

☐ I have no employees covered by the law

CITY OF CHANHASSEN

Intoxicating Liquor or Wine License Application

Application Date: Part 1 – General Information

If the applicant is an individual, form must be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer. 1. License Information: Type of License: **Establishment Type: Optional Licenses:** ☐ On-Sale Restaurant ☐ On-Sale Sunday Off-Sale Hotel On-Sale 2 am Closing On-Sale Club Bowling Center Option (cannot **Anticipated Opening Date:** ☐ Bottle Club Club apply to off-sale or On-Sale Wine Liquor Store bottle club) Brewery (includes Sunday) ☐ On-Sale Brewer Tap Room* ☐ Microdistillery Off-Sale Small Brewer ☐ On-Sale Cocktail Room* ☐ Off-Sale Microdistillerv *Includes on-sale Sunday Corporation (9a, 9b, 9c) 2. Type of Applicant: ☐ Individual (7) ☐ Other Organization ☐ Club (10a, 10b) Partnership (8) (9a, 9b, 9c) 3. Legal Name of Licensee (individual, partnership, corporation, organization or club):_____ Primary Phone: (_____) ____ Alternate Phone: (____) 4. Business (Trade) Name: Address: ____ City State Zip Primary Phone: (_____) Alternate Phone: () If business is to be conducted under a designation, name or style other than the name of the applicant, attach a certified copy of the Certificate of Assumed Name as required by Minnesota Statutes, Section 333.02. Attach a list of owners and their respective percentages totaling 100%. 5. Minnesota Business Tax ID Number (Per Minnesota Statute 270C.72):______ Federal Business Tax ID Number: _____ Applicant's Social Security No: _____ 6. Proof of Worker's Compensation Insurance Coverage: Insurance company name: Dates of Coverage: Policy Number/Self-insurance permit number (per Minnesota Statute 176.182): I am not required to have workers' compensation liability coverage because:

Other (specify on a separate sheet)

Section 1: Type of Applicant

Complete only one number in this section. Refer to Question 2 for type of applicant.

Full Name:			
·uii Name:	First	Full Middle	
Residence Address:			
esidence Address:	City	State	Zip
usiness Address:			
Street	City	State	Zip
rimary Phone: ()	Alternate Phone: ()	
ax: ()	Email:		
B. Partnership: If applicable, complete A Part 2 Personal History form is re	e this question for general and limited partners, quired from each general partner.	then proceed to Secti	on 2.
ull Name:			
Last	First	Full Middle	
Residence Address:		_	
Street	City	State	Zip
Business Address:Street	City	State	7:-
		State	Zip
rimary Phone: ()	Alternate Phone: ()	
-ax: ()	Email:		
Full Name:			
Last	First	Full Middle	
Residence Address:			
Street	City	State	Zip
Business Address:	City	State	Zip
	·		
rimary Phone: ()	Alternate Phone: ()	
ax: ()	Email:		
a. Corporation/Other Organization:	If applicable, complete questions 9a, 9b and 9e	c, then proceed to Se	ction 2.
Corporation Name:			
•			
state of Incorporation/Association:_	Date	of Incorporation:	
b. Officers of Corporation/Other Or	rganization: A Part 2 Personal History form is	required from each of	ficer.
President			
Full Name:			
Last	First	Full Middle	

City of Chanhassen

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Residence Address:				
5	Street	City	State	Zip
Primary Phone: ()		Alternate Phone: ()		
Fax: ()		Email:		
Vice President Full Name:				
Last		First	Full Middle	
Residence Address:	Street			
		City	State	Zip
Primary Phone: ()		Alternate Phone: ()		
Fax: ()		Email:		
Secretary Full Name:				
Last		First	Full Middle	
Residence Address:	Street	a.		
		·	State	Zip
Primary Phone: ()		Alternate Phone: ()		
Fax: ()		Email:		
Treasurer Full Name:				
Last		First	Full Middle	
Residence Address:	Street	City	State	Zip
		•		,
Primary Phone: ()		Alternate Phone: ()		
Fax: ()		Email:		
•	in said corporation/other orga	ouse and parents, brothers, sisters inization in excess of 5%. A Part 2		
Full Name:		First Full Middle		%
		i iist i uli iviidale		
Residence Address:	Street	City	State	Zip
Primary Phone: ()		Alternate Phone: ()		
Last		First Full Middle		%
Residence Address:				
	Street	City	State	Zip
Primary Phone: ()		Alternate Phone: ()		

Attach a copy of the Certificate of Incorporation; or if a foreign corporation, attach a copy of Certificate of Authority, as required by Minnesota Statutes, Section 303.03.

