



**Kirk Peysar, Aitkin County Auditor**

Aitkin County Government Center  
307 2<sup>nd</sup> Street NW, Room 121  
Aitkin, MN 56431

auditor@co.aitkin.mn.us  
Phone: 218-927-7354

## **AITKIN COUNTY LIQUOR LICENSE RENEWAL INFORMATION**

Please find below, instructions and a checklist for completing the Liquor License Renewal packet.

Read and complete all forms and applications thoroughly. **Please note the requirement of Township approval.** Contact your township clerk immediately to be added to their next meeting agenda. The application **must** include the signed form with the returned paperwork in order for the Auditor's Office to process your application. In addition, a renewal copy of your MDH Food & Beverage License will now be **required** of all applicants (except those applying for Off-Sale only). Please include the legal parcel code and description on the application. Property taxes **must** be current for the property that holds the license.

If you have any questions, please call. This will avoid your application being returned to you for missing or incorrect information. Use this guide to assist you in submitting the required application(s) and forms completely and correctly.

- **FEES:** Include your check, made payable to Aitkin County Auditor **WITH** your application. For your convenience, fees may be divide into two equal payments, with the second installment due mid-June. An invoice for the second half will be mailed to those who choose the split payment option.
  - **On Sale Liquor Sales fee is \$1,500.00 per year.**
  - **On Sale Liquor Sales and Sunday Sales is \$1620.00 per year.**
  - **Off Sale Liquor Sales fee is \$360.00 per year.**
  - **On/Off Sale Sunday Liquor Sales fee is \$1,980.00 per year.**
  - **Wine Sales fee is \$500.00 per year.**
  - **3.2% Malt Liquor County On-Sale fee is \$40.00 per year.**
  - **3.2% Malt Liquor County Off-Sale fee is \$10.00 per year.**
  - **3.2% Malt Liquor On/Off Sale fee is \$50.00 per year.**

**\* APPLICATION FOR RETAILER'S (BUYER) CARD FOR LIQUOR OR WINE - If ownership has changed from the last renewal, a new application will need to be submitted for the new owner/entity. This includes a new Buyer's Card Application as well.**

**\* Buyer's Card not needed for applicants selling ONLY 3.2% Beer \***

- Watch your mail for the renewal application for your Retailer's Card. This information will come directly from the State of Minnesota Liquor Control Division. Renewed online at <https://app.dps.mn.gov/agedis5/renew/pages/home.aspx>

○ **SIGNATURE(S) OF APPLICANT ON APPLICATION(S):**

- Sole Proprietor is the owner's signature.
- Partnership or Corporation is president's signature.

○ **WORKERS' COMPENSATION CERTIFICATE:**

- Complete all lines required.
- List Applicant's Name and Business Name EXACTLY as it appears on Application.

○ **DRAM SHOP (LIQUOR LIABILITY) INSURANCE REQUIRED** – Contact your insurance agent to obtain this document.

**\* Licensees obtaining ONLY a 3.2% Malt Liquor License are exempt from this requirement if sales are less than \$25,000 at ON sale and \$50,000 at OFF sale.**

- **The name on the insurance certificate MUST match exactly with the Applicant Name on the application.**
  - The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal application. EXAMPLE: Renewal form lists ABC Company, INC. The insurance must also read ABC Company, INC. and not just ABC Company leaving off INC.
  - If your renewal states the LICENSEE NAME as his or her own name, followed by the trade name, the insurance must list BOTH licensee names and trade name. EXAMPLE: Mark & Jane Anderson, DBA Anderson's Eatery. The insurance must include both of these names and not just Anderson's Eatery, or Mark Anderson without Jane's name.
- **Address of the business location MUST be in the Description area of the form. No home address or PO Boxes.**
- **Coverage term: coverage dates must appear on the certificate with one of the following:**
  - **Dates that coincide EXACTLY to the license period – “January 1, 202\* – December 31, 202\*”**
  - **Current policy term dates with additional wording in the Description Area: Wording MUST state: “Liquor Liability coverage is continuous until canceled.”**

- **Certificate Holder: Aitkin County 307 2<sup>nd</sup> St NW, Room 121 Aitkin, MN 56431**

- **STATE OF MINNESOTA LICENSE APPLICANT INFORMATION APPLICATION:**

- Complete all information
- Personal information if sole ownership; or contact person information if partnership or corporation is license holder.
- Must have applicant/president's date of birth.
- Business Information premise information for establishment to be licensed.

- **CONSENT OF TOWN BOARD:**

- Contact the Town Clerk ***immediately*** to be placed on their agenda; Town Board approval is **required** prior to returning to the Auditor's Office.

- **COPY OF MDH FOOD & BEVERAGE LICENSE**

- A copy of your MDH Food & Beverage License renewal will be required from all applicants (unless you are only applying for Off-Sale).

Should you require additional assistance, please visit [dps.mn.gov](http://dps.mn.gov)

Per MN State Statutes: 340A.907 – A State Inspector may inspect the premises for compliance.

Time is of the essence. Application, forms and fees are due to our office no later than the first week in December. Your application will need to be added to the Aitkin County Board agenda for approval.

If you have any questions, you can contact our office at (218) 927-7354 or [auditor@co.aitkin.mn.us](mailto:auditor@co.aitkin.mn.us)

Respectfully,

Aitkin County Auditor's Office



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER  
  
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
**PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
Aitkin County			
Print Name of Licensee (As shown on license)	Business Name (DBA)		
Business Address	County	Business Phone	
City, State, Zip Code	Authorized Signature		



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
445 Minnesota St., Suite 1600, St. Paul, MN 55101-5133  
(651) 201-7507 FAX (651) 297-5259 TTY (651) 282-6555

### RENEWAL OF LIQUOR, WINE, OR CLUB LICENSE

No license will be approved or released until the \$20 Retailer ID Card fee is received by MN Liquor Control

**Licensee:** Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. **City Clerk/County Auditor is also required by M.S. 340A.404 S. 3 to report any license cancellation.**  
License Code \_\_\_\_\_ License Period Ending \_\_\_\_\_ ID # \_\_\_\_\_  
City/County where license approved \_\_\_\_\_

Licensee Name \_\_\_\_\_

Trade Name \_\_\_\_\_

Licensed Location address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_

**LICENSE FEES:** Off Sale \$ \_\_\_\_\_ On Sale \$ \_\_\_\_\_ Sunday \$ \_\_\_\_\_

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

**Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.**

1. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
2. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
3. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, and then sign below.
4. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
5. Licensee confirms that Workers Compensation insurance is in effect for the full license period.
6. Licensee confirms that it has no interest directly or indirectly in another liquor establishment, be it manufacture, distribution or retail, or if so give details on the back of this renewal.

**Licensee has attached a liquor liability insurance certificate that corresponds with the license period in the city/county where the license is issued. \$100,000.00 in cash or securities or a \$100,000.00 surety bond may be submitted in lieu of liquor liability**

Licensee

Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature certifies all above information to be correct and license has been approved by city/county.)

City Clerk/County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature certifies that an on-sale intoxicating liquor license has been approved by the city/county as stated above).

County Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_

County Board issued licenses only (Signature certifies licensee is eligible for license)

Police/Sheriff Signature \_\_\_\_\_ Date \_\_\_\_\_

(Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years. Report violations on back, and then sign here.)

**A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorneys fees.**

PS 9093-2009

**Indicate below changes of corporate officers or partners, including: home addresses or telephone numbers. NOTE: Officers or partners may not be a person under 21 years of age.**

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**Report below, details of liquor law violations, both civil and criminal including dates and offenses, fines or other penalties; including Liquor Control penalties. NOTE: Incorrect or incomplete information is considered to be willfully fraudulent and is subject to legal recourse including fines and/or license suspension or revocation.**

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**Report below details involving any license rejections or revocations. NOTE: Incorrect or incomplete information is considered to be willfully fraudulent and is subject to legal recourse including fines and/or license suspension or revocation.**

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**City/County Comments:**

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**Business Information (if applicable):**

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

Street

City

State

Zip Code

**Minnesota Tax Identification Number:** \_\_\_\_\_

*If a Minnesota Tax Identification Number is not required, please explain below:*

**Federal Tax Identification Number:** \_\_\_\_\_

**Tax Parcel Identification Number of Business Location:** \_\_\_\_\_

**Township:** \_\_\_\_\_

**Legal Description:** \_\_\_\_\_

*Signature*

*Position (Officer, Partner, Etc.)*

*Date*

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This section below to be completed by County

▪ Minnesota Department of Health Food, Pools and Lodging License Number: \_\_\_\_\_  
Renewal Received?

Yes \_\_\_\_\_ No \_\_\_\_\_

▪ Date: \_\_\_\_\_

Zoning Classification: \_\_\_\_\_

Conditional Use Permit needed to obtain or renew Intoxicating Liquor License?

Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Aitkin County Planning & Zoning  
Andrew Carlstrom, Director

▪ State of Minnesota  
County of Aitkin

The undersigned County Auditor of Aitkin County, hereby certifies that there are no delinquent taxes on the liquor license premises that is requesting license approval. As required by Aitkin Count Board of Commissioners.

\_\_\_\_\_  
Kirk Peysar, Aitkin County Auditor Date

By: \_\_\_\_\_  
Deputy



# 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 Minn. Stat. 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
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County	Email address
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**You must complete number 1 or 2 below.**

**Note:** You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

**1.  I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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**I am self-insured for workers' compensation.** (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see [www.mn.gov/commerce/industries/insurance/licensing/self-insurance](http://www.mn.gov/commerce/industries/insurance/licensing/self-insurance).)

**2. I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See [Minn. Stat. § 176.043](#) for trucking and messenger courier industries; [Minn. Stat. § 181.723, subd. 4](#), for building construction; and [Minnesota Rules chapter 5224](#) for other industries.)
- I do not use independent contractors and have no employees. (See [Minn. Stat. § 176.011, subd. 9](#), for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See [Minn. Stat. § 176.041](#) for a list of excluded employees.)

Explain why your employees are not required to be 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
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If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.



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307 2<sup>nd</sup> Street NW, Room 121  
Aitkin, MN 56431

auditor@co.aitkin.mn.us  
Phone: 218-927-7354

Date: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

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STATE OF MINNESOTA, }  
COUNTY OF AITKIN

TOWN OF \_\_\_\_\_

It is hereby certified that the Town Board of \_\_\_\_\_ in said County and State, by resolution on the \_\_\_\_\_ day of \_\_\_\_\_, Year \_\_\_\_\_, did consent to the issuance of the license applied for in the within application.

Dated \_\_\_\_\_, Year \_\_\_\_\_

THE TOWN BOARD OF THE TOWN OF

\_\_\_\_\_

Town Clerk  
Attest \_\_\_\_\_

By \_\_\_\_\_ Chairperson