

# **CITY OF FARMINGTON LICENSE PROCESS**

## **Taproom License**

A Taproom License can only be issued to Applicants who already have a Brewer's License issued by the State of Minnesota. Please review Title 3 Chapter 12 of the City Code for complete details. All licenses expire December 31 of each year. Following is the process to obtain a Taproom License:

1. Application forms, fees and a Certificate of Insurance showing liquor liability coverage through December 31 of the current year should be submitted to the city of Farmington.
2. A background check will be performed by the Farmington Police Department.
3. A public hearing is required to be held at a City Council meeting. The public hearing requires 10 days' notice prior to the meeting. The public hearing notice is submitted to the newspaper a week prior to this 10-day period. Council meetings are held the first and third Mondays of every month.
4. Upon City Council approval, the application is submitted to the State for approval and a license is issued. The State can take up to one week to approve it. The entire application process takes approximately four weeks.
5. Fees: Taproom License \$250/year  
Investigation Fee \$100

If you have questions, please contact:

Shirley Buecksler, City Clerk

City of Farmington

430 Third Street

Farmington, MN 55024

651-280-6803

[SBuecksler@FarmingtonMN.gov](mailto:SBuecksler@FarmingtonMN.gov)



## Checklist for Taproom License

Applicant must have a brewer's license issued by the state.

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

Please return this list with your application materials. Incomplete applications cannot be processed until all of the items listed are received and complete.

### **Required Documents**

### **Applicant Initials**

### **City Staff Initials**

1. City of Farmington Taproom License Application	_____	_____
2. State Certification Form On-Sale Taproom	_____	_____
3. Copy of Brewery License	_____	_____
4. Workers' Comp. Certificate of Compliance	_____	_____
5. All applicable fees (See fee schedule below)	_____	_____
6. Certificate of liability insurance	_____	_____
7. Floor plan of premises	_____	_____

### **Taproom License Fees**

Taproom Fee	\$250/year
Investigation Fee (Not charged for renewals)	\$100



## Application for Brewer's Taproom License

**Applicant must have a brewer's license issued by the state first.**

### EVERY QUESTION MUST BE ANSWERED UNLESS OTHERWISE NOTED

If a corporation, an officer must execute this application; if a partnership, LLC, a partner must execute this application.

### APPLICANT INFORMATION

Applicant's Full Name: \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(First) (Full Middle Name) (Last)

Are you a U.S. citizen? \_\_\_\_ Yes \_\_\_\_ No Naturalized? \_\_\_\_ Yes \_\_\_\_ No  
If yes, date/place \_\_\_\_\_

Trade Name or DBA: \_\_\_\_\_

Business Name: \_\_\_\_\_  
(Business, partnership, LLC, corporation)

Business Address: \_\_\_\_\_  
(Street) (City, State, ZIP) (County)

Business Phone: \_\_\_\_\_ Applicant's Home Phone: \_\_\_\_\_

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Licensee's MN Sales & Use Tax ID # \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

### CORPORATIONS

**If a corporation, give name (first, middle & last), title, address and date of birth for each officer. If a partnership, LLC, give name, address and date of birth of each partner:**

Partner/Officer Full Name & Title	Address	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____

Date of Incorporation \_\_\_\_/\_\_\_\_/\_\_\_\_ State \_\_\_\_\_ Certificate Number \_\_\_\_\_

Is corporation authorized to do business in Minnesota? \_\_\_\_\_ Yes \_\_\_\_\_ No

If a subsidiary of another corporation, give name and address of parent corporation: \_\_\_\_\_

\_\_\_\_\_

### OTHER INFORMATION

Names (first, middle & last), and addresses of all persons who will own or be actively or inactively involved in the management of the establishment where the license will be used.

**NOTE: The location manager must be listed.**

Full Name & Title	Address	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please answer all of the following:**

- \_\_\_\_ Yes \_\_\_\_ No Has the applicant, partners, officers or employees ever has any Liquor Law violations in Minnesota or elsewhere, including State Liquor Control Penalties? If yes, please attach explanation with date, charges and final outcome.
- \_\_\_\_ Yes \_\_\_\_ No During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. If yes, please attach a copy of the summons.
- \_\_\_\_ Yes \_\_\_\_ No Has the applicant, partners, officers or employees had an intoxicating liquor license within five years of this application?
- \_\_\_\_ Yes \_\_\_\_ No Do the applicant have any interest, directly or indirectly, in any other liquor establishments in Minnesota? If yes, please give the name and address of the establishment(s).
- \_\_\_\_ Yes \_\_\_\_ No Does any person other than the applicants listed here, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, attach the names and details.
- \_\_\_\_ Yes \_\_\_\_ No Will you serve liquor on Sunday?
- \_\_\_\_ Yes \_\_\_\_ No Do you acknowledge review of the Farmington City Code Chapter 3 regarding alcoholic beverages? (Can be viewed on the City's website, or paper copies are available upon request.)