Club Iame		Date club was first organized	s d	Number of member	rs
Place of such Organization		Date club was first incorpora	s ited		
lame of establishment r serving club		Date established			
0b. Officers, Execu	utive Committee Mem	bers and Board of Direct	ors Members		
ull Name:		First	Full Middle		- iti - u-
			Full Midale	Po	sition
esidence Address: _	Street	City		State	Zip
)		ate Phone: ()		•
ull Name:					
Last		First	Full Middle	Po	sition
esidence Address: _	Street				
	Street			State	Zip
rimary Phone: ()	Altern	ate Phone: ()		
ull Name:		First	Full Middle		sition
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	Street	City		State	Zip
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rimary Phone: (ttach a copy of Artic sworn statement thersonal knowledge o	cles of Incorporation an hat the club has been i	nd a copy of the club's bylaw in existence for at least thre in. In the event that no one	vs. ee years must be subm	itted by a perso	on who h
rimary Phone: (ttach a copy of Artic sworn statement the ersonal knowledge of ocumentary proof ma	cles of Incorporation an hat the club has been in the facts stated there ay be submitted in support Section 2: Part of the policinal applicants complete the submitted in support of the policinal support of the submitted in submitted in support of the submitted in support of the submitted in submitted	nd a copy of the club's bylaven existence for at least three in. In the event that no one port of such facts. ersons in Charge of Least 2 Persons The Part 2 Pers	vs. ee years must be submout can make such a state Licensed Premise onal History must be co	itted by a perso ement, satisfac	on who h
rimary Phone: (ttach a copy of Artic sworn statement the ersonal knowledge of ocumentary proof ma	cles of Incorporation an hat the club has been in the facts stated there ay be submitted in support Section 2: Post and filed with	ad a copy of the club's bylavin existence for at least three bin. In the event that no one port of such facts. ersons in Charge of Lathis section. The Part 2 Person this application by each perfer, Proprietor, Food/Beve	vs. ee years must be submonth can make such a state clicensed Premise conal History must be conson in this section.	itted by a perso ement, satisfac s ompleted	on who ha
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ttach a copy of Artice sworn statement the ersonal knowledge of occumentary proof manage 1. General Manage Individual in che ull Name:	cles of Incorporation an hat the club has been in the facts stated there ay be submitted in support Section 2: Post and filed with ger, Operating Manager	ad a copy of the club's bylaven existence for at least three in. In the event that no one port of such facts. ersons in Charge of Lethis section. The Part 2 Person this application by each performance.	vs. ee years must be submout can make such a state Licensed Premise onal History must be constant in this section. erage Manager, Manager	itted by a perso ement, satisfac s ompleted ging Partner o	on who ha

