

**TEMPORARY 3.2 PERCENT MALT LIQUOR APPLICATION**  
City of Marshall ~ 344 West Main Street ~ Marshall MN 56258  
Phone (507) 537-6775 ~ Fax (507) 537-6830

LICENSE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_

TO COMPLY WITH THE CITY CODE OF THE CITY OF MARSHALL, MINNESOTA,  
REGULATING 3.2 PERCENT MALT LIQUOR LICENSE

Name of Applicant: \_\_\_\_\_  
(First) (Middle) (Last)

Date of Birth: \_\_\_\_\_ US Citizen \_\_\_\_\_ Yes \_\_\_\_\_ No

Home Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
(Home) (Work)

Name of Club or  
Organization: \_\_\_\_\_  
(Name)

Address: \_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

Phone Number: (\_\_\_\_) \_\_\_\_\_

LOCATION WHERE LICENSE WILL BE USED:

\_\_\_\_\_

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

\_\_\_\_\_  
Date

**TEMPORARY LICENSE FEE: \$30 per day up to 3 days**

or

**\$50.00 per month up to 6 month**

# CONSENT FOR THE RELEASE OF INFORMATION

I, \_\_\_\_\_  
first name                      full middle name                      last name                      sex                      date of birth  
(individual authorizing release)

authorize the **Marshall Department of Public Safety/Police Department** to disclose to the **City of Marshall** the following information: local/state criminal history, driver's license record and/or any other information that may be relevant to the permit or license applied for.

\_\_\_\_\_  
**Drivers License Number:** \_\_\_\_\_ **State:** \_\_\_\_\_

Business or Organization Name: \_\_\_\_\_

Phone Number of Contact Person: \_\_\_\_\_

**License Period From** \_\_\_\_\_ **To** \_\_\_\_\_

I understand that my records are protected under State and Federal privacy regulations and cannot be disclosed without my written consent unless otherwise provided for by law.

I also understand that I may cancel this consent at any time prior to the information being released and that in any event this consent form expires automatically 90 days after signing.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
(signature of individual authorizing release)

**NOTE TO THE RESPONSIBLE AUTHORITY:** The consequences of giving informed consent must be communicated to the individual prior to affixing his/her signature.

Pursuant to Minnesota Statute MS 270.72 Tax Clearance; Issuance of Licenses, the licensing authority 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 are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to Supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

**LICENSE(S) BEING APPLIED FOR OR RENEWED:** \_\_\_\_\_

**LICENSING AUTHORITY :** CITY OF MARSHALL  
(name of city, county or state agency issuing license)

**LICENSE RENEWAL DATE:** \_\_\_\_\_

**PERSONAL INFORMATION (if applicable):**

Applicant's Name: \_\_\_\_\_

Applicant's Address: \_\_\_\_\_  
City State Zip Code Phone Number

Social Security Number \_\_\_\_\_

**BUSINESS INFORMATION (if applicable):**

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

Business Address: \_\_\_\_\_  
Street Address City State Zip Code

Phone Number: \_\_\_\_\_

Minnesota Tax Identification \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

**If a Minnesota Tax Identification Number is not required, please explain on the reverse side.**

\_\_\_\_\_  
Signature Position (Officer, Partner, etc.) Date

**Certificate of Compliance  
Minnesota Workers' Compensation Law**

PRINT IN INK or TYPE

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. 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. 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.**

BUSINESS NAME (Individual name only if no company name used)

LICENSE OR PERMIT NO (if applicable)

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address) CITY

STATE

ZIP CODE

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.**

**NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:**

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.

EFFECTIVE DATE

EXPIRATION DATE

**NUMBER 2 COMPLETE THIS PORTION 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 insurance coverage because:

\_\_\_\_\_ I have no employees.

\_\_\_\_\_ I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: \_\_\_\_\_

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

**ALL APPLICANTS COMPLETE THIS PORTION:**

**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 (mandatory)

TITLE

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.**

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

MN LIC 04 (11/08)

STATE OF MINNESOTA )  
 ) ss  
COUNTY OF LYON )

**AFFIDAVIT**

I, \_\_\_\_\_, hereinafter referred to as "affiant" do hereby state as follows:

1. That I have applied with the City of Marshall, State of Minnesota, for a license to sell (on sale) (off sale) (wine license) (temporary wine license) (3.2% malt liquor).

2. That affiant does hereby state to the City of Marshall that for the preceding year, of which said affiant had a license above described, that licensee sales were less than \$ \_\_\_\_\_ (see Minnesota Statute Section 340A.409, Subd. 4).

3. Affiant does hereby make these representations to the City of Marshall, in support of their applications for the license described above, and in support of the fact that they are not required to provide liability insurance pursuant to Minnesota Statutes Section 340A.409 for liability insurance and are exempt under Section 340A.409, Subd4.

4. That affiant does hereby agree to indemnify the City of Marshall from any and all liability now or in the future, if it is determined by a Court of law that affiant was required pursuant to Minnesota Statutes Section 340A.409, to carry liability insurance and did not carry it.

IN WITNESS WHEREOF, affiant has hereto set their hand this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

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

\_\_\_\_\_