

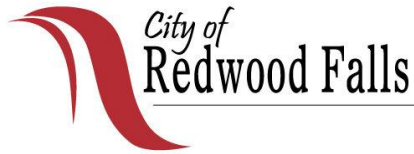
Procedure to Apply for an On Sale Wine License

Must be a Restaurant

- ☐ 1. Complete City Form "Application for Liquor License".
- ☐ 2. Complete State Form "Application for County/City On-Sale Wine License".
- ☐ 3. Have a Certificate of Liability Insurance prepared and included with your application for proof of liquor liability coverage. Certificate should show coverage on a calendar basis. Name appearing on the Certificate must be exactly as shown on your application or the State will reject your application. This is required if you are applying for a Wine **and** 3.2 Liquor Licenses. If you are applying only for a Wine License and qualify, you may eliminate the proof of insurance by completing the "Affidavit of Sales of 3.2 Malt Liquor, Beer or Wine Sales".
- ☐ 4. Complete "Certificate of Compliance – Minnesota Workers' Compensation Law" form.
- ☐ 5. Complete a "Background Check Form" for each person or officer on your application. This form may be copied as needed.
- ☐ 6. Remit \$275.00 payable to the City of Redwood Falls for the license application. This is an annual fee (calendar year). Should you be applying during the middle of the year, your fee will be prorated on the basis of 1/12 for each calendar month for the current licensed year.
- ☐ 7. Remit \$109.75 payable to the City of Redwood Falls for each background check.
- ☐ 8. Return a copy of the license issued by Department of Health showing status of having a Restaurant. **This is a requirement to be issued an On-Sale Wine license.**
9. A Buyers Card (Form PS9135) has been included with this packet for your convenience. This will be required from the State of Minnesota before any product can be delivered to you wholesale. Please complete and sign. The application and fee should be sent directly to the State Alcohol and Gambling Enforcement Division.
10. The materials with a box in the left margin (#1-8) should be returned to:
Amy Kerkhoff
City of Redwood Falls
333 South Washington Street
PO Box 526
Redwood Falls MN 56283
11. Upon receiving all the completed and required materials and fees and completion of successful background check(s), the application will be on the City Council agenda to consider approval of issuance of the license. When the City Council has approved the issuance of the license, the City will then forward your approved application to the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division recommending approval.
12. If the premise for this license has not had On-Sale Wine sales previously, Alcohol and Gambling Enforcement Division will be inspecting your premises.

13. Once Alcohol and Gambling Enforcement Division approves the inspection of the premises and the license application, an On-Sale Wine License will be sent to the City for final execution.
14. Once the City executes the license, the City will send you the On-Sale Wine License that must be posted at your licensed premise.
15. The City of Redwood Falls will send you a renewal notice each fall for the next year for any licenses that have been in place.
16. Should you have any questions regarding this application process, please contact Amy Kerkhoff at 507-637-5755 or you may call State of Minnesota Liquor Control at 651-201-7507.

Enclosures: City Form *"Application for Liquor License"*
 State Form *"Application for County/City On-Sale Wine License"*
 "Affidavit of Sales of 3.2 Malt Liquor, Beer or Wine Sales"
 "Certificate of Compliance – Minnesota Workers' Compensation Law"
 "Background Check Form"
 Form 9135 (*"Buyers Card"*)
 State Statute 340A.409 *"Liability Insurance"*
 City Code *"On-Sale Wine – 5.70, 5.71, 5.72"*



Deputy City Clerk's Office
333 South Washington Street, PO Box 526
Redwood Falls, MN 56283
507-637-5755
Email: akerkhoff@ci.redwood-falls.mn.us

Application for Liquor License

LICENSE REQUESTED: (if applying during the middle of the year, the fees will be prorated, provided that, for licenses where the fee is \$100 or less, a minimum license fee is not less than one-half of the annual license.)