full Name:			_ ::::			
Last		First		Middle	Position	
esidence Address: _	Street		City		State	Zip
				ono: (•
)		Allemale Ph	ione. () _		
ull Name:		First	Full N	Middle	Position	
esidence Address: _	Street		City		State	Zip
rimary Phone: ()		Alternate Ph	one: () _		
	l establishment be r e or an employee of		ated by a perso	n other] Yes] No
	S	ection 3: Buil	dina Ownersl	hip		
		All applicants con	nplete this section	n.		
0 - 1 - 4 -			and assessed by	□ Ves (co	mplete question	e 13a-a
the applicant? (i	rhere licensed busir ndividual, partnership	o, corporation or o	ther organization	n) No, pro	ceed to question	n 14
the applicant? (i		o, corporation or o	ther organization	n) No, pro	ceed to question	n 14
the applicant? (i	ndividual, partnership	o, corporation or our court of the court of	ther organization	n)	ceed to question	n 14
the applicant? (in Date Purchased_Name of Person I	ndividual, partnership Purchased From: Person:	o, corporation or o	ther organization	n)	ceed to question ment: \$	า 14
the applicant? (in Date Purchased_Name of Person I	ndividual, partnership Purchased From: Person:	o, corporation or o	ther organization	n)	ceed to question	n 14
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the applicant? (in Date Purchased_Name of Person In Address of Above 3b. Is there a mortgate.)	ndividual, partnership Purchased From: Person:	o, corporation or of urchase Price: \$	other organization	Down Pay City Dount: \$	rment: \$ State	7 14 Zip
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the applicant? (i Date Purchased_ Name of Person I Address of Above 3b. Is there a mortga Mortgage Holder:	ndividual, partnership Purchased From: Person: Str	o, corporation or ourchase Price: \$	Amo	Down Pay City Dount: \$	rment: \$ State	7 14 Zip
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the applicant? (in Date Purchased_ Name of Person In Address of Above a mortgate at Mortgage Holder: Address: Term of Mortgage acontral	ndividual, partnership Purchased From: Pe Person: Str age? Yes Street	eet Address No	Amo	City Dount: \$ Amount: \$	ceed to question ment: \$ State State	Zip
the applicant? (in Date Purchased_Name of Person In Address of Above a mortgate a mortgate and the Address: Term of Mortgage and Mortg	ndividual, partnership Purchased From: Person: Str age? Yes Street ct for deed (C.D.)?	o, corporation or of urchase Price: \$	Amo	City Dount: \$ Amount: \$	ceed to question ment: \$ State State	Zip
the applicant? (in Date Purchased_Name of Person In Address of Above 18 Address of Above 19 Address:	ndividual, partnership Purchased From: Person: Str age? Yes Street ct for deed (C.D.)?	o, corporation or of urchase Price: \$	Amo	City Dount: \$ Amount: \$	ceed to question ment: \$ State State	Zip
the applicant? (in Date Purchased_Name of Person In Address of Above a mortgate and Mortgage Holder: Address: Term of Mortgage acontrate C.D. Holder: Address:	ndividual, partnership Purchased From: Person: Str age? Yes Street ct for deed (C.D.)?	o, corporation or of urchase Price: \$	Amo	City Down East City Dount: \$ Amount: \$	ceed to question ment: \$ State State	Zip Zip

14.	Is building where licensed business someone other than the applicant?		Yes, complete question No, proceed to question	14 15
Full	Name:			
	Last	First	Full Middle	
Resi	idence Address:			
	Street	City	State	Zip
Busi	ness Address:			
	Street	City	State	Zip
Prim	nary Phone: ()			
Atta	ch a copy of the lease agreement			
15.	buildings, premises, fixtures, furnitulessors, mortgagees, mortgagors, lend	cant, who have any ownership, in who ure or stock in trade. This shall include, lers, lien holders, trustees, trustors and p d security for any indebtedness of the ap	but not be limited to, ar ersons who have co-sig	ny lessees,
ıuıı	Last	First	Full Middle	
Resi	idence Address:			
1100	Street	City	State	Zip
Natu	ire and amount of ownership, terms for p	payment or reimbursement:		
Full	Name:	First	Full Middle	
Resi	idence Address:		_	
	Street	City	State	Zip
Natu	re and amount of ownership, terms for p	payment or reimbursement:		

16. Uses of Funds

Section 4: Business Assets All applicants complete this section.

Total cost of assets acquired to start business, including the business premises (if purchased), fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. Complete the uses and sources of funds schedule for the planned opening investment of the proposed business by the person(s) investing in this business. Loans or extensions of credit provided to fund opening investment require submission of credit approval documentation. If acquiring an existing business, attach copy of purchase agreement. Round balances to the nearest hundred dollars.

