

CITY OF BYRON  
680 BYRON MAIN COURT NE  
BYRON, MN 55920

**LIQUOR LICENSE APPLICATION**

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

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

Mailing Address (if different): \_\_\_\_\_

Business Phone: \_\_\_\_\_ MN State ID Number: \_\_\_\_\_

Type of Business: \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Other: \_\_\_\_\_

Licensee Name: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

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

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

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*Partner/Officer Name % Ownership DOB SS # Home Address*

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*Partner/Officer Name DOB SS # Home Address*

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*Partner/Officer Name DOB SS # Home Address*

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*Partner/Officer Name DOB SS # Home Address*

If business is a corporation, list the state and the date of incorporation:

State: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_

If incorporated under the laws of another state, is the corporation authorized to do business in this state? No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, Number of Certificate of Authority: \_\_\_\_\_

Has the applicant, partners, officers or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide dates, charges and final outcome: \_\_\_\_\_  
\_\_\_\_\_

Has the applicant, or any of the associates in this application, ever had an application for liquor rejected, suspended or revoked or not reissued by any municipality or state authority?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, provide date and location: \_\_\_\_\_  
\_\_\_\_\_

Does the applicant, or any of the associates in this application, have any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide date and location: \_\_\_\_\_  
\_\_\_\_\_

Are any real estate taxes, special assessments or utility charges delinquent or unpaid for the premises to be licensed? No \_\_\_\_\_ Yes \_\_\_\_\_

If yes, provide type and amount: \_\_\_\_\_  
\_\_\_\_\_

Name and address of building owner: \_\_\_\_\_  
\_\_\_\_\_

Does the owner of the building have any connection, directly or indirectly, with the applicant?

No \_\_\_\_\_ Yes \_\_\_\_\_

Items to include with completed application:

- Certificate of insurance showing proof of Worker's Compensation Coverage.
- Certificate of insurance showing proof of liquor liability insurance.
- State renewal form.
- City renewal form.

*The applicant, and his/her associates, will strictly comply with all laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations set forth by the liquor control commissioner; and all ordinances of the City of Byron; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge. I understand if I shall knowingly falsify the answers, I shall be deemed guilty of perjury and shall be punished accordingly.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

This instrument was acknowledged before me on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_  
by \_\_\_\_\_ (name of person)

\_\_\_\_\_  
Official Signature of Notary

\_\_\_\_\_  
Notary's Printed Name

My Commission Expires: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_

Approved by the Byron City Council on \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

Covering the period from January 1, 20\_\_\_\_ thru December 31, 20\_\_\_\_