- | | |
|---|--|
| <input type="checkbox"/> On-Sale Liquor = \$2,750/yr. + \$109.75 Background Fee | <input type="checkbox"/> On-Sale Sunday Liquor = \$200/yr. (add on to On-Sale Liquor) |
| <input type="checkbox"/> 3.2% On-Sale Malt Liquor = \$250/yr. + \$109.75 Background Fee | <input type="checkbox"/> 3.2% Off-Sale Malt Liquor = \$175/yr. + \$109.75 Background Fee |
| <input type="checkbox"/> Wine = \$275/yr. + \$109.75 Background Fee | <input type="checkbox"/> Temporary 3.2% On-Sale Malt Liquor = \$30 |
| <input type="checkbox"/> Temporary On-Sale Liquor = \$125 | |

APPLICANT INFORMATION:

Name:

First

Full Middle Name

Last Name

Applicant Current Address:

City, State, Zip:

Telephone: Home:

Work:

Cell:

E-Mail Address:

Date of Birth:

Social Security #:

BUSINESS INFORMATION:

Business Name:

Type of Ownership: ☐ Sole Proprietorship ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Corporation ☐ Other

Trade Name or DBA:

Address of Business:

City State, Zip:

Mailing Address (if different from above):

Federal Employer Identification No.:

Minnesota Business ID No.:

Business Phone:

Alternate Number:

Manager of Business:

Address of Manager:

If the above named licensee is a Corporation, Partnership, or LLC, complete the following for each partner/officer:

Owner #1:

First

Full Middle Name

Last Name

Current Address:

City, State, Zip:

Telephone: Home:			Work:			Cell:		
E-Mail Address:			Date of Birth:			Social Security #:		
Owner #2:								
<i>First</i>			<i>Full Middle Name</i>			<i>Last Name</i>		
Current Address:								
City, State, Zip:								
Telephone: Home:			Work:			Cell:		
E-Mail Address:			Date of Birth:			Social Security #:		

PREMISES DESCRIPTION	
Premise Location:	
Does business have inside access to another business establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please describe:	
Will licensed area include any outdoor attachment such as a patio or deck? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, is area fenced in? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please describe in detail and attach drawing)	
Days of Operation/Event:	Hours of Operation:

Please answer all questions truthfully and to the best of your knowledge. Providing false information may be cause for denial of your license. If answering yes to any of these questions, please attach additional information to this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the sale of alcoholic beverages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Has the applicant, partner, officer, director or manager been convicted of any misdemeanor, gross misdemeanor or felony violation of federal, state or local laws, rules or ordinances related to the control, manufacture or storage of alcoholic beverages?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Have you previously operated in another city or state under a license or permit which was denied, suspended, revoked or disciplined in any manner by federal, state or local entities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Does the applicant, or any partner, officer, director or manager own, control or manage any portion of any other establishment maintaining or applying for an alcohol license?

The City of Redwood Falls reserves the right to request additional information to assist in the evaluation of this application. The City Council shall have at least 30 days from and after receipt of the complete application for review prior to granting or denying issuance of a license.

I do hereby swear that the answers in this application are true and correct to the best of my knowledge. I do authorize the City of Redwood Falls, its agents and employees, to obtain information and to conduct an investigation, if necessary, into the truth of the statements set forth in this application and my qualifications for this license.

Signature of Applicant: _____ Date: _____

Print Name: _____
First
Middle
Last



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
444 Cedar Street, Suite 222, St. Paul, MN 55101
651-201-7500 Fax 651-297-5259 TTY 651-282-6555
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
(Not to exceed 14% of alcohol by volume)

Print Form

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name _____ Policy Number _____

Licensee's MN sales and Use Tax ID # _____ Licensee's Federal Tax ID # _____

Applicants Name (Business, Partnerships, Corporation)		Trade Name or DBA	
Business Address		Business Phone	Applicant's Home Phone
City	County	State	Zip Code
Is this application <input type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner		License Period From _____ To _____
If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
CORPORATIONS			
Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner		Owner's address	
Are property taxes delinquent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity	Hours food will be available
Number of restaurant employees	Number of months per year restaurant is open	Will food service be the principal business? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe the premises to be licensed			
If the restaurant is in conjunction with another business (resort etc.), describe business			

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED

- ☐ Yes ☐ No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- ☐ Yes ☐ No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)
- ☐ Yes ☐ No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.
- ☐ Yes ☐ No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

☐ Yes ☐ No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

☐ Yes ☐ No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant

Date

The licensee must have one of the following:

☐ Liquor liability insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. Attach "CERTIFICATE OF INSURANCE" to this form.

