



CITY CLERK'S OFFICE
 7071 UNIVERSITY AVENUE NE
 FRIDLEY, MN 55432
 (763)572-3523/FAX 763-502-4981
www.fridleymn.gov

Received	_____
Payment	_____
Reg. No.	_____

CITY OF FRIDLEY LIQUOR CATERER REGISTRATION
Fee: \$100

An on-sale liquor license holder with the State of Minnesota Liquor Catering Permit may register to provide food and alcohol at private events. No registration shall be issued for a period longer than one year and the registration year is May 1 to April 30. For each event providing alcohol service, liquor caterers shall send the required Event Notification for at least 10 business days in advance and obtain the required permits.

Business Name (Individual/Partnership/Corporate)			
Business Trade Name (doing business as)			
Business Address			
Contact Person <input type="checkbox"/> Owner <input type="checkbox"/> Partner <input type="checkbox"/> Manager		Contact Phone	
Business Phone		E-mail Address	

IF CORPORATION PLEASE COMPLETE THE FOLLOWING:

Incorporation Date:		Incorporation State:		<input type="checkbox"/> For profit corporation	<input type="checkbox"/> Non-Profit Corporation
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ADDITIONAL INFORMATION REQUESTED

Please attach a copy of each of the following:

- On Sale Liquor License issued by Other Municipality or County
- Minnesota State Liquor Caterer's Permit
- Certificate of Liquor Liability Insurance
- If Corporation, please provide a list of corporate officers.

I hereby state that all of the information here is true and correct and that I shall comply with all provisions of the City Code of the City of Fridley and the laws of the State of Minnesota.

Signature		Date	
Title			

GOVERNMENT DATA PRACTICES ACT – CLASSIFICATION WARNING: The data you supply on this form will be used to process your registration. You are not legally required to provide this data, but we will not be able to process the registration without it. Some of the data will be classified as public data if and when the license is granted. Private financial data including a tax identification number or social security number are classified as private data and will only be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

FOR OFFICE USE ONLY				
City Clerk	By	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:
Public Safety	By:	Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Date:
			Issued:	Date:

State of Minnesota
License Applicant Information

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The Licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply the information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information **and return this form along with your application to the agency issuing the license.** Do not return this form to the Department of Revenue.

Type of License	Liquor Caterer Registration	Licensing Authority	City of Fridley
	License Renewal date	April 30,	

Personal information:

Applicant's Full Name			
Applicant's Full Address			
Date of Birth		Social Security No.	

Business information (if applicable):

Business Name			
Business Trade Name			
Business Address			
MN Tax ID Number		Federal Tax ID Number	

PROOF OF WORKERS COMPENSATION INSURANCE

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 or engage in an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. 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 retained in their files.

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 \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

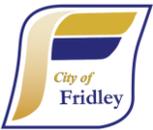
Provide the information specified above in the spaced provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name			
Policy Number		Dates of Coverage	

I am not required to have workers' compensation liability coverage because:

- I have no employees covered by the law.
- I am self insured (include a copy of your permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

Signature		Title		Date	
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Fridley Police Department

BACKGROUND INVESTIGATION CONSENT/RELEASE



As an applicant for a business license, occupational license, employment or volunteer position, or independent contractor with the City of Fridley, I hereby give my informed consent for a personal background investigation to be conducted by the Fridley Police Department in accordance with Fridley City Code Chapter 8. The background investigation shall involve a check of criminal history records, driver's license records (if applicable) and predatory offender registry records concerning me, including information related to offenses which may have occurred when I was a juvenile. The information derived from the background investigation shall be used in the determination of whether my application is to be approved. I understand that I am under no legal obligation to consent to such investigation but my refusal to so consent may be the basis for denying my application. I affirm that the information I provide on this form is true and correct. I hereby release the City of Fridley from any and all actions and causes of action, of any kind and nature whatsoever, past, present and future, arising out of the release of information obtained with this consent. This authorization shall be valid for sixty (60) days from the date of signature, but I reserve the right to cancel the authorization by providing written notice to the City.

TYPE OR PRINT LEGIBLY – COMPLETE ALL REQUESTED INFORMATION

FOR PRE-EMPLOYMENT BACKGROUND ATTACH PHOTOCOPY OF IDENTIFICATION

Type of Business License or Occupation License Applied For Liquor Caterer Registration	or	Position Applied For
Name of Business or Occupation To Be Licensed		City Department <input type="radio"/> Recreation <input type="radio"/> Public Works <input type="radio"/> Finance <input type="radio"/> Fire <input type="radio"/> Police <input type="radio"/> HR/City Mgmt <input type="radio"/> Community Dev.

First Name	Middle Name	Last Name
Maiden, Previous and/or Alias Name		
Date of Birth	Age	Place Of Birth
Home Address		Sex <input type="radio"/> Male <input type="radio"/> Female Race
City/State/Zip		

Have you ever been convicted of an offense relating to the type of license or position applied for, or of an offense involving alcohol or drug use, or of an offense involving intent to harm persons or things, or of an offense relating to theft or fraud?
 YES NO

If yes, list jurisdiction, date, type of violation and disposition (use other side of form if necessary)

For Positions That Have a Driving Requirement	Driver's License Number	State Of Issue
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TENNESSEN WARNING: In connection with your application, the City has asked that you provide information about yourself which may be classified as private, confidential, nonpublic, or protected nonpublic under the Minnesota Government Data Practices Act. This means that this data is not ordinarily available to the general public. Accordingly, the City is required to inform you of the following:

1. The purpose and intended use of the information requested is to determine your eligibility for the license or position sought.
2. You are not legally obligated to supply the requested information.
3. The consequence of supplying the requested information is that the information or further investigation could cause your application to be denied.
4. A criminal charge, arrest, or conviction will not necessarily be a disqualifier unless the crime(s) for which convicted relate directly to the license or employment sought, as per Minnesota Statute 364.03. However, failure to reveal the requested criminal information will be considered falsification of the application and may be used as grounds for denial of the application.
5. Other government agencies necessary to process your application are authorized to receive the information provided.
6. The City may be required by law to furnish some of this information to other government agencies.

The undersigned acknowledges that he/she has read and understood the contents of this notice.

Signature of Applicant	Date
Printed Name of Parent or Guardian of Applicant Who Is Under 18 Years of Age	
Signature of Parent or Guardian of Applicant Who Is Under 18 Years of Age	Date

DO NOT WRITE BELOW THIS LINE - POLICE DEPARTMENT USE ONLY

Date Records Checks Run <input style="width: 60px; height: 20px;" type="text"/>	Police Tech Initials <input style="width: 60px; height: 20px;" type="text"/>	Reviewed By <input style="width: 60px; height: 20px;" type="text"/>
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