

Non-Alcoholic Club Application





NON-ALCOHOLIC CLUB LICENSE APPLICATION

License Fee (Initial \$125.00)

Bond (\$3,000.00)

Applicant Information

Applicant's Name (First, Middle, Last)

Applicant's Home Phone Number

Applicant's Address

Applicant's Cell Phone Number

City State Zip

Applicant's Email Address

Applicant's Birthdate

Has applicant ever been engaged in a similar business? Yes No

If yes, state when and where: _____

Has applicant ever been turned down for a license? Yes No

If yes, state when and where: _____

Business Information

Business Name

Business Phone Number

Doing Business As

Business Address

City State Zip

Name and address of ALL persons having a financial interest in applicant's business, including ownership or financing interests:

Type of entity – See Details

If the responsible Party is listed as the Registered Agent or Chief Executive Officer of the Entity on the Minnesota Secretary of State’s website, no further documentation is necessary. However, if not so identified, the following information for specific types of Entities is necessary.

State where created: _____

Registered with MN Secretary of State: Yes No

Sole Proprietorship

- Certificate of Assumed Name (if any)

Partnerships (all Types)

- Partnership Agreement and subsequent Amendments and/or
- Additional Documentation**

General Partnership

Limited Partnership

Limited Liability Partnership

Limited Liability Limited Partnership

Limited Liability

- Operating Agreement and subsequent Amendments and/or
- Additional Documentation**

Limited Liability Company

Corporations (all Types)

- Articles of Incorporations and/or
- Bylaws of the Corporation and subsequent Amendments and/or
- Additional Documentation

Business Corporation

Nonprofit Corporation

Trusts

- Trust title page with name of Trust, date of Trust, and name of Trustee and
- Trust Signature page and
- Any Amendments affecting Trusteeship

** Additional documentation showing that the Responsible Party is authorized to act on behalf of the Partnership/LLC/Corp. Such documentation may include a signed and notarized written document authorizing the responsible Party to act executed by a Registered Agent or Chief Executive Officer so identified on the Minnesota secretary of State’s website.

The failure to provide the above requested information will result in your application being rejected as incomplete.

List Officers: (first, middle and last name), titles, date & place of birth, and home address:

Send Future Renewals To:

Resident Manager

First, Middle, Last Name

Driver's License Number

Phone Number

Date of Birth

Place of Birth

Resident Manager Address

City

State

Zip

Note: Per City Code 2-9-5-c: The resident managers shall be residents of either Clay County, MN or Cass County ND at ALL times during their designation as resident manager

Resident Manager Addresses for past ten (10 years): _____

Resident Manager – Current Employment: _____

Resident Manager – Previous Employment (5 years): _____

Club Information

Describe premises to which license applies (such as 1st floor, entire building etc.): _____

Legal Description: _____

List owners of building or premise to be license: _____

List who owns the space/fixtures: _____

Supplementary Material REQUIRED

- List on a separate sheet of paper all sources of capital used for purchase/acquisition of this business. Include the name and address of the financial institution(s), contact person, account numbers and other pertinent data. Copies of all loan applications and/or collateral must be attached.
- Proof of insurance or letter of intent from an insurance company that you are able to obtain the required insurance coverage for this purpose.
- Copy of business plan with security considerations included
- Security Plan for the nonalcoholic club

I agree to abide by the laws, ordinances and regulations pertaining to this license required by Section 2-9-9 of the Moorhead City Code.

Responsible Party Signature

Date

Affidavit by Responsible Party

I, the above named individual, do hereby state that all information contained in this document is complete, true, and accurate, and that I am authorized to act on behalf of any entity herein named according to the organizational rules, regulations, and applicable laws. I understand that any incomplete, incorrect, or misleading information contained within this document may make me liable in a criminal proceeding under Minnesota law or the City of Moorhead criminal ordinances.

Responsible Party Signature

Date

Office Use Only: Fees payable to the City of Moorhead

_____ Application Fee

Payment: Cash Check # _____ Credit Card Other _____

Payment Date: _____

Received By: _____

TAX IDENTIFICATION FORM

LICENSE APPLICANT:

Pursuant to *Minnesota Statute 270C.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.

Name of Applicant _____

Type of Business _____

Minnesota Tax Identification # _____

Federal Tax Identification # _____

Social Security # (if MN & Federal Tax ID are not provided)* _____

If a Minnesota Tax Identification Number is not required, please explain below.

Signed by _____ Date _____

Print Name of Person Signing: _____

***2008 Minnesota Statutes
270C.72 TAX CLEARANCE; ISSUANCE OF LICENSES.**

Subd. 4. Licensing authority; duties.

All licensing authorities must require the applicant to provide the applicant's Social Security number and Minnesota business identification number on all license applications. Upon request of the commissioner, the licensing authority must provide the commissioner with a list of all applicants, including the name, address, business name and address, Social Security number, and business identification number of each applicant. The commissioner may request from a licensing authority a list of the applicants no more than once each calendar year.

History: 2005 c 151 art 1 s 87

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)
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DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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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
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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
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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.



**CONSENT TO PERFORM CRIMINAL HISTORY/
DRIVER'S LICENSE BACKGROUND CHECK
TENNESSEN WARNING**

Print Full Name (First) (Full Middle) (Last)

Print Maiden / Previous Name(s) and/or Aliases

Residing at (Address) (City) (State) (Zip Code)

Driver's License No. / State

Phone Number

Cell Phone Number

E-Mail

Date of Birth

Place of Birth

I do hereby authorize the Moorhead Police Department to disclose criminal history, driver's license, and local records check information to the Moorhead City Manager, City Clerk, and City Council all collected as a result of the background investigation completed for the purpose of evaluating the license application. I understand that failure to provide this release will result in a denial of my application.

I understand that my records are subject to the State Data Practices Act and become public documents unless otherwise provided for by state or federal law. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it and that in any event, the consent expires automatically as described below.

This authorization is valid for six (6) months from the date indicated below.

Signature of above individual authorizing release

Date: _____

Subscribed and sworn before me this

_____ day of _____, 20_____.

(Notary Public)

My commission expires _____

All owners, partners, and managers are to complete a copy of this form.