☐ A surety bond from a surety company with minimum coverage as specified above in.

☐ A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

☒ Yes ☐ No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney

County

Date

REPORT BY POLICE OR SHERIFF'S

This is to certify that the applicant and the associates, named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature

Department and Title

Date

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
445 Minnesota Street Suite 222
St. Paul, MN 55101
Phone (651) 201-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. 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.

License or certificate number (if applicable)	Business telephone number	Alternate telephone number
---	---------------------------	----------------------------

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes)	City	State	ZIP code
County	Email address		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. ☐ **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

☐ **I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. **I am not required to have workers' compensation insurance because:**

- ☐ I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- ☐ I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- ☐ I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- ☐ I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Applicant signature (required)	Title	Date
--------------------------------	-------	------

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



Deputy City Clerk's Office
333 South Washington Street, PO Box 526
Redwood Falls, MN 56283
507-637-5755
Email: akerkhoff@ci.redwood-falls.mn.us

AFFIDAVIT OF SALES OF 3.2 MALT LIQUOR, BEER OR WINE SALES

I, _____, as _____
(Print Name of Person Signing) (Individual Owner, Officer or Partner)

for and in behalf of _____
(Name of Licensee)

(Address of Licensed Premises)

Hereby certify that said Licensee is exempt from the provisions of Minnesota Statutes 340A.409 Subdivision 4 to demonstrate proof of financial responsibility with regard to liability imposed by Minnesota Statutes 340A.801 because said Licensee's sales for the preceding year were or will be:

☐

Less than \$25,000 of malt liquor and beer for an ON-Sale License.

☐

Less than \$50,000 of 3.2 malt liquor and beer for an OFF-Sale License.

☐

Less than \$25,000 of wine for an ON-Sale Wine License.

I certify that this information is true and correct and based on the records of said licensee in my possession.

DATED: _____

BY: _____
(Signature)

(Print Licensee Name)

*****This form must be returned with your license renewal or application to show you are not required to have proof of insurance. If you have applied for a Wine and 3.2 Application, a Certificate of Insurance will be required.***

340A.409 LIABILITY INSURANCE.

Subdivision 1. **Insurance required.** (a) No retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regard to liability imposed by section 340A.801. The issuing authority must submit to the commissioner the applicant's proof of financial responsibility. This subdivision does not prohibit a local unit of government from requiring higher insurance or bond coverages, or a larger deposit of cash or securities. The minimum requirement for proof of financial responsibility may be given by filing:

(1) a certificate that there is in effect for the license period an insurance policy issued by an insurer required to be licensed under section 60A.07, subdivision 4, or by an insurer recognized as an eligible surplus lines carrier pursuant to section 60A.206 or pool providing at least \$50,000 of coverage because of bodily injury to any one person in any one occurrence, \$100,000 because of bodily injury to two or more persons in any one occurrence, \$10,000 because of injury to or destruction of property of others in any one occurrence, \$50,000 for loss of means of support of any one person in any one occurrence, \$100,000 for loss of means of support of two or more persons in any one occurrence, \$50,000 for other pecuniary loss of any one person in any one occurrence, and \$100,000 for other pecuniary loss of two or more persons in any one occurrence;

(2) a bond of a surety company with minimum coverages as provided in clause (1); or

(3) a certificate of the commissioner of management and budget that the licensee has deposited with the commissioner of management and budget \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000.

(b) This subdivision does not prohibit an insurer from providing the coverage required by this subdivision in combination with other insurance coverage.

(c) An annual aggregate policy limit for dram shop insurance of not less than \$310,000 per policy year may be included in the policy provisions.

(d) A liability insurance policy required by this section must provide that it may not be canceled for:

(1) any cause, except for nonpayment of premium, by either the insured or the insurer unless the canceling party has first given 60 days' notice in writing to the insured of intent to cancel the policy; and

(2) nonpayment of premium unless the canceling party has first given ten days' notice in writing to the insured of intent to cancel the policy.

(e) In the event of a policy cancellation, the insurer will send notice to the issuing authority at the same time that a cancellation request is received from or a notice is sent to the insured.

(f) All insurance policies which provide coverage with regard to any liability imposed by section 340A.801 must contain at least the minimum coverage required by this section.

Subd. 2. **Market assistance.** The market assistance plan of the Minnesota Joint Underwriting Association shall assist licensees in obtaining insurance coverage.

Subd. 3. **Minnesota Joint Underwriting Association.** (a) The Minnesota Joint Underwriting Association shall provide coverage required by subdivision 1 to persons rejected under this subdivision.

(b) A liquor vendor shall be denied or terminated from coverage through the Minnesota Joint Underwriting Association if the liquor vendor disregards safety standards, laws, rules, or ordinances pertaining to the offer, sale, or other distribution of liquor.

Subd. 3a. **Notification by insurer of status of claim.** Upon the request of the insured, an insurer who is providing coverage required by subdivision 1 shall inform the insured of the status of any claims made under the policy. The information must include:

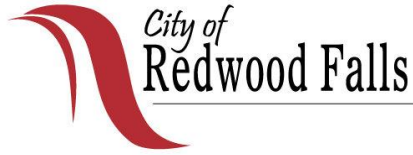
- (1) the employees of the insured that may be involved and the nature of their involvement;
- (2) any amount the insurer is holding in reserve for payment of a claim or has paid in the disposition of the claim; and
- (3) any amount paid in the defense of the claim.

This subdivision does not require disclosure of otherwise nondiscoverable information to an adverse party in litigation.

Subd. 4. **Insurance not required.** Subdivision 1 does not apply to licensees who by affidavit establish that:

- (1) they are on-sale 3.2 percent malt liquor licensees with sales of less than \$25,000 of 3.2 percent malt liquor for the preceding year;
- (2) they are off-sale 3.2 percent malt liquor licensees with sales of less than \$50,000 of 3.2 percent malt liquor for the preceding year;
- (3) they are holders of on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year;
- (4) they are holders of temporary wine licenses issued under law; or
- (5) they are wholesalers who donate wine to an organization for a wine tasting conducted under section 340A.418 or 340A.419.

History: 1985 c 200 s 2; 1985 c 305 art 6 s 9; 1985 c 309 s 7-9; 1Sp1985 c 16 art 2 s 3 subd 1; 1Sp1986 c 3 art 1 s 38; 1987 c 107 s 1; 1987 c 152 art 1 s 1; 1988 c 534 s 1; 1991 c 249 s 31; 1994 c 485 s 61,62; 1997 c 129 art 1 s 5,6; 2003 c 112 art 2 s 50; 2009 c 101 art 2 s 109; 2010 c 255 s 4,5; 2010 c 384 s 96; 2017 c 40 art 1 s 110



333 South Washington Street, PO Box 526
Redwood Falls MN 56283
507-637-5755

Background Check Form for License Applicants

Date: _____

The following named individual has made application with this agency for a

_____ license.

Last Name of Applicant (please print): _____

First Name (please print): _____

Middle (full) (please print): _____

Maiden, Alias or Former (please print): _____

Date of Birth: _____
Month/Day/Year

Sex ☐ M ☐ F

Social Security Number: _____

Driver's License Number: _____ **State of Issuance:** _____

I authorize the Minnesota Bureau of Criminal Apprehension to disclose all criminal history record information to the Redwood Falls Police Department for the purpose of conducting the statutorily required background check for the issuance of a liquor license pursuant to Minn. Stat. §340A.402.

