

City of Harmony
225 Third Avenue SW
Post Office Box 488
Harmony, MN 55939-0488
Tel 507-886-8122
Fax 507-886-2818

BUSINESS LICENSE APPLICATION

Business

Business Name _____

Trade Name (d/b/a) _____

Mailing Address _____

Telephone _____

Address to be Licensed _____

Number of Years at this Location _____

Federal Tax ID or SSN _____

Minnesota Tax ID _____

Owner/Manager

Name _____

Title _____

Street Address _____

Mailing Address _____

Telephone _____

Drivers License Number _____

Date of Birth _____ U.S. Citizen Yes/No

Licenses

- | | | |
|---|--|---|
| <input type="checkbox"/> Liquor On-Sale \$650.00 | <input type="checkbox"/> Liquor On/Off Sale Combo \$400.00 | <input type="checkbox"/> Liquor Sunday On-Sale \$125.00 |
| <input type="checkbox"/> Liquor Off-Sale \$240.00 | <input type="checkbox"/> Wine On-Sale \$125.00 | <input type="checkbox"/> 3.2 Beer Off-Sale \$100.00 |
| <input type="checkbox"/> 3.2 Beer On-Sale \$100.00 | <input type="checkbox"/> Cannabinoid \$225.00 | |
| <input type="checkbox"/> Micro Distillery Off-Sale w/cocktail room \$750.00 | | |

Total Fees \$ _____

Term

The applicant requests the above licenses for a term from 12:01 a.m. on the _____ day of _____, _____ to 12:00 midnight on the _____ day of _____, _____.

Instructions

- 1) Complete both sides of this form and sign.
- 2) Complete and sign the attached *Proof of Worker's Compensation* form.
- 3) For liquor and wine applications, complete the attached state application forms.
- 4) Attach payment as calculated above and return to the City of Harmony at the above address.
- 5) The license, if approved, will be mailed to you.

The applicant hereby makes application for the above-indicated licenses for the stated term. Further, the applicant agrees to comply with all ordinances and regulations of the City of Harmony and with the conditions of the license(s); understands that licenses are not transferable and that the issuance of the license creates no legal liability, express or implied, on the municipality; and certifies that the information contained herein is true and correct to the best of the applicant's knowledge.

Signature of Owner/Manager _____

Date _____

Supplemental Information

- Supply the information requested below for each partner if a partnership or each officer if a corporation.

Name	Title	SSN	Date of Birth	Address

- Owner/managers' occupation/business for the last five years.

- Owner/managers' references.

- Name and address of owner of the premises to be licensed. _____

- YES/NO.** Has any of the owner/managers ever applied for or held a license for alcoholic beverages or cannabinoids in any other jurisdiction? If so, describe on a separate sheet of paper (give business name & address, jurisdiction name & address, and dates).
- YES/NO.** Has any of the owner/managers ever been convicted of a felony or of a violation of any federal or state laws or local ordinances relating to the manufacture, possession, transportation or sale of alcoholic beverages or cannabinoid products? If so, describe on a separate sheet of paper (give owners/managers' names, description of violations, court name & address, and dates of conviction).
- YES/NO.** Does any manufacturer or wholesaler of alcoholic beverages or cannabinoid products have any ownership or other financial interest in the business? If so, describe on a separate sheet of paper.
- YES/NO.** Are there any delinquent property taxes, special assessments or other charges due to the city on the property to be licensed?
- YES/NO.** Does the business carry liquor liability (Dram Shop) insurance? If so, attach a certificate of insurance.
- YES/NO.** On-Sale Applications Only. Is food served at this location? If so, indicate the seating capacity for food service. _____
- YES/NO.** On-Sale Applications Only. Will alcoholic beverages be sold or consumed outside of the enclosed building on the licensed premises? If so, attach a scale drawing showing the licensed premises, and areas where sales and consumption will take place.
- 3.2 Beer & Wine Applications Only.** Sales of 3.2 Beer in the 12 month period ending _____
 On-Sale _____ Off-Sale _____

Date Filed	Fee(s) Paid \$	Receipt Number
Sheriff Recommendation:	Approve/Disapprove	By
Disposition	Date	License Number(s)