

Directions for Renewing a Jackson County Retailer's License for

Sale of 3.2 % Malt Liquor Beverages

(Please Read Directions Carefully)

Persons wishing to renew a Retailer's License for Sale of 3.2 Percent Malt Liquor Beverages in Jackson County, shall follow these directions.

IMPORTANT NOTE: The owner/operator of a business seeking to obtain or renew a 3.2 percent malt liquor license is considered to be a required applicant. For businesses with only one such person (sole proprietorships, etc.), there will be only one such applicant. For businesses with multiple owners/operators (partnerships, etc.), there will likely be multiple "required applicants" and each person with an interest in the business will have to participate in the application. EACH of the owners/applicants must sign the applications and provide their **FULL** names and Social Security Numbers/Business Tax Identification Number.

DIRECTIONS:

1. To renew a 3.2% Malt Liquor Beverage Sale License, the forms to be completed are:
 - a. Renewal of Liquor, Wine, Club or 3.2% License Form;
 - b. Certificate of Compliance Minnesota Worker's Compensation Law;
 - c. Form SP: C1 "License Applicant Information;" and
 - d. The Liquor Liability Insurance Verification OR the Affidavit of Liquor Liability Insurance Exemption Form.

The forms should be thoroughly read and reviewed before completion by all required applicants. The forms are available from the Jackson County Auditor Treasurer's Office and online at www.co.jackson.mn.us click on "County Departments" then "County Auditor/Treasurer" then "Licenses/Permits" to locate these forms online.

2. Complete all blanks on each form provided. If a particular blank does not apply to you (for example "Applicant #2 Full Name" when applicant is a sole proprietor), please write "N/A" legibly in that blank. If necessary information is left blank or "N/A" is improperly entered, the application will not be approved.
3. If annual sales of 3.2 percent malt liquor are \$25,000 or more at an on-sale site or \$50,000 or more at an off-sale site, the applicant must attach a "Liquor Liability Insurance Certification." *Note: The dates of coverage must cover the entire license*

period. The only exception is to have “Continues until Cancelled” in the description of operations section of the insurance policy declaration page.

OR

If annual sales or 3.2 percent malt liquor are less than \$25,000 at an on-sale site or less than \$50,000 at an off-sale site, the applicant must complete and attach an “Affidavit of Liquor Liability Insurance Exemption Form.”

4. Once each individual applicant has fully completed the application, it needs to be taken by an applicant or their designee to each of the designated offices to be reviewed and signed by the designated officials. Phone numbers for each of the pertinent offices are included below and applicants are encouraged to call ahead and schedule an appointment with each office to ensure that the officials are available to review the application and sign. If appointments are not made, the applicant may need to make multiple trips to County offices in order to obtain all of the necessary signatures and may cause the consideration of the application to become delayed. Please note that individual applicants or their designee are required to circulate the application themselves. **Jackson County employees will NOT circulate the applications.**

Signatures of required county officials need to be obtained **in the following order:**

- i. City Clerk (if applicable)
 - ii. Jackson County Sheriff, phone 507-847-4420
 - iii. Jackson County Attorney, phone 507-847-2850
5. After the applicant has obtained all of the required signatures and verified blanks on all forms are complete, the application is then considered “complete.” The application “Combination Application for Retailer’s (On-Sale) (Off-Sale) 3.2 Percent Malt Liquor License,” Certificate of Compliance Non Workers’ Compensation Law, form SP: C1 :License Applicant Information,” the Liquor Liability Insurance Certification (if required), and the annual license fee which is broken down in the attached Jackson County Fee Schedule, should be taken, in person, to the County Auditor’s Office and submitted for the consideration of the Board of Commissioners at their next regularly scheduled meeting. If the fee is being paid by check, make the check payable to “Jackson County Auditor Treasurer.” The County Commissioners will then consider the application and will decide whether to accept, deny, or table (postpone) the decision on the application. The County Board meets the first and third Tuesday of each month. The deadline for submitting an application for consideration at a Board meeting is noon the Wednesday prior to the scheduled Board meeting. Refer to the County web site at www.co.jackson.mn.us for a complete list of County Board meeting dates, or contact the County Coordinator’s office at 507-847-4182.

If your business has failed at a compliance check or been subject to a civil penalty for selling to an underage person in the past 12 months, a representative of your business shall attend the County Board meeting to answer any questions the commissioner's may have regarding past and future compliance.

If you have missed the deadline to add your license to the board agenda you must wait until the next board meeting for your license to be reviewed unless you pay for an emergency board meeting or the \$500.00 late fee, to add it to the board agenda after the deadline. To schedule an emergency board meeting you must call the Jackson County Coordinator's office at 507-847-4182. You will then be required to pay the fee listed in the County Fee Schedule **PRIOR** to a meeting being scheduled on your behalf. The fee is currently \$500.00.

7. If the application is approved, the County Auditor will sign the application and the applicant will receive the license in the mail and the license fee will be processed. If the application is not approved, the applicant will be notified and the license fee will be refunded to the applicant.



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License _____ License Period From: _____ To: _____

Circle One: New License License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ _____ Sunday License fee: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: _____ DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(To apply call IRS 800-829-4933)

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

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: _____ Policy # _____

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

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 Minnesota Statutes 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		

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. *You must complete number 1 or 2 below.*

Number 1 – Workers' compensation insurance policy information

Insurance company name (not the insurance agent)	NAIC number	
Policy number	Effective date	Expiration date

Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See [Minnesota Statute § 176.011, subd. 9](#) for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the [Minnesota Department of Commerce](#)).
- I have employees but they are not covered by the workers' compensation law. (See [Minnesota Statute § 176.041](#) for a list of excluded employees.) Explain why your employees are not 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
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NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.

Form SP: C1
LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to 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; and

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 this information to the Internal Revenue Service; and

Failure to supply this information may jeopardize or delay the issuance of you licensing 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.**

Licensing Authority: Jackson County

License Information

Name of License being applied for: _____

License Renewal Date: _____

Personal Information

Applicant's Name (last, First, Middle Initial) : _____

Applicant's Address: _____

Social Security Number: _____

Business Information

Business Name: _____

Business Address: _____

Minnesota Tax Identification Number: _____

I do not conduct any business as a business entity and therefore do not have a Minnesota Business Identification Number.

Additional explanation, if necessary: _____

Signature: _____ Date: _____

AFFIDAVIT OF LIQUOR LIABILITY INSURANCE EXEMPTION

STATE OF MINNESOTA)
) ss.
COUNTY OF JACKSON)

I, _____, being first duly sworn do hereby depose and state the following based upon my personal knowledge, information and belief:

1. I am _____ of _____.
(Applicant’s Name – Business, Partnership, Corporation)

2. Per Minnesota Statute 340A.409 Subd. 4, I certify that Subdivision 1 does not apply to _____ because exception _____ applies.
(Applicant’s Name – Business, Partnership, Corporation) (Enter A, B, C, D, or E)

(a) 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;

(b) 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;

(c) They are holders of on-sale wine licenses with sales of less than \$25,000 for wine for the preceding year;

(d) They are holders of temporary wine licenses issued under law; or

(e) They are wholesalers who donate wine to an organization for a wine tasting conducted under section 340A.418 or 340A.419.

Signature

Subscribed and sworn to before me
this _____ day of _____, 20____.

Notary Public