



CITY OF HIBBING
APPLICATION FOR CITY LIQUOR LICENSE

[] New [] Renewal

License Period: _____ to _____

APPLICATION FEE (check one)

[] Beer & Wine License \$50.00 [] Liquor License \$210.00

LICENSE TYPE & FEE: (check one)

[] On-Sale \$1,875.00 [] Sunday \$ 185.00 [] Off Sale \$ 200.00
[] 3.2 On-Sale \$ 140.00 [] 3.2 Off Sale \$ 90.00 [] Wine \$ 190.00
[] Club: Fee based on membership: 200 or less = \$300.00; 201-500 = \$500.00; 501-1000 = \$650.00

Note: No license will be approved or release until MN Liquor Control receives the \$20 Buyer Card

APPLICANT INFORMATION:

Full Name: _____
First Middle (Maiden) Last

Home Address: _____
City State Zip Length of Time at Present Address: _____

Home Phone: () _____ Work Phone: () _____ Cell () _____

Date of Birth: _____ Social Security #: _____ Driver's License #: _____

BUSINESS INFORMATION:

Licensee Name: _____

Business Trade Name (DBA): _____

Address: _____
Street City State

Business Phone: () _____

LICENSEE'S FEDERAL TAX ID# _____ MN TAX ID# _____

ATTACHMENTS:

- Attach Proof of **Certificate Liquor Liability Insurance**
- Attach Proof of Certificate of Compliance of **Worker's Compensation**

The property at which I am requesting a license for, I Own Rent Lease Other
(If you rent or lease the premises, you must attach a copy of your fully executed rental or lease agreement)

- Attach Proof that **Real Estate Taxes** on property to be license are: Paid current Delinquent

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-------------------|-----|
| Type of Ownership: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation Give name, residence, DOB, Social Security #, title for all partners, or officers | | | |
| Partner/Officer Name & Title | Address | Social Security # | DOB |
| | | | |
| Partner/Officer Name & Title | Address | Social Security # | DOB |
| | | | |
| Partner/Officer Name & Title | Address | Social Security # | DOB |
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|----------------------------------------------------------------------------------------------------------------------|--------------------|---------------|
| I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT OF MY OWN KNOWLEDGE. | | |
| _____ Print Name | _____ Signature | _____ Date |

| | |
|--------------------------------------------------------------------------------------|----------------|
| APPROVAL: <i>Application must be brought before City Council for approval</i> | |
| CITY OF HIBBING | Date Approved: |
| Date Fee Paid: | License Dates: |
| | |
| _____ Signature City Clerk – Treasurer | _____ Date |
| _____ Signature Police Department | _____ Date |