

Directions for Applying for a Temporary License for

Sale of 3.2 % Malt Liquor Beverages

(Please Read Directions Carefully)

1. To apply for a Temporary 3.2% Malt Liquor Beverage Sale License, the forms to be completed are:
 - a. 3.2 Percent Malt Liquor Temporary License Application;
 - b. Certificate of Compliance Minnesota Worker's Compensation Law;
 - c. Form SP:C1 "License Applicant Information;" and
 - d. The Liquor Liability Insurance Verification

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," "County Auditor/Treasurer," "Licenses/Permits," and "3.2 Beer/Malt Liquor Temporary License" to locate these forms online.

2. Complete all blanks on each form provided. If a particular blank does not apply to you, 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. The applicant must attach a "Liquor Liability Insurance Certification." *Note: The dates of coverage must cover the entire license period.*
4. Once each individual applicant has fully completed the application, it needs to be approved and signed by the Township Board that the temporary license will be held at. Once approved by the Township board, 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. Jackson County Sheriff, phone 507-847-4420
 - ii. 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 forms "3.2 Percent Malt Liquor Temporary License Application," Certificate of Compliance Non Workers' Compensation Law, Form "SP:C1 License Application Information," the Liquor Liability Insurance Certification, and the 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 Tuesday 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 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 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.

3.2 Percent Malt Liquor Temporary License Application Jackson County, Minnesota

Applicant's Name (Business, Partnership, Corporation)	Trade Name or DBA
Business Address	Business Phone
City	State and Zip Code
Email Address	

If a corporation, give name, title, address, and date of birth of each officer. If a partnership, give name, address, and date of birth for each partner:

Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB
Partner/Officer Name & Title	Address	DOB

Date(s) of Temporary License	Times of Beverage Sales
Location where permit will be used. If an outdoor area, describe.	

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Signature of Applicant

Date

It is hereby certified that the Town Board of _____ in Jackson County, MN by resolution on the _____ day of _____, 20__ did consent to the issuance of the license applied for in the application.

Chairman

Town Clerk

State of Minnesota)
) SS
County of Jackson)

The undersigned, County Attorney and Sheriff of Jackson County, hereby recommended the within the application, it appearing to the best of our knowledge that said applicant has, within a period of five years prior to the date of this application, has had _____ violations of any law relating to the sale of 3.2% malt beverage or intoxication liquor, and that in our judgment the applicant will likely comply with the laws and regulations relating to the conduct of said business.

Dated at Jackson, Minnesota, _____, 20__

Jackson County Sheriff

Dated at Jackson, Minnesota, _____, 20__

Jackson County Attorney

Approved by the Jackson County Board of Commissioners this _____ day of _____, 20__.

Chairman

Attest: _____
Jackson County Coordinator

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: _____

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
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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