## LOCATION / RESTAURANT INFORMATION

Name of building owner: \_\_\_\_\_ Owner's address: \_\_\_\_\_

Does the building owner have any connection, direct or indirect, with the applicant? \_\_\_Yes \_\_\_No

Are property taxes current? \_\_\_Yes \_\_\_No      Posted occupant load of establishment: \_\_\_\_\_

Are there any plans currently pending or anticipated for the sale or transfer of the business or premises for which the license is applied? \_\_\_Yes \_\_\_No

Days/hours food will be available: \_\_\_\_\_

Number of people restaurant employs: \_\_\_\_\_ Will food service be the principal business? \_\_\_Yes \_\_\_No

I certify that I have read this entire application and that the responses given are true and correct to the best of my knowledge. I am aware that any misrepresentation in such responses may result in rejection of this application. I authorize the City of Farmington to investigate the information and contact persons/organizations named on this application.

Name of Applicant (please print) \_\_\_\_\_

Title \_\_\_\_\_

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

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signature of Notary Public \_\_\_\_\_

## APPROVALS

Department	Signature	Date	Comments
Police	_____	_____	_____
City Clerk	_____	_____	_____

Please return completed application to:

Shirley Buecksler, City Clerk  
City of Farmington  
430 Third Street  
Farmington, MN 55024  
651-280-6803  
[SBuecksler@FarmingtonMN.gov](mailto:SBuecksler@FarmingtonMN.gov)

**CITY OF FARMINGTON**  
**GENERAL AUTHORIZATION AND RELEASE OF DATA**

In order to comply with State and Federal Data Privacy Act Laws, the city of Farmington is requesting your authorization and consent to permit the city to conduct a background investigation. Please provide the following personal data, read the paragraphs below and sign where indicated.

Full Name: \_\_\_\_\_  
(First, Middle, Last)

Address: \_\_\_\_\_  
Number Street City County State Zip Code

Date of Birth: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_  
Month/Date/Year

Have you ever been convicted of any crime, either felony or misdemeanor? \_\_\_\_\_ If yes, please state place and nature of offense: \_\_\_\_\_

I, the undersigned, hereby authorize and grant my informed consent to permit the Bureau of Criminal Apprehension (hereafter "BCA") and the Farmington Police Department (hereafter "FPD") to release to and make available to the City of Farmington, Minnesota (hereafter "city") and/or its representatives all data classified as private which concerns me and which may be in your possession. The data, classified as private under M.S. 13.02, Subd. 12, includes all data which has been collected, created, received, retained or disseminated in whatever form which in any way relates to my dealings with the BCA and/or the FPD. I understand the purpose of permitting the city to have access to this information is to determine my suitability for licensure.

By signing this authorization, I hereby release the BCA and the FPD from any and all liability which otherwise may or does accrue as a result of the release of any and all data, regardless of its accuracy. I also release the city from any and all liability for its receipt and use of data received pursuant to this consent. I understand that if I am rejected on the basis of a criminal conviction, I will be notified in writing and be given rights of redress subject to applicable laws. I also understand that I am not legally required to sign this form, but if I do not, the city will not be able to determine whether my conviction record is a license-related consideration.

This authorization shall be valid for a period of one year, but I reserve the right, at any time prior to that expiration, to cancel the written authorization by providing written notice to the city of that intent.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Full Name Printed)

Please return to:  
City of Farmington  
Shirley Buecksler, City Clerk  
430 Third Street  
Farmington, MN 55024

## **CITY OF FARMINGTON – DATA PRACTICES ACT NOTICE**

Minnesota law requires that you be informed of your rights as they pertain to private information (“private data”) collected from you by the city of Farmington (“the city”). Private data is that information held by the city which is available to you, but not to the public.

You have the right to refuse to provide the information requested on this application form, however, without certain information, the city may be unable to approve the license applied for. If you feel that certain information requested is an unwarranted invasion of privacy, please contact the Human Resources Director.

