

**CITY OF SILVER BAY**  
**LIQUOR LICENSE APPLICATION**

Pursuant to Minnesota Statute 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 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 City Administrator.

License Fee: \_\_\_\_\_

Licensing Authority: City of Silver Bay

License Renewal Date: January 1, \_\_\_\_\_

Personal Information (if applicable):

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

\_\_\_\_\_

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

Business Information (if applicable):

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

Business Address: \_\_\_\_\_

\_\_\_\_\_

Minnesota Tax Identification Number: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

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

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
POSITION

\_\_\_\_\_  
DATE

**PROOF OF WORKERS' COMPENSATION**  
**INSURANCE COVERAGE**

Minnesota Statute 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 in Minnesota until the applicant presents acceptable evidence of compliance with the Workers' Compensation Insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000.00 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for Workers' Compensation.

Insurance Company Name: \_\_\_\_\_  
 (NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: \_\_\_\_\_

Dates of Coverage: \_\_\_\_\_

(or)

I am not required to have Workers' Compensation Liability Coverage because:

I have no employees covered by the law.

Other (Specify) \_\_\_\_\_

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

\_\_\_\_\_  
 Signature

**CITY OF SILVER BAY**  
**RETAIL "ON SALE"**

To the City Council of the City of Silver Bay, State of Minnesota:

\_\_\_\_\_ hereby apply for a license for the term of one year from the first day of January, 20\_\_\_\_, to sell AT RETAIL ONLY, NON-INTOXICATING MALT LIQUORS, as the same are defined by law, for consumption "ON" those certain premises in the City of Silver Bay described as follows, to-wit: \_\_\_\_\_ at which place said applicant operates the business of \_\_\_\_\_ and to that end represents and states as follows:

That said applicants are citizens of the United States; of good moral character and repute; and has attained the age of 21 years; that they are proprietors of the establishment for which the license will be issued if this application is granted.

That no manufacturer of such non-intoxicating malt liquors has any ownership, in whole or in part, in said business of said applicant or any interest therein.

That said applicant make this application pursuant and subject to all the laws of the State of Minnesota and the ordinances and regulations of said City of Silver Bay applicable thereto, which are hereby made a part hereof, and hereby agree to observe and obey the same.

Each applicant further states that he/she is not now the holder of, nor has he/she made application for, nor does he/she intend to make application for a Federal Retail Dealer's Special tax stamp for the sale of intoxicating liquor.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
\_\_\_\_\_  
Address

FEE: \_\_\_\_\_

