



City of Maple Plain
5050 Independence St
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

LIQUOR LICENSE APPLICATION

APPLICATION INFORMATION

<input type="checkbox"/> New Application	<input type="checkbox"/> Application Renewal	Date of Application
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TYPE OF APPLICATION(S)

On Sale Off Sale Sunday On Sale Wine & Beer On Sale 3.2 Beer Off Sale

APPLICANT INFORMATION

Applicant Name (First, Middle, Last)

Address

Work Phone

City, State, Zip

Home Phone

Date of Birth

Cell Phone

List all aliases:

REFERENCES

Name

Relationship

Address

Phone Number

City, State, Zip

Email

Name

Relationship

Address

Phone Number

City, State, Zip

Email

Name

Relationship

Address

Phone Number

City, State, Zip

Email

** Note: Cannot list relatives as references.*

BUSINESS INFORMATION

Years in Business

Address of Premise

Consumption of Liquor

Inside Only Outside Inside & Patio Not Applicable

Worker's Compensation Insurer

Policy Number

** Must provide copy of insurance policy & coverages.*

Owner Name (First, Middle, Last)

Date of Birth

Work Phone

Home Phone

Cell Phone

Owner Name (First, Middle, Last)

Date of Birth

Work Phone

Home Phone

Cell Phone

Applicant must provide the following with this application: fill out and attach the form prescribed by the Commissioner of Public Safety, proof of financial responsibility, and copy of liability insurance.

Applicants shall allow, per Maple Plain City Code, any peace officer, health officer, city employee or any other person designated by the City Council to conduct compliance checks and to otherwise enter, inspect, and search the premise of licensee during and after business hours during the time when customers remain on the premises without warrant.

I hereby verify that all of the above information is true and correct. I attest that all of the statements made by me on this liquor license application form and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my connivance, in any application, paper or document submitted, shall bar me from being issued a liquor license by the City of Maple Plain.

Pursuant to city of Maple Plain license requirements, per the MN State Statute 299C.72, West Hennepin Public Safety is authorized to conduct a criminal history check.

I hereby authorize West Hennepin Public Safety to conduct a criminal history check/background/record check and verify the information provided on this liquor license application.

Applicant Signature

Date

OFFICE USE ONLY

Application Received		Submitted to WHPS		Received by WHPS	
Investigating Officer			Investigation Complete		
WHPS Recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Deny		Signature			
Council Approval <input type="checkbox"/> Approve <input type="checkbox"/> Deny		Outstanding Utilities/Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No \$			
<input type="checkbox"/> New Application Fee – \$500		<input type="checkbox"/> Application Renewal – \$25		<input type="checkbox"/> Background Check \$	
<input type="checkbox"/> Liquor On-Sale \$5,000	<input type="checkbox"/> Off Sale \$240	<input type="checkbox"/> Sunday On Sale \$200	<input type="checkbox"/> Wine/Beer On-Sale \$250		
<input type="checkbox"/> 3.2 Beer Off-Sale \$50	<input type="checkbox"/> Block Party \$500	<input type="checkbox"/> Temporary 3.2 \$25	Amount Due \$		

Updated March 6, 2018