



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)

<input type="checkbox"/> On-Sale	\$1,875.00	<input type="checkbox"/> Sunday	\$ 185.00	<input type="checkbox"/> Off Sale	\$ 200.00
<input type="checkbox"/> 3.2 On-Sale	\$ 140.00	<input type="checkbox"/> 3.2 Off Sale	\$ 90.00	<input type="checkbox"/> Wine	\$ 190.00
<input type="checkbox"/> 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

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: *Application must be brought before City Council for approval*

CITY OF HIBBING	Date Approved:
Date Fee Paid:	License Dates:
<hr/> Signature City Clerk – Treasurer <hr/> Date	
<hr/> Signature Police Department <hr/> Date	