Card for Liquor and Wine (Off-Sale, On-Sale, Club and Wine)</b>
	<b>Applicant sends Retailer's (Buyer's) card form &amp; fee directly to the State (address on application). The City does not have these cards and does not process them. <i>Your Buyer's card is not your license to sell liquor, it is only to purchase the liquor.</i></b>

**Contact City Clerk for additional paperwork for Club, Brewery or Taproom.**

# License Fees

<b>Type of License</b>	<b>Fee</b>
Investigation/Background Check (Non-Refundable) Intoxicating	\$300.00
<b>A. Liquor</b>	
On-Sale Intoxicating	\$5000.00
Off-Sale Intoxicating	\$250.00
Club On-Sale	\$530.00
Wine (Including Sunday)	\$1000.00
Liquor – Sunday	\$200.00

<b>Type of License</b>	<b>Fee</b>
Investigation/Background Check (Non-Refundable) All Others	\$150.00
<b>C. 3.2 Percent Malt Liquor</b>	
On-Sale	\$320.00
Off-Sale	\$100.00
<b>D. Brewer</b>	
Taproom	\$1000.00
Off-Sale Malt Liquor	\$250.00



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME:	
	PHONE (A/C No. Ext):	FAX (A/C No.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	

Licensee Name and Trade Name WITH ADDRESS OF ESTABLISHMENT must appear here exactly as on the MN State Renewal form, including spelling and punctuation

COVERAGES      CERTIFICATE NUMBER:      REVISION NUMBER:

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	COVER WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	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 OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <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) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N    N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE    OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
	Liquor Liability						

ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Note Outdoor seating area if applicable.

\*Policy effective dates must read: 07/01/25 to 07/01/26 OR CONTINUOUS UNTIL CANCELLED

CERTIFICATE HOLDER	CANCELLATION
City Clerk City of Chaska 1 City Hall Plaza Chaska, MN 55318	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE