



City of Coon Rapids  
 Office of the City Clerk  
 11155 Robinson Drive  
 Coon Rapids, MN 55433-3761  
 Phone: 763-767-6432  
 Fax: 763-767-6531  
<http://www.coonrapidsmn.gov>

License #:	
Receipt #:	
Date:	
Fee Paid:	

## Application: Temporary On-Sale Intoxicating Liquor License to Conduct Wine Tasting

### Guidelines and Checklist

License Type: Temporary On-Sale Wine Tasting	
<i>In compliance with Coon Rapids City Code 5-200 you are required to submit the following information for a Temporary On-Sale Intoxicating Liquor License to Conduct Wine Tasting:</i>	
Staff Initials:	<b>Application Checklist</b> <b>Submit completed items below to:</b> Office of the City Clerk Attn: Deputy City Clerk 11155 Robinson Drive Coon Rapids, MN 55433
	<input type="checkbox"/> 1. Application (Form #1)
	<input type="checkbox"/> 2. Supplemental Investigation Information Form (Form # 2)
	<input type="checkbox"/> 3. MN Workers' Compensation Liability Certificate of Compliance (Form #3)
	<input type="checkbox"/> 4. License Application Information (Form #4)
	<input type="checkbox"/> 5. Authorization of Release of Data (Form #5)
	<input type="checkbox"/> 6. Certificate of Liquor Liability Insurance Coverage
	<input type="checkbox"/> 7. Application Fee (2019 - \$35)
	<input type="checkbox"/> 8. Photocopy of Driver's License or other State issued identification card.
	<input type="checkbox"/> 9. Completed MN Alcohol and Gambling Enforcement Division Application and Permit for a 1 Day to 4 Day Temporary On-Sale Liquor License Form. (you can find this form on the MN Alcohol and Gambling Enforcement Website or calling them at (651) 201-7500)
<b>Your License Application</b> <ul style="list-style-type: none"> <li>Incomplete and/or illegible applications will be returned.</li> <li>All applications must be signed.</li> <li>This application will be considered for approval by the Coon Rapids City Council. The completed form, attachments and fee must be submitted at least one week prior to a Council meeting (generally scheduled the first and third Tuesday of each month.)</li> <li>Licenses are not transferable.</li> <li>Make a duplicate copy of this packet for your personal records before submitting.</li> <li>Minnesota Sales Tax ID (651-296-6181)</li> <li>Federal Tax ID/Employer Identification Number (651) 312-8082</li> <li>Multiple licenses must be filed individually and may not be combined.</li> </ul>	



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# Form #1

## Application for Temporary Wine Tasting License

Applicant Personal Information:			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address Current of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
My residence for the past five years has been as follows:			
Previous Address:		Dates:	
Previous Address:		Dates:	
Previous Address:		Dates:	
I am the designated representative of (name of religious, charitable or non-profit organization):			
Legal Name of Organization:			
Name of Event:			
Name of Location:			
Date of Event:			
Hours of Operation:		(4 hours maximum)	
Location Phone:			
Address of Location:	Street:		
	City:		
	State:		
	Zip:		
Liquor Provided by:			
<input type="checkbox"/> I hereby make application for a temporary on-sale intoxicating liquor license to conduct wine tasting, established pursuant to ordinances adopted by the Coon Rapids City Council.			
<input type="checkbox"/> I understand this application will be considered for approval by the Coon Rapids City Council and submitted to the Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division for Approval. I am responsible for completing the <b>MN Alcohol and Gambling Enforcement Division Application and Permit for a 1 Day to 4 Day Temporary On-Sale Liquor License Form</b> and submitting it with the City Application packet. The completed application, supporting documents and fees must be submitted at least 30 days prior to the event.			



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I understand the net proceeds from the wine tasting will be used for the organization's primary nonprofit purpose or donated to another nonprofit organization assisting in the wine tasting for their primary nonprofit purpose.

I understand Minnesota State Statute and City Code states that no more than three temporary on-sale intoxicating licenses for the purpose of conducting a wine tasting will be issued to any one eligible organization in any calendar year.

I understand that the sale or taking of orders of wine for off-premises consumption is not allowed under Minnesota State Statute 340A.418.

I am;  am not; engaged in the retail sale of intoxicating liquor. If you are, please explain:

I have;  have not; had an application for a liquor license previously rejected. If you have, please explain:

I have;  have not; been convicted of a felony, or of violating any federal or state liquor law or local ordinance relating to the manufacture, sale or transportation, or possession for sale or transportation of intoxicating liquor. If you have, please explain:

I understand gambling or gambling devices will not be permitted on the licensed premises unless a gambling license has been secured.

Attached is the certificate of insurance for liquor liability. **PLEASE NOTE: Certificate must be issued for at least the event time period.**

As the designated representative for this event, I certify that this event is a community-wide event, open to the public, sponsored by the organization I am representing.

As the designated representative for this event, I certify that the organization I am representing is a Coon Rapids based charitable, religious or non-profit organization that has been in existence for at least three years.

I have no intention or agreement to transfer this license to another person or organization.

I submit for reference purposes three names, addresses and phone numbers, including a bank, with whom I have had a business association:

Name	Address	Telephone



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# Form #1

I have read the applicable ordinances and have become familiar with their content and I will strictly comply with all of their provisions. I understand I am responsible for the conditions of sobriety and order in the place of business and on the premises. I do not own or have a direct or indirect interest in any other licensed establishment provided for in the ordinance. I agree to waive my constitutional rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance providing for the granting of this license.