17. Sources of Funds

Operating capital for daily needs	\$	Indebtedness owed to seller	\$
Opening checking account balance, cash register balances, funds to carry		Seller provides portion of financing to acquire existing business after the closing date.	
average accounts receivable and prepaids; i.e. insurance, rent		Loans from financial institutions	\$
Merchandise/inventory for resale	\$	Loans from relatives	\$
Business property: a. Land and buildings	\$	Loans from other individuals	\$
(Enter zero, if rented)	Ψ	Other outside sources, if any Describe each below.	\$
b. Equipment and furnishings	\$	2000,20 000, 20,000	\$
Other uses of funds, if any Describe each below:			\$
	\$	Opening investment by owners: a. Individual (Sole Proprietorship)	\$
	\$	b. Two or More Individuals (Partnership)	\$
	\$	c. Stockholders (For issuance of stock and for capital contributed, if any)	\$
TOTAL REQUIREMENTS Must equal total of column 17	\$	TOTAL SOURCES AND INVESTMENT Must equal total of column 16	\$
ecently submitted federal income tax return. Dwnership by two or more individuals (Partnershi ecently submitted federal income tax return, and	p) requires each individual sub partnership financial statement of most recent annual report an	id/or corporate audited financial statements, plus	al income details, most
	Section 5: P		
18. Legal Description of premises to access, parking facilities and location	be licensed. Attach a	survey showing dimensions, building lo	ocation, street
		PID No.	

19.	State the floor number, general area and all rooms where intoxicating liquor is Attach a floor plan showing dimensions and indicating number of persons intended		
	Square Foota	age:	
20.	Do you wish to have your liquor license apply to an attached outside area? If yes, attach a site plan showing the building and the outside serving area,		□No
	estimating the square footage of the outside area.		Sq. ft.
21.	How is the premises zoned under Chanhassen City Ordinances:		
22 .	Are any real estate taxes, personal property taxes, special assessments, utility bills, or other financial claims of the state, county, school district, or ci delinquent or unpaid for the premises to be licensed? If yes, give years and utility bills, and the premises to be licensed?		☐ Yes
	Section 6: On-Sale Intoxicating Liquor Licer Fill out this section if applying for an on-sale intoxicating lice	1SC ense	
23.	If a hotel or motel, is there a dining room open to the general public with seat persons, and a minimum of 25 guest rooms?	ting for a minim	um of 30
	☐ Yes ☐ No		
24.	If a restaurant, is it open to the general public with dining and provisions for persons at one time?	seating a minin	num of 25
	Yes No Number of Seats: Restaurant Bar		
	Section 7: On-Sale Wine License Fill out this section if applying for an on-sale wine licens	se	
25.	Is the premises open to the general public for dining and provisions for seatione time?	ng a minimum	of 25 persons at
	☐ Yes ☐ No		
26.	Do you intend to also apply for an on-sale 3.2 percent malt liquor license? The holder of an on-sale wine license who is also the holder of an on-sale 3.2 percent malt liquor license whose gross receipts are at least sixty percent (60%) attributable to the sale of food, may sell intoxicating malt liquor without an additional on-sale intoxicating liquor license.	☐ Yes	□ No
	Section 8: Bottle Club Liquor License Fill out this section if applying for a bottle club liquor licen	nse	
27.	Does the applicant currently hold an on-sale intoxicating liquor license or an	on-sale non-in	toxicating malt
	liquor license?		

Section 9: Off-Sale intoxicating Liquor License Fill out this section if applying for an off-sale intoxicating liquor license						
	Do you hold an interest in any othe If yes, give name of establishment an	er liquor establishment in the State of Mind location.	nnesota? 🗌 Yes 🗌 No			
29.	If necessary, where do you store the liquor off the licensed premises? List warehouses and addresses.					
		Notice and Notarized Signature				
Sheriff this da I have with th	"s Office or State staff who need this information ta, but the City may not be able to approve you received from the City of Chanhassen a copy to provisions contained within them. The that the information I have provided on this	cense. Some requested data is private. Private data is on to perform their duties, but is not available to the pullur license if you do not provide it. of Chanhassen City Code Chapter 10, Article II (Alcohomapplication is truthful and I understand that falsification thassen to investigate and make necessary inquiries to	ablic. You are not legally required to provide a solic Beverages) and will familiarize myself an of answers on this application will result in			
Appli	cant's printed name	Applicant's signature	Date			
STAT	TE OF MINNESOTA)) ss NTY OF)					
Subs Notar	cribed and sworn to before me, a ry Public on this day of, 20					
Notar	ry Signature					