The dissemination and the use of private data we collect is limited to that necessary for the administration and management of the city’s licensing program. Persons or agencies with whom this information may be shared include:

- City personnel, including law enforcement personnel, administering the license program;
- The Bureau of Criminal Apprehension;
- The city attorney and support staff of the city attorney’s office;
- Federal, state, local, and contracted private auditors;
- Federal and state agencies with oversight or responsibility related to the licensed business;
- Those individuals or agencies as to whom you give your express written permission for release of the information.

Unless otherwise authorized by state statute or federal law, other governmental agencies utilizing the reported private data must also treat the information as private.

You may wish to exercise your rights as contained in the Minnesota Government Data Practices Act. These rights include:

- The right to see and obtain copies of data maintained about you;
- The right to be told the contents and meaning of the data; and
- The right to contest the accuracy and completeness of the data.

To exercise these rights, contact the Farmington Human Resources Director at 430 Third Street, Farmington, MN 55024 (651) 280-6800. I have read and I understand the above information regarding my rights as a subject of government data.

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Applicant

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Date

**CERTIFICATION OF COMPLIANCE**  
**MINNESOTA WORKERS' COMPENSATION LAW**

Form FG TN2009

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Chapter 176. The information required will be collected by the licensing agency and retained in their files. The information required is: name of insurance company, policy number, and dates of coverage or permit to self-insure.

**This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$2,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.**

**Insurance Company Name:** \_\_\_\_\_  
(**Not** the insurance agent)

**Policy Number:** \_\_\_\_\_

**Dates of Coverage:** \_\_\_\_\_ to \_\_\_\_\_  
(or)

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

- ( ) I have no employees.
- ( ) I am self-insured (include permit to self-insure).
- ( ) I have no employees who are covered by the workers' compensation law,  
(these include: spouse, parents, children and certain farm employees).

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

**Name:** \_\_\_\_\_  
(Last) (Middle) (First)

**Doing business as (DBA):** \_\_\_\_\_  
(Business name if different than your name)

**Business address:** \_\_\_\_\_  
(Street) (City, State, ZIP)

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



## **176.182 BUSINESS LICENSES OR PERMITS; COVERAGE REQUIRED**

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 Section 176.181, subdivision 2, by providing the name of the insurance company, the policy number, and the dates of coverage or the permit to self-insure. The commissioner shall assess a penalty to the employer of \$2,000 payable to the assigned risk safety account, if the information is not reported or is falsely reported.

Neither the state nor any governmental subdivision of the state shall enter into any contract for the doing of any public work before receiving from all other contracting parties acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, subdivision 2.

This section shall not be construed to create any liability on the part of the state or any governmental subdivision to pay workers' compensation benefits or to indemnify the special compensation fund, an employer, or insurer who pays workers' compensation benefits.

HIST: 1982 c 346 s 94; 1983 c 290 s 114; 1987 c 332 c 332 s 47; 1992 c 510 art 3 s 19; 1995 c 231 art 2 s 72



Minnesota Department of Public Safety  
**Alcohol and Gambling Enforcement Division (AGED)**  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
Telephone 651-201-7504 Fax 651-297-5259 TTY 651-282-6555

**MUST BE A LICENSED BREWER IN ORDER TO APPLY FOR THIS LICENSE**

**Certification of an On Sale Brewer's Taproom License and Sunday License**

**This license only authorizes the on sale of malt liquor produced by the brewer for consumption on the premises**

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following license types:  
**City issued On Sale Brewer's Taproom and Sunday Liquor Licenses**

Name of City or County Issuing Liquor License \_\_\_\_\_ License Period From: \_\_\_\_\_ To: \_\_\_\_\_

\_\_\_ New License \_\_\_ License Transfer \_\_\_\_\_ Suspension \_\_\_ Revocation \_\_\_ Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

Fees: On Sale Taproom License Fee: \$ \_\_\_\_\_ Sunday License Fee: \$ \_\_\_\_\_

Licensee Name: \_\_\_\_\_ DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or individual)

Business Trade Name \_\_\_\_\_ Business Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ County \_\_\_\_\_ Business Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Licensee's MN Tax ID# \_\_\_\_\_ Licensee's Federal Tax ID# \_\_\_\_\_  
(To Apply call 651-296-6181) (To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

On Sale Taproom licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate **must contain** all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address of the location listed on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

\_\_\_ Yes \_\_\_ No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: \_\_\_\_\_ Policy # \_\_\_\_\_

I certify that this license has been approved in an official meeting by the governing body of the city or county.

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