

County of Stevens

Office of the County Auditor/Treasurer
400 Colorado Ave Suite 303
Morris, MN 56267

Phone: 320-208-6570 * Fax: 320-589-2036

New License Application

1. BACKGROUND INFORMATION

Type of License (fees are due at time of submittal) (checks payable to "Stevens County Auditor/Treasurer") <input type="checkbox"/> Liquor <input type="checkbox"/> Tobacco <input type="checkbox"/> Precious Metal Dealer \$300.00 \$100.00 \$50.00	As the Licensee, I am: <input type="checkbox"/> Starting a new business in a new building <input type="checkbox"/> Starting a new business in an existing building <input type="checkbox"/> Taking over an existing business: Name of Existing Business _____ <input type="checkbox"/> Remodeling only <input type="checkbox"/> Other _____		
MN State ID #, Social Security #, or Individual Tax ID #			
Legal Name of Business	Trade Name (DBA)	Business Telephone #	
Business Address/Location (if multiple locations - list all)	City	State	Zip Code
Mailing Address (if different than above)	City	State	Zip Code
Name of Person Filling Out Application	Title	Phone Number	
E-mail Address	Fax #	Cell Phone #	
Name of Manager(s) and Home Address(es)			Date of Birth
Type of Ownership: <input type="checkbox"/> LLC <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Non-Profit			

2. List all Owners, Partners, and Corporate Members (attached additional sheet if necessary)

Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code
Full Name: First, Middle, Last	Date of Birth	% of Ownership	Telephone Number
Home Address	City	State	Zip Code

Have any of the above people been convicted of a crime? Yes No

If Yes, please provide (or attach) dates and conviction specifics.

3. Business Information

Square Footage for Business Use	Hours and Days of the Week in Operation
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List the Other Types of Products for Sale at Establishment:

Alcohol products available for sale:

Wine
 Beer
 Hard Liquor
 Malt Beverages
 3.2 Beer
 Other _____

Precious Metals being purchased:

White, Yellow, and/or Pink Gold
 Silver
 Platinum

Tobacco Products, Devices, etc. available for sale:

Cigarettes
 Hookahs
 E-Cigarettes
 Rolling Papers
 Herbal Smoking Products
 Pipes
 Shisha
 Cigars
 Smokeless Tobacco
 Loose Tobacco
 Other _____

List any licenses currently or previously held in Stevens County

Have you ever had a business license denied or revoked by Stevens County or another government entity Yes No
 If Yes, indicate date of denial/revocation, government agency, and reason for denial or revocation.

Are you planning or have you completed any construction or remodeling? Yes No
 If Yes, who is the name of contractor or building manager:

 If Yes, please explain scope of remodeling or construction:

Workers' Compensation Company	Policy number	Dates of Coverage
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----OR----

I certify that I am not required to carry workers' compensation insurance because:

I am self insured.
 I am the sole proprietor and I have no employees.
 I have no employees who are covered by workers' compensation law.

Only employees who are specifically exempted by states are not covered by the workers' compensation law. These include spouse, parents, and children regardless of age. All other workers whose work is controllable by the employer must be covered.

5. VERIFICATION

The data you furnish on this application will be used by the County of Stevens at assess your qualifications for licensure. Disclosure of this information is voluntary. You are not legally required to provide this data; however, if you fail to do so, the County of Stevens may be unable to process this application. Disclosure of your Social Security number, Minnesota Tax ID number, or Individual Tax ID number is required by Minnesota Statutes 270C.72 and your Social Security number may be requested by and released to the Minnesota Commissioner of Revenue. Upon submission of this application, all information except your Social Security number will be public information pursuant to Minnesota Statutes, Chapter 13.

A SIGNATURE IS REQUIRED IN ORDER TO PROCESS THIS APPLICATION

I, (print name) _____, certify or declare under penalty of perjury under the laws of the State of Minnesota that the foregoing is true and correct. All information given is subject to verification by the State of Minnesota.

SIGNATURE OF APPLICANT _____ TITLE _____ DATE _____