



CITY OF
SAVAGE
MINNESOTA

CITY HALL
6000 McColl Drive
Savage, MN 55378

☎ 952-882-2660
🖨 952-882-2656
✉ comments@cityofsavage.com
🌐 cityofsavage.com

Dear Applicant:

Thank you for your interest in obtaining a liquor license in the City of Savage. 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 8 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.

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 Planning Department at 952.882.2698 or 952.882.2692 to make arrangements to discuss these requirements with a staff member.

If you have questions about our ordinance, forms or the City's process for consideration of your application, please feel free to contact me at 952.882.2642 or lshadick@cityofsavage.com.

Sincerely,

Lisa Shadick
City Clerk



City Offices

6000 McColl Drive, Savage, MN 55378 | Phone: 952-882-2660 | Fax: 952-882-2656

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:

Background Investigation Materials

- Completed Application Part I (Pages 1-6) – Background Investigation Inquiry
- Federal and State Tax Returns
- Financial History of Business (including bank statements to show financial origins of business)
- The following if involved with a partnership or corporation:
 - Articles of incorporation
 - List of officers and board of directors or partners
 - List of stockholders
 - Partnership Agreement
- Copy of Minnesota Malt Beverage Manufacturing License (Brewery applicants only)
- Site Plan/Design
- Lease Agreement – If applicable
- Investigation fee of \$500 and Applicable Liquor License Fee

EACH owner, officer, partner, and operating manager must submit the following:

- Completed Application Part II (Pages 7-11) – Personal History Statement
- Financial Statement of Net Worth
- Short Autobiography

The following must be submitted if the Background Investigation is Approved by the Police Department

- Completed STATE application form(s) (MN Dept. of Public Safety, Liquor Control Division)
- Certification of Liquor Liability Insurance covering the entire license period (example attached)
- Certification of Compliance with MN Workers Compensation
- Copy of Minnesota Department of Health License
- Applicable Liquor License Fees
- Applied for State Retailer's Card (Buyer's Card) MN Dept. of Public Safety, Liquor Control Division and Applicable Fee (payable to the MN Dept. of Public Safety)
- Application of Optional 2 AM Liquor License and Application Fee (payable to the MN Dept. of Public Safety)



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Application for:

- On-Sale Intoxicating Liquor License
Sunday Sales
On-Sale Wine License
On-Sale 3.2% Malt Liquor License
On-Sale Brew Pub Intoxicating Liquor License
On-Sale Brew Pub 3.2 Malt Liquor License
On-Sale Small Brewery Taproom License
On-Sale Microdistillery License
Off-Sale 3.2% Malt Liquor License
Off-Sale Brew Pub License
Off-Sale Small Brewer Taproom License
Off-Sale Microdistillery License
Club License
Set-up License

Name of Business

Business Address

City State Zip County

Business Phone Federal ID# MN State Tax ID#

Email

BUSINESS IS A (check appropriate box): Corporation* Partnership Sole Proprietorship

*Type of Corporation: Subchapter S Corporation Publicly Traded Corporation Closely held Corporation

State of Incorporation

Has this company ever been licensed by any government agency for the purpose of the manufacturer, import or sales of alcoholic beverages? Yes No

If yes, provide the following information for all licenses issued:

Date Licensed: Type of license held:

Agency issuing license: State/Jurisdiction where license was issued:

Has the company ever had any action taken against an alcoholic beverage license by any agency? Yes No

If yes, explain and provide current status: Fined Suspended Revoked Other Action:

Has the company filed or been involved in bankruptcy (other than as a creditor) or been charged with a criminal violation related to the manufacture, import, or sale of alcoholic beverages? Yes No

If yes, explain and provide current status:

Bankruptcy: Yes No Current status:

Criminal: Yes No Current status:

OTHER LICENSING

Have you ever had a sales and use tax permit revoked or canceled? Yes No

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

Have you ever failed to pay any liquor tax to any regulatory agency? Yes No

If yes to any of the above, provide complete details:

RECORD KEEPING

Where are the financial books and records for this business kept?

Who maintains these records?

Who prepares the tax returns, government forms, and reports?

Does the applicant maintain an office within Minnesota? Yes No

If yes, answer the following:

Office Address:

City State Zip

Managers Name Office Number

Email

List all financial institutions in which the business maintains operating and investment accounts:

Institution

Address

Phone Account Number

Institution

Address

Phone Account Number

Institution

Address

Phone Account Number

List the source(s) and amounts of all outstanding business loans. Provide the following information:

Creditor Name

Address	
Loan Amount	Loan Number
Creditor Name	
Address	
Loan Amount	Loan Number
Creditor Name	
Address	
Loan Amount	Loan Number

Provide information requested below for all that apply:

<input type="checkbox"/> Sole Proprietorship* <input type="checkbox"/> Limited and general partners* <input type="checkbox"/> All shareholders in Sub-Chapter S and Closely Held Corporations* <input type="checkbox"/> All shareholders owning 5% or more of the stock either directly or indirectly* <input type="checkbox"/> All corporate officers and directors* <input type="checkbox"/> Any person(s) holding an option to purchase the business*	<p>*Each of these individuals with more than 5% interest in company must submit a personal history statement with this form.</p>
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Legal Name	Title	
Address		
Date of Birth	Social Security #	Percentage Owned
Legal Name	Title	
Address		
Date of Birth	Social Security #	Percentage Owned
Legal Name	Title	
Address		
Date of Birth	Social Security #	Percentage Owned
Legal Name	Title	
Address		
Date of Birth	Social Security #	Percentage Owned
Legal Name	Title	
Address		
Date of Birth	Date of Birth	Date of Birth
Legal Name	Title	
Address		
Date of Birth	Date of Birth	Date of Birth

Identify any person listed above that has any financial interest in any other alcoholic beverage license or business activity:

Name	Business
Address	
Name	Business

Address

Name Business

Address

Name Business

Address

Name Business

Address

Name

Address

Provide the names of all employees holding management positions*
***Each of these individuals with more than 5% interest in company must submit a personal history statement with this form.**

Legal Name Title

Address

Date of Birth	Social Security #	Percentage Owned
---------------	-------------------	------------------

Legal Name Title

Address

Date of Birth	Social Security #	Percentage Owned
---------------	-------------------	------------------

Legal Name Title

Address

Date of Birth	Social Security #	Percentage Owned
---------------	-------------------	------------------

Legal Name Title

Address

Date of Birth	Social Security #	Percentage Owned
---------------	-------------------	------------------

Legal Name Title

Address

Date of Birth	Social Security #	Percentage Owned
---------------	-------------------	------------------

Provide the name of the operating manager. The operating manager must be the person working full-time at the licensed premises who is in day-to-day charge of liquor sales.

Operating Manager Name

Address Phone

State the exact legal description of the premises to be licensed. Applicant must also submit a plot plan showing dimensions, location of buildings, street access, parking facilities, and the locations of and distances to the closest point of a church structure or the closest point on a lot occupied by a public school.

How are the premises zoned under the Savage Zoning Ordinance?

State full names, residences, business addresses and phone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant:

Name Phone

Address

Business Address

Name Phone

Address

Business Address

Where the building is owned by other than applicant, state in summary the conditions of lease arrangements, such as term of lease, monthly rental, renewal privileges, etc. One copy of the lease shall be attached.

State the floor number, general area, and all rooms where alcoholic beverage is to be sold or consumed. (Applicant shall attach a floor plan showing dimensions and indicating number of persons intended to be served or serviced in said rooms.)

What permits required by the Federal Government have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit?

What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Savage delinquent or unpaid for the premises to be licensed? Yes No

If yes, explain:

Three persons of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character:

Name Phone

Address

Business Address

Name Phone

Address

Business Address

Name Phone

Address

Business Address

Attach the following documents to this application:

- Personal history and financial statements history for anyone listed in Section 15 and 16
 - Federal and state tax returns, financial history or business (include bank statements to show financial origins of business)
 - If involved with a partnership or corporation:
 - Articles of incorporation
 - List of officers and board of directors or partners
 - List of stockholders
 - Partnership agreement
-

I certify that all statements made by the applicant in this document are true, complete and correct to the best of knowledge and belief and are made by me in good faith. I also understand that an investigation will be conducted to insure the applicant meets the criteria for a license as established by the Minnesota state law and department regulations. By signing this application I am also agreeing to pay for all costs incurred by the department in the conducting of an investigation of this application for a license.

**ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION,
NOW AND IN THE FUTURE.**

Applicant Signature

Date

**If a corporation, signer must be a corporate officer*



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Last Name First Name Middle Name

Other name(s) known as (include alias, former name, and/or previous married names):

Date of Birth Social Security #

Place of Birth (City) (County) (State)

Driver's License # State Issued

Position(s) you hold with the applicant's business:

Home Address

City State Zip

Home Phone Work Phone

Email

Have you been in military service? Yes No

If yes, was discharge(s) ever other than honorable? Yes No

Marital Status: Married Single Divorced

If married, supply information below:

Spouse First Name Middle Name

Last Name Former Name

Place of Birth (City) (County) (State)

Address City State Zip

Phone Date of Birth

Past Residence: List of past residences in the last 10 years. Use additional sheet as necessary.

Address City State Zip

Month(s)/Year(s) Lived:
Address City State Zip

Month(s)/Year(s) Lived:

Address City State Zip

Month(s)/Year(s) Lived:

Address City State Zip

Month(s)/Year(s) Lived:

Spouses Past Residence: List of past residences in the last 10 years. Use additional sheet as necessary.

Address City State Zip

Month(s)/Year(s) Lived:

Address City State Zip

Month(s)/Year(s) Lived: Month(s)/Year(s) Lived: Month(s)/Year(s) Lived:

Address City State Zip

Month(s)/Year(s) Lived: Month(s)/Year(s) Lived: Month(s)/Year(s) Lived:

Names and addresses of spouse’s employers and partners in the past 10 years. Begin with the present occupation. Use an additional sheet if necessary.

Employer/Partner Dates

Address City State Zip

Employer/Partner Dates

Address City State Zip

Employer/Partner Dates

Address City State Zip

Employer/Partner Dates

Address City State Zip

CRIMINAL HISTORY

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

If yes, give information as to the time, place, and offense for which conviction were had.

Have you, your spouse, parent, brother, sister, or child ever been issued a citation, summons, or ticket to appear in court? Yes No

Have you, your spouse, parent, brother, sister, or child ever been arrested or detained by any type of law enforcement? Yes No

Have you, your spouse, parent, brother, sister, or child ever been convicted of a crime? Yes No

Have you, your spouse, parent, brother, sister, or child ever been the subject of an indictment? Yes No

Have you, your spouse, parent, brother, sister, or child ever been pardoned for any criminal offense? Yes No

Are you, your spouse, parent, brother, sister, or child currently on trial or awaiting a trial, or waiting for sentencing? Yes No

If yes to any of the above questions, provide the following information (attach additional sheet as necessary):

Nature of offense Date

City/State Order of the Court

Nature of offense Date

City/State Order of the Court

Nature of offense Date

City/State Order of the Court

Previous Alcoholic Beverage History and License

Have you or your spouse ever been involved with manufacturing, distributing, or retail sales of alcohol (to include working in any portion of the alcohol industry)? Yes No

Have you or your spouse ever been licensed or denied license by any government agency for the purpose of the manufacture, import wholesale or retail sale of alcoholic beverages? Yes No

If yes to the above questions, provide the following information (attach additional sheet if necessary):

Establishment Type of License

City/State Agency Date

Establishment Type of License

City/State Agency Date

Establishment Type of License

City/State Agency Date

Supply information for each person who is engaged in Minnesota in the business of selling, manufacturing, or distributing intoxicating liquor, strong beer, non-strong beer, wine, ale, or any other type of alcoholic beverage and who is nearer of kin to you and 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. Attach additional sheet if necessary.

Full Name Relationship

Address City State Zip

Full Name Relationship

Address City State Zip

Full Name Relationship

Address City State Zip

Have you been fingerprinted for any purpose? Yes No

If yes, provide the following information (attach additional sheet if necessary)

Reason for fingerprinting Agency Date

Reason for fingerprinting Agency Date

PREVIOUS EMPLOYMENT

Please provide the following information concerning your employment history. This information is required for all employers in the last 10 years. Attach additional sheet if necessary.

Employer	Position	Dates Employed	
Address	City	State	Zip
Employer	Position	Dates Employed	
Address	City	State	Zip
Employer	Position	Dates Employed	
Address	City	State	Zip
Employer	Position	Dates Employed	
Address	City	State	Zip
Employer	Position	Dates Employed	
Address	City	State	Zip

Name, location and type of past business or occupation spouse has been engaged in during the past 10 years. Begin with present occupation. Attach additional sheet if necessary.

Business/Occupation	Dates		
Address	City	State	Zip
Business/Occupation	Dates		
Address	City	State	Zip
Business/Occupation	Dates		
Address	City	State	Zip
Business/Occupation	Dates		
Address	City	State	Zip

OTHER LICENSING

Have you ever failed to file Federal or State income taxes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had a sales or use tax permit revoked?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had any other license or permit revoked, denied, or canceled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever failed to submit reports or pay taxes to any government agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please explain:

Financial Interest in other alcoholic beverage licenses: Please indicate by answering the following questions whether or not you have financial interest in any other alcoholic beverage license or business activity.

A. Types of interest held:

1. Invested or loaned money, have an option to purchase, or have a contract for service to any other alcoholic beverage license holder.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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2. Have ownership interest in equipment being leased or otherwise provided to any alcoholic beverage licensed facilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Have an investment or ownership in any business involved in any of the activities listed in A.1 or A.2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Do you receive any revenue or payments or money from any person who is involved in the activities listed in question A.1 or A.2.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes to any of the above questions, please completely explain:

List three persons of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as the applicant's character.

Name	Phone		
Address	City	State	Zip
Business Address	City	State	Zip
Name	Phone		
Address	City	State	Zip
Business Address	City	State	Zip
Name	Phone		
Address	City	State	Zip
Business Address	City	State	Zip

List all banking institutions (banks, credit unions, savings and loans, etc.) where you have conducted business in the past five years.

Name of Institution	Type of Account/Transaction		
Address	City	State	Zip
Name of Institution	Type of Account/Transaction		
Address	City	State	Zip
Name of Institution	Type of Account/Transaction		
Address	City	State	Zip

A financial statement of net worth and a short autobiography must accompany this application for all persons who are required to complete a Part 2 Personal Information form (Exception: Manager, Assistant Manager, Food Manager, and Beverage Manager, provided these individuals are not partners, officers of the corporation or do not hold an interest in excess of five (5%) percent).

I certify that all statements made by me in this document are true, complete, and correct to the best of my knowledge and belief and are made in good faith. I understand that any falsification of answers to the preceding questions will result in denial of the application, now and in the future.

Applicant Signature

Date



CONSENT FOR RELEASE OF INFORMATION IN ACCORDANCE WITH MSA 13.05, SUBD. 4(D)

City of Savage | 6000 McColl Drive, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

I, _____, authorize the City of Savage Police Department to release criminal history data, as defined by Minnesota Statute 13.87, subd. 1 and driver's license and traffic record data to the City Clerk for the City of Savage. I understand that some of this data may be classified as private data under Minnesota statutes and I hereby give my informed consent to the release of that private data by the City of Savage Police Department to the City Clerk for the City of Savage.

This consent for the release of data is for the purpose of determining my eligibility to obtain a license/permit with the City of Savage. This information cannot be used for any other purposes.

I may revoke this authorization in writing at any time and in no event will it be valid for more than one year from the date below.

Signature of Individual Authorizing Release

Date

PLEASE COMPLETE THE FOLLOWING INFORMATION			
First	Middle		
Last			
Date of Birth			
Address			
City	State	Zip	
Driver's License No.			State Issued
Please list any other names you are or have been known by:			
Business/Employer			

I certify that all statements by me on this form are true and complete. I understand that any false statements or omissions on this form shall be sufficient cause for rejection of my application for a license/permit.