I authorize the Redwood Falls Police Department to disclose all criminal history record information to the City of Redwood Falls City Administrator or his/her designee for the purpose of conducting the statutorily required background check for the issuance of a liquor license pursuant to Minn. Stat. §340A.402.

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.

Signature of Applicant

Date

FOR BACKGROUND USE ONLY:

Form to RFPD: _____



No Disqualifying History



Disqualifying History Exists

Completed by _____ Date Processed _____

§ 5.70 ON-SALE WINE LICENSE REQUIRED.

Subd. 1. It is unlawful for any person, directly or indirectly, on any pretense or by any device, to sell, barter, keep for sale or otherwise dispose of wine on-sale, as part of a commercial transaction, without a license therefor from the city.

Subd. 2. This section shall not apply:

- A. To sales by manufacturers to wholesalers duly licensed as such by the Commissioner;
- B. To sales by wholesalers to persons holding on-sale or off-sale liquor licenses from the city;
- C. To sales by wholesalers to persons holding on-sale wine licenses from the city; or
- D. To sales by on-sale liquor licensees on days and during hours when on-sale liquor sales are permitted.

§ 5.71 HOURS AND DAYS OF SALES BY ON-SALE WINE LICENSEES.

No on-sale of wine shall be made between the hours of 1:00 a.m. and 8:00 a.m. on the days of Tuesday through Saturday, nor between the hours of 1:00 a.m. and 12:00 p.m. on Sunday, nor between the hours of 12:00 midnight on Sunday and 8:00 a.m. on Monday.

(Ord. 13, Third Series, passed 1-2-1997)

§ 5.72 LIQUOR AND ON-SALE WINE LICENSE RESTRICTIONS, REGULATIONS AND UNLAWFUL ACTS.

Subd. 1. *Licenses in Connection With Premises of Another.* A license may not be issued to a person in connection with the premises of another to whom a license could not be issued under the provisions of this chapter. This subdivision does not prevent the granting of a license to a proper lessee because the person has leased the premises of a minor, a non-citizen who is not a resident alien, or a person who has been convicted of a crime other than a violation of this chapter.

Subd. 2. *Employment of Minors.* No person under 18 years of age may sell or serve liquor or wine on licensed premises.

Subd. 3. *Premises Eligible.*

- A. On-sale wine licenses shall be granted only to restaurants as defined in this chapter.
- B. Provided, however, for purposes of this subdivision, the restaurant shall have appropriate facilities for seating not less than 25 guests at one time.

Subd. 4. *Display of Liquor or Wine.* No licensee shall display liquor or wine to the public on days or during hours when the sale of wine is prohibited.

Subd. 5. *Number of Licenses.* The number of on-sale liquor licenses issued under this section is governed by M.S. § 340A.413, as it may be amended from time to time, as limited by the provisions of the ordinance codified herein.

Subd. 6. *Intoxicating Malt Liquor Sale Without License.* The holder of an on-sale wine license issued pursuant to this chapter who is also licensed to sell beer at on-sale, and whose gross receipts are at least 60% attributable to the sale of food, is authorized to sell intoxicating malt liquor at on-sale without an additional license.

(Ord. 50, Third Series, passed 5-2-2000; Ord. 9, Fourth Series, passed 7-26-2010)



Exhibit 7-1

**DATA PRACTICES ADVISORY
(Tennessen Warning)**

Some or all of the information you are asked to provide on the attached form is classified by State law as either private or confidential. Private data is information which generally cannot be given to the public but can be given to the subject of the data. Confidential data is information which generally cannot be given to either the public or the subject of the data.

Our purpose and intended use of this information is: _____

You ☐ are ☐ are not legally required to provide this information.

If you refuse to supply the information, the following may happen: _____

Other persons or entities authorized by law to receive this information are: _____

