



CITY OF ST. PAUL

DEPARTMENT OF SAFETY AND INSPECTIONS
375 JACKSON STREET, SUITE 220
ST. PAUL, MINNESOTA 55101-1806
Phone: 651-266-8989 Fax: 651-266-9124
Visit our Web Site at www.stpaul.gov/dsi

CLASS T LICENSE APPLICATION

LICENSES ARE NOT TRANSFERRABLE

Payment must be received with Each Application

{This application is subject to review by the public}

**SUBMIT ALL DOCUMENTATION AT LEAST 30 DAYS
PRIOR TO THE EVENT DATE**

Event Name: _____

Event Address: _____

Date(s) of Event(s) / Hours of Operation: _____

Indicate the type(s) of Temporary License(s) being applied for:

Fees

Liquor-Extension of Service Area (City of St. Paul establishments with an annual On Sale Liquor License)

Entertainment (City of St. Paul liquor establishments **without** an annual Entertainment License)

Liquor/Catering (Establishments with a State Catering and **No** City of St. Paul Liquor License)

On Sale Liquor, On Sale Wine/Beer, or On Sale 3.2 Malt (Non-profit organizations)

Note: Alcohol Awareness Training is required every 12 months

Liquor On Sale Brewery/Distillery (Brewers, Micro Distillers or Taproom/Cocktail licensees)

Underage Access (City of St. Paul annual On Sale Liquor License holders) Winery Annual Festival (Wineries)

Amusement Rides

Close Out Sale

Tag Days

Transient Merchant

Total

Organization Name: _____

Organization Address: _____

Preferred Mailing Address: _____

Contact Name & Title: _____

Phone Number: _____ Email: _____

List all other officers of the corporation (use additional pages if necessary):

| Officer Name | Title | Home Address | Home Phone | Business Phone | Date of Birth |
|--------------|-------|--------------|------------|----------------|---------------|
|--------------|-------|--------------|------------|----------------|---------------|

| | | | | | |
|-------|-------|-------|-------|-------|-------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

FALSIFICATION OF ANSWERS GIVEN OR MATERIAL SUBMITTED WILL RESULT IN DENIAL OF APPLICATION

I hereby state that I have answered all of the preceding questions and that the information contained herein is true and correct to the best of my knowledge and belief. I hereby state further that I have received no money or other consideration, by way of loan, gift, contribution, or otherwise, other than already disclosed in the application which I herewith submitted. I also understand this premise may be inspected by police, fire, health and other city officials at any and all times when the business is in operation.

Applicant Signature (Required)

Title

Date

If Applying for:

| |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">➤ Amusement Rides (Temporary)➤ Submit proof of the required Electrical Permit per location➤ Submit a Certificate of Insurance reflecting \$1,500,000 public liability coverage. The City of St. Paul must be listed as an additional insured and certificate holder as follows: (City of St. Paul, Department of Safety Inspections, 375 Jackson Street, Suite #220, St. Paul, MN 55101) The certificate must reflect the licensee name and address/location of the Amusement Rides. |
| <ul style="list-style-type: none">➤ Close Out Sale➤ Attach a letter stating the reason for the sale, and a list of inventory including wholesale or retail prices. Complete affidavit. |
| Entertainment (for liquor establishments without an annual entertainment license) <ul style="list-style-type: none">➤ Attach a letter requesting the temporary entertainment license. The letter should include the name and date of the event, hours of operation, and location of entertainment. NOTE: Limit of three (3) days per year; Downtown Entertainment District (10) days per year. |
| Liquor-Extension of Service Area (for establishments with an annual liquor license) <ul style="list-style-type: none">➤ Attach a letter requesting the extension of service area for liquor and/or entertainment.➤ The letter should include the name and date of the event, hours of operation, location of liquor service, and type of security and enclosures to be provided.➤ Attach written district council approval or petition of approval from 60% or more of your neighbors within 300 feet.➤ Provide a notice 30 days prior to proposed event to all residents within 300 feet. NOTE: Limit of twelve (12) days per year. |
| Liquor Catering-Temporary (for establishments with a State Catering License and NO City of St. Paul Liquor License) <ul style="list-style-type: none">➤ Attach a copy of your current State Catering Permit issued by the State of MN Alcohol & Gambling Enforcement Division➤ Attach a diagram showing the liquor service area and describe the security that will be provided.➤ Attach a letter of intent for requesting the temporary license. The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which liquor will be sold/served, security provided and the proposed use and disbursement of profits from the sales.➤ Attach a letter of consent from the owner and/or person with lawful responsibility for premise where alcohol will be served indicating the address/location from which license is being requested.➤ (If sales will be in any city parks) attach a copy of written permission from the City of St. Paul Parks and Recreation Department. |
| Liquor, Wine or Malt (3.2) On Sale-Temporary (for non-profit organizations, micro-breweries, micro-distilleries, taproom cocktail licensees and Winery Annual Festival applicants) Alcohol Awareness Training is required yearly for each non-profit organization. IN ORDER TO COMPLY WITH THE STATE OF MN ALCOHOL AND GAMBLING ENFORCEMENT DIVISION SUBMITTAL DEADLINE, COMPLETED APPLICATIONS AND ALL SUPPORTING REQUIRED DOCUMENTATION LISTED BELOW MUST BE RECEIVED IN DSI AT LEAST 30 DAYS PRIOR TO THE EVENT DATE <ul style="list-style-type: none">➤ If a non-profit, the organization must be in existence for at least three (3) years and attach proof of non-profit status.➤ If a micro-brewery or micro-distillery, attach State brewers/distillers license or copy of taproom/cocktail room license. Provide written notice in the letter of intent that the brewery does not produce more than 3,500 barrels of malt liquor in a year.➤ If a Winery Annual Festival, the Association is limited to one (1) Winery Annual Festival License per year/not to exceed four (4) consecutive days, must submit proof of being a Bonafide Association in existence for at least two (2) years and provide a list of ten (10) associated wineries and their FWN Numbers on file at the State of MN Alcohol and Gambling Enforcement Division.➤ Provide a letter of intent. The letter should include the nature of the event and whether it is public or private, address of the event, date and hours during which alcohol will be sold/served, and the proposed use and disbursement of profits from the sales.➤ Attach a letter of consent from the owner and/or person with lawful responsibility for premise where alcohol will be served indicating the address/location from which license is being requested.➤ (If sales will be in any city parks) attach a copy of written permission from the City of St. Paul Parks and Recreation Department.➤ Attach a liquor liability insurance certificate. The certificate must list the corporate name, doing business as, address of event, policy number and dates of liquor coverage. Our department must be listed as a certificate holder as follows: (City of St. Paul, Department of Safety & Inspections, 375 Jackson Street, Suite #220, St. Paul, MN 55101)➤ Attach the State of Minnesota AGED Temporary License Form NOTE: <ul style="list-style-type: none">➤ No outside service area shall be permitted unless safety barriers or other enclosures are provided.➤ No outside service area shall be located on public property or upon any street, alley, or sidewalk. |
| Liquor – Under Age Access (Temporary) - Limit of 12 Annually, No more than 1 within 3 weeks of another event <ul style="list-style-type: none">➤ Must have an “Active” Liquor On Sale license➤ Attach a floor plan of where the event will be held➤ Attach a detailed service plan describing how establishment will identify patrons under 21 years of age➤ Attach a detailed plan describing how the establishment will separate underage patrons |
| Tag Days <ul style="list-style-type: none">➤ Attach a letter requesting the tag days license. The letter should include the purpose and use of solicitation funds, names of people responsible for the distribution of collected funds, date, hours and location of solicitation.➤ Attach a financial statement which includes the amounts of any wages, fees, commissions, costs or expenses paid or which are expected to be paid in connection with solicitation. Also list names of persons to whom payments have been made or will be made and the amounts of such payments.➤ Attach a copy of the budget showing solicitations for this fiscal or calendar year. |
| Transient Merchant <ul style="list-style-type: none">➤ Attach information of where business will be conducted (name of business and address).➤ Include Ramsey County Transient Merchant License Number. |