I hereby authorize the City of Savage to use this information to determine my eligibility to obtain a license/permit.

Applicant Signature

Date



DATA PRACTICES WARNING

DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

City of Savage | 6000 McColl Drive, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

Read before completing this packet.

As an applicant for a license/permit at the City of Savage, you are being asked to provide information about yourself which will be used in evaluating your suitability for licensure/permit. The purpose of this request is to obtain information about you to allow us to thoroughly analyze your qualifications and suitability for licensure/permit.

Attached are several documents which ask for your signature and/or personal information. You are not legally required to supply any of the data requested or to sign any of the release and authorization forms. However, should you not provide that information, the City may be unable to fully and adequately determine your suitability for license/permit with this agency which may in turn reduce the chance you may have for licensure/permit with this agency.

Under Minn. Statute § 13.04 subd. 2, names and the designated contact address and telephone number are public data and available upon request. All other information provided on your application prior to licensure approval is classified by law as private data and is accessible to you, but not to the public. Upon license approval, all information provided on your application, except for: date of birth, social security, non-designated or secondary contact address and telephone number, financial data, state and federal tax ID's, or data classified under Minn. Statute § 13.02 subd. 12 as private or subd. 13 as protected nonpublic, is public data.

Private data may be distributed to and used by personnel of the City of Savage who are involved directly and/or indirectly in the approval/denial of, and maintenance of records on licenses/permits. The data may be used and disseminated to individuals or agencies specifically authorized access to the data by state, local or federal law or when approved by the State Commissioner of Administration or by you. Public data is available to any person upon written request to the City of Savage.

This information will be maintained through the time of your licensure/permit with the City of Savage and thereafter. If granted a license/permit, the City may request that you supply this information at additional times in the future for the purpose indicated above. This information may also need to be updated periodically.

I HAVE READ AND UNDERSTAND THE DATA PRACTICES ADVISORY.

Applicant Signature

Date



BACKGROUND INVESTIGATION DATA PRACTICES ADVISORY FOR PROTECTED INFORMATION

City of Savage | 6000 McColl Drive, MN 55378 | Office: 952-882-2660 | Fax: 952-882-2656

Read this Advisory before completing the attached Consent for Release of Information and providing the protected information on said form.

As an applicant for a license/permit with the City of Savage, you are being asked to provide information about yourself that will be used to evaluate your eligibility to obtain a license/permit.

The purpose and intended use of the data requested on the Consent for Release of Information is to conduct the background inquiries that this City uses to establish your eligibility to obtain a license/permit. A complete criminal history and driver's license check is conducted to determine whether there are any factors that affect your suitability for a license/permit.

DATA WE HAVE REQUESTED	INTENDED USE
All names you are known by, or have been known by	To conduct a complete criminal history and background check
Date of birth	To access driver's license and criminal history data
Driver's license number	To access driver's license data

This data will be used solely for the above-mentioned purposes. This data will be forwarded to the appropriate City staff as determined necessary for completion for the background investigation.

You are not legally required to provide the requested information. However, if you do not, the City of Savage will be unable to conduct the required background inquiries and will not be able to issue a license/permit.

I have read and understand the information stated above.

Applicant Signature

Date

EXAMPLE 1

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)

PRODUCER	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 Licensee Name and Trade name WITH PHYSICAL ADDRESS OF ESTABLISHMENT (no PO boxes) 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:

COVERAGES

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	
	GENERAL LIABILITY <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	\$
	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	<div style="border: 1px solid black; padding: 5px; color: red; font-weight: bold;"> ITEMS REQUIRED ON ALL LIQUOR LIABILITY INSURANCE CERTIFICATES </div>			COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS	OTH-ER
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
A	Liquor Liability				\$1,000,000 Limit	
					Insurance policy limitations must be in compliance with MN Statutes, section 340A.409	
					Policy effective dates must cover the licensing period completely OR state "continuous until cancelled"	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

List multiple locations (addresses) / OR / Identify "Continuous until canceled" / OR / "Off premises coverage"

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
City granting the license Physical Street location of city City, State Code Zip		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL <u>30</u> 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