I understand that the City of Coon Rapids has an electronic notification system where all proposed ordinances are posted for Council consideration. To receive Coon Rapids ordinance updates, go to [www.coonrapidsmn.gov](http://www.coonrapidsmn.gov) and click on **NotifyMe**. Then click the envelope icon to subscribe to the list titled "City Proposed Ordinance Changes".

### **DATA PRACTICES RIGHTS ADVISORY:**

- As an applicant for Liquor License from the City of Coon Rapids, you are being asked to provide information about yourself which will be used by the City Council in rendering a decision. The purpose of this request for information is to meet the standards set forth by City Code and allows the City Council to thoroughly analyze your suitability and qualification to hold a Liquor License.
- If you choose not to provide all or parts of the data requested, it may diminish the possibility of the City Council appropriately evaluating the application.
- The data you provide is defined by Minnesota State Statute 13.41 (Minnesota Government Data Practices Act) as Licensing Data. While in other settings much of the data requested would be classified as "Private" or "Confidential", Subdivision 4 makes application data for licenses "Public". Your original application and data supplied, the information collected by the Coon Rapids Police Department regarding your application and the record of the action taken regarding your application by the City Council will be placed on file in the office of the City Clerk. This information may be subject for review in accordance with the provisions governing Public Data set forth by the Minnesota Government Data Practices Act.

I have read and understand the Data Practices Rights Advisory and I solemnly swear the foregoing statements in this application are true and correct to the best of my knowledge.

Date

Signature of Applicant



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## Form #2

### SUPPLEMENTAL INVESTIGATION INFORMATION

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Print Full Name

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Date of Birth

The following information is necessary for the Police Department to properly identify the applicant for purposes of the required background investigation. This information will be retained only by the Police Department as required by law and will not be included in any investigative report submitted to the City Council and will not become a part of the public record or released to the public except as authorized by law.

Sex:  Male;  Female

Race: \_\_\_\_\_



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# Form #3

## MINNESOTA WORKERS' COMPENSATION LIABILITY CERTIFICATE OF COMPLIANCE

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 requirement of Chapter 176.181. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

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 this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: <b>*Note: This is NOT the insurance agent.</b>	
Telephone Number:	
Policy Number:	
Dates of Coverage: <b>*Note: If not continuous, dates of coverage must correspond EXACTLY with the license period; i.e., January 1 - December 31.</b>	

(OR)

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

- I have no employees.
- I am self-insured (include permit to self-insure).
- I have no employees who are covered by the worker's compensation law (these include: Spouse, Parents, Children and certain farm employees).

Personal Information:	
First Name:	
Middle Name:	
Last Name:	
Doing Business As:	
Name:	
Address of Business:	Street:
	City:
	State:
	Zip:
Phone Number:	
I certify that the information provided above is accurate and complete and that a valid worker's compensation policy will be kept in effect at all times as required by law.	
Date: _____	Signature: _____



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# Form #4

## License Applicant Information

Under Minnesota Law (M.S. 270C.03) 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, we must advise you:
- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue, or any other Department of Revenue in the United States, delinquent taxes, penalties or interest.
- 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.
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

**Please print or type in the following information and return along with your application.**

Personal Information:			
First Name:		Middle Name:	
Last Name:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:	Zip:	
Driver's License #		State of Issue:	
Social Security #			
Organization Information:			
Complete Legal Business Name:			
Doing Business As Name:			
Phone #:			
Business Address in Coon Rapids:	Street:		
	City:	Coon Rapids	
	State:	Zip:	
Minnesota Tax ID #		Federal Tax ID #	
If Minnesota Tax ID # is not required, please explain:			

Date

Signature

Title



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# Form #5

## Authorization of Release of Data

In order to comply with State and Federal Data Privacy Acts, the City of Coon Rapids is required to ask the following information. This authorization expires one year from date of application.

Personal Information			
First Name:			
Middle Name:			
Last Name:			
Date of Birth:			
Email Address:			
Address of Residence:	Street:		
	City:		
	State:		
	Zip:		
Driver's License #		State of Issue:	
Day Telephone:			
Evening Telephone:			
Organization Associated with:			
<input type="checkbox"/> Yes <input type="checkbox"/> No		Have you <b>EVER</b> been convicted of <b>ANY</b> crime, either felony or misdemeanor?	
If applicant has been convicted, please state the following: (NOTE: Failure to document all crime history completely and accurately will be grounds for disqualification of license.)			
Conviction #1			
Date:			
Location:			
Nature of Conviction:			
Conviction #2			
Date:			
Location:			
Nature of Conviction:			
Conviction #3			
Date:			
Location:			
Nature of Conviction:			





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# Form #5

<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you ever been convicted of any traffic offense? If yes, please state
the following:		
Offense #1		
Date:		
Location:		
Nature of Offense:		
Offense #2		
Date:		
Location:		
Nature of Offense:		
Offense #3		
Date:		
Location:		
Nature of Offense:		
<input type="checkbox"/> Yes	<input type="checkbox"/> No	Have you violated any provisions in the Coon Rapids City Code during
the last two (2) years? If yes, please explain:		

I, the undersigned, have made a license application with the City of Coon Rapids. Realizing the City has need to investigate my background and history in order to better evaluate my application, I hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City, and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used in the evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any ways pertaining to the furnishing or inspection of such documents, records or other information.

I am a resident of the State of Minnesota.  Yes;  No

If not a Minnesota resident, I authorize the appropriate authorities to conduct a background investigation in the state of residence listed on the valid identification card provided as part of this application.

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**Date** **Signature**