ADDENDUM TO LICENSE APPLICATION

CONTAINS NONPUBLIC DATA

Please Type or Print In Ink

CITY OF SAINT PAUL
Department of Safety & Inspections
375 Jackson Street, Suite 220
Saint Paul, Minnesota 55101-1806
(651) 266-8989 Fax (651) 266-9124
www.stpaul.gov/dsi

Licensee's Name: _____

DBA: _____

Business Address: _____

Business Phone: _____ Preferred Phone: _____

TAX IDENTIFICATION NUMBER

Minnesota Statutes section 270C.72 requires licensing authorities to collect a tax identification number for each license applicant. You may provide one of the following three identification types: a **Minnesota Tax Identification Number**, a **Federal Tax Identification Number (FEIN)**, or a **Social Security Number (SSN)**.

This data will be provided to the Minnesota Department of Revenue for tax administration purposes and may be used to deny the issuance or renewal of your license in the event you owe Minnesota sales, employer's withholding or motor vehicle excise taxes. Refusal to provide a tax identification number will result in denial of your license application. Under the Federal Exchange of Information Agreement, the Department of Revenue may also supply this information to the Internal Revenue Service.

More information can be obtained from the Minnesota Department of Revenue at 651-296-6181 or www.revenue.state.mn.us.

Tax Identification Number: _____ Circle Type: MN Tax Id / FEIN / SSN

PAYMENT INFORMATION

You must pay all applicable fees before your license will be issued. You may pay by cash, check or credit card. Account information will be used to process your payment, either by the City or a third-party service provider. The City will not share nonpublic account information with other individuals or agencies unless required to do so by a court or other competent authority.

Effective April 3, 2021, a 2.49% service fee will be charged for all credit or debit card transactions and will appear as a separate transaction on your card statement. This fee is charged by the service provider the Department of Safety and Inspections uses to handle credit card transactions. The City will not receive any of the service fees.

Signature of Cardholder: _____

| | | | | | | | | | | | | | | |
|-------------------------------|-----------------------------------|-------------------------------------|-------------------------------|-----------------|--|--|--|--|--|---------------------------------|--|--|--|--|
| <input type="checkbox"/> AMEX | <input type="checkbox"/> Discover | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | Security Code ▶ | | | | | | Expiration Date: Month / Year ▶ | | | | |
| Enter Account Number ▶ | | | | | | | | | | | | | | |

CREDIT CARD PAYMENT

If you are paying for your permit by *American Express, Discover, Mastercard or Visa* you may fax your application.

The credit card information section must be filled in and signed.

If paying online, applicants will also have the option to pay by e-check. There is no service fee for this payment type.

Our FAX number is 651-266-9124.

If paying by check, please mail the application and the check to us

**ANY FALSIFICATIONS OF ANSWERS GIVEN OR MATERIAL SUBMITTED
WILL RESULT IN DENIAL OF THIS APPLICATION**

I have read and understand this document and provided complete, correct, and truthful information as requested.

Signature (REQUIRED for all applications)

Date

Certificate of Compliance

Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, 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 any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

| | |
|---------------------------------------------------------------------------|--------------------------------------|
| BUSINESS NAME (Individual name only if no company name used) | LICENSE OR PERMIT NO (if applicable) |
| DBA (doing business as name) (if applicable) | |
| BUSINESS ADDRESS (PO Box must include street address) CITY STATE ZIP CODE | |

YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

| | | |
|--------------------------------------------------|----------------|-----------------|
| INSURANCE COMPANY NAME (not the insurance agent) | | |
| WORKERS' COMPENSATION INSURANCE POLICY NO. | EFFECTIVE DATE | EXPIRATION DATE |

NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

☐ I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

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

☐ I have no employees.

☐ I have employees but they are not covered by the Workers' Compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____

☐ Other: _____.

ALL APPLICANTS COMPLETE THIS PORTION:

I certify that the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify that I am authorized to sign on behalf of the business.

| | | |
|---------------------------------|-------|------|
| APPLICANT SIGNATURE (mandatory) | TITLE | DATE |
|---------------------------------|-------|------|

NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.

This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-MN LIC 04 (11/08)) Voice or TDD (651) 297-4198.