

Directions for Applying for a Jackson County Retailer's License for On Sale of Alcoholic Beverages

(Please read directions carefully)

Persons wishing to apply for a Retailer's License for On Sale of Alcoholic Beverages in Jackson County shall follow these directions.

IMPORTANT NOTE: The owner/operator of a business seeking to apply for the sale of an alcohol license is considered to be a required applicant. For businesses with only one such person (sole proprietorships, etc.), there will be only one such applicant. For businesses with multiple owners/operators (partnerships, etc.), there will likely be multiple "required applicants" and each person with an interest in the business will have to participate in the application. EACH of the owners/applicants must sign the applications and provide their **FULL** names and date of birth.

DIRECTIONS:

1. To apply for an on sale alcohol license, the following forms are required: "Application for County On-Sale Intoxicating Liquor License", "Certificate of Compliance Minnesota Workers' Compensation Law", "From SP:C1; License Application Information", and "County Board Signature Page." The forms should be thoroughly read and reviewed before completion by all required applicants. The forms are available from the Jackson County Auditor Treasurer's Office and online at www.co.jackson.mn.us click on "County Departments" then "County Auditor/Treasurer" then "Forms" to locate these forms online.
2. Complete all blanks on each form provided. If a particular blank does not apply to you (for example "Applicant #2 Full Name" when applicant is a sole proprietor), please write "N/A" legibly in that blank. If necessary information is left blank or "N/A" is improperly entered, the application will not be approved.
3. The applicant must attach a liquor liability insurance certificate that corresponds with the entire license period. Alternatively, the applicant may submit \$100,000 in cash or \$100,000 surety bond in lieu of an effective liquor liability insurance certificate.
4. Once each individual applicant has fully completed the application(s), it needs to be taken by an applicant or their designee to each of the designated offices to be reviewed and signed by the designated officials. The applicant should first get township approval. Phone numbers for each of the pertinent offices are included below and applicants are encouraged to call ahead and schedule an appointment with each office to ensure that the officials are available to review the application and sign. If appointments are not made, the applicant may need to make multiple trips to County offices in order to obtain all of the necessary signatures and may cause the consideration of the application to become delayed. Please note that individual applicants or their designee are required to circulate the application themselves. **Jackson County employees will no longer circulate the applications.**

Signatures of required officials need to be obtained **in the following order**:

- i. Jackson County Sheriff, phone 507-847-4420
- ii. Jackson County Attorney, phone 507-847-2850

This will give you an opportunity to get everything done at once when both the Sheriff and Attorney are able to sign your renewals. Please note that if you are not able to make in in during this time, you will need to contact both the County Sheriff and County Attorney to get your paperwork signed just as you have done in the past.

5. After the applicant has obtained all of the required signatures and verified blanks on all forms are complete, the application is then considered “complete.” All paperwork should be taken, in person, to the County Auditor’s Office and submitted for the consideration of the Board of Commissioners at their next regularly scheduled meeting. If the fee is being paid by check, make the check payable to “Jackson County Auditor Treasurer.” The current fee(s) are listed on the attached Fee Schedule. New Licenses fees will be prorated to the states annual expiration date of March 31st. The County Commissioners will then consider the application and will decide whether to accept, deny, or postpone the decision on the application. The County Board meets the first and third Tuesday of each month. The deadline for submitting an application for consideration at a Board meeting is noon the Tuesday prior to the scheduled Board meeting. Refer to the County web site at www.co.jackson.mn.us for a complete list of County Board meeting dates or contact the County Coordinator’s office at 507-847-4182.

If you have missed the deadline to add your license to the board agenda you must wait until the next board meeting for your license to be reviewed unless you pay for an emergency board meeting. To schedule an emergency board meeting you must call the Jackson County Coordinator’s office at 507-847-4182. You will then be required to pay the fee listed in the County Fee Schedule **PRIOR** to a meeting being scheduled on your behalf. The fee is currently \$500.00.

6. If the application is approved, the Jackson County Auditor’s Office will mail the application and license to the State and the fee will be processed. The State will then contact the applicant to line up an inspection before the license can be approved and issued by the State. If the application is not approved, the applicant will be notified and the license fee will be refunded to the applicant.
7. The buyers card and the Caterer Permit must be applied for with Minnesota Alcohol and Gambling.



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555

**APPLICATION FOR COUNTY ON-SALE
 INTOXICATING LIQUOR LICENSE**

No license will be approved or released until MN Alcohol and Gambling Enforcement receives the \$20 retailer ID card fee.
 To apply for MN Sales tax number call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Business Name (Business, Partnerships, Corporation)			DOB	SSN	Trade Name or DBA
Business Address			Business Phone		Applicant's Home Phone
City	County	State	Zip Code	License Period From	To
Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.					
Name, title, and percent ownership		Home Address		DOB	SSN
Name, title, and percent ownership		Home Address		DOB	SSN
Name, title, and percent ownership		Home Address		DOB	SSN
Name, title, and percent ownership		Home Address		DOB	SSN
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Purpose of corporation			If a subsidiary of another corporation, give name		
Describe the premises to be licensed					
Floor establishment is located on		Number of restaurant employees	Seating capacity	Hours food will be available	
Number of months per year establishment will be open			Name of manager		
If the restaurant is in conjunction with another business (resort etc.), describe business					
Name the nearest municipality on sale licenses are issued.					

Yes No Has applicant, partners, officers or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

Yes No Will you serve liquor on Sunday? Amount of Sunday license fee _____

Yes No Is this establishment located in an organized township? If so, attach township approval.

Yes No Has a restaurant license been issued by the state or local health department for this establishment?

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Name of applicant (please print or type) Signature of Applicant Date

The licensee must have one of the following:

- Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach "**CERTIFICATE OF INSURANCE**" to this form.
- A surety bond from a surety company with minimum coverage as specified above.
- A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney County Date

REPORT BY POLICE OR SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature Department and Title Date

IMPORTANT NOTICE

**ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864**

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.

Form SP: C1
LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license 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 must advise you that:

This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest; and

The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of you licensing or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **Do not return this form to the Department of Revenue.**

Licensing Authority: Jackson County

License Information

Name of License being applied for: _____

License Renewal Date: _____

Personal Information

Applicant's Name (last, First, Middle Initial) : _____

Applicant's Address: _____

Social Security Number: _____

Business Information

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

I do not conduct any business as a business entity and therefore do not have a Minnesota Business Identification Number.

Additional explanation, if necessary: _____

Signature: _____ Date: _____

It is hereby certified that the Town Board of _____ in Jackson County, MN by resolution on the _____ day of _____, 20____ did consent to the issuance of the license applied for in the application.

Chairman

Town Clerk

State of Minnesota)
) SS
County of Jackson)

The undersigned, County Attorney and Sheriff of Jackson County, hereby recommended the within the application, it appearing to the best of our knowledge that said applicant has, within a period of five years prior to the date of this application, has had _____ violations of any law relating to the sale of 3.2% malt beverage or intoxication liquor, and that in our judgment the applicant will likely comply with the laws and regulations relating to the conduct of said business.

Dated at Jackson, Minnesota, _____, 20____

Jackson County Sheriff

Dated at Jackson, Minnesota, _____, 20____

Jackson County Attorney

Approved by the Jackson County Board of Commissioners this _____ day of _____, 20____.

Chairman

Attest: _____
Jackson County Coordinator

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 Minn. Stat. 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
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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		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.