

CASS COUNTY AUDITOR TREASURER

PO Box 3000, 303 Minnesota Ave W, Walker, MN 56484

Phone: 218-547-7275 Facsimile: 218-547-7278

E-Mail: kristen.rech@casscountymn.gov Web site: www.casscountymn.gov



All 3.2 beer licenses expire on November 30th of each year.

Enclosed, you will find the 3.2 beer license renewal packet. Promptly fill out and return ALL forms (front & back) along with the appropriate fee. Any incomplete forms will result in your renewal being rejected by the county.

All applicants are responsible for obtaining approval and signatures from the Cass County Sheriff's Office, Attorney's Office, and the Township where your business is located. If your business is located in an unorganized township, you can disregard the Township Approval form. Applicants are also responsible in ensuring that all documents requiring notarization are notarized upon their submission. If you need a notary, you can have the Cass County Auditor Treasurer's office provide a notary.

If you will not be renewing your license, please email or call our office to let us know.

Please keep in consideration that renewing your license is a time-consuming process. The county board meets the 1st & 3rd Tuesday of each month. Depending on which township you hold your license in, township boards typically meet once a month or less. You can access meeting dates from our website at www.casscountymn.gov or by referring to the attached township information form. Township approval must be made before county approval. Some townships require that the county sheriff and attorney sign off before they approve the 3.2 resolution, so it is imperative that you reach out to your township right away.

For seasonal businesses, if you plan to have your license by fishing opener, you will need to have all your documents and fees to our office during the renewal period.

Please review the Cass County Liquor Ordinance at www.casscountymn.gov, if you do not have internet access you may call to request a copy.

Auditor/Treasurers Office

Office Contact Information:

Phone: 218-547-7275

In Person: 303 Minnesota Ave W. Walker, MN 56484

Email: kristen.rech@casscountymn.gov

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3.2 License Renewal Application

I, _____ of the township of _____
(Applicant's Name) (Township Name)

do hereby make application for retailers (On-Sale/Off-Sale) 3.2 Malt Liquor License to sell such malt liquor under and pursuant to an ordinance passed by the Cass County Board, Minnesota; and Chapter 340A, Minnesota Statutes 1986, as amended, providing for licensing, and regulating the sale of 3.2 malt liquor.

Cass County 3.2 Malt Liquor License: December 1st – November 30th of each year.

License Type: ☐ On-Sale \$50.00 ☐ Off-Sale \$25.00 ☐ On & Off-Sale \$75.00	
Licensee Name: (Corporation, Partnership, LLC or Individual)	Applicant Name:
Applicant Social Security #	Applicant DOB:
Business Trade Name or DBA:	
Business Address:	
Business Mailing Address:	
Business Phone:	Primary Contact Phone:
Licensee's Federal Tax ID#: (to apply call 1-800-937-8864)	
Licensee's MN Tax ID#: (to apply call 651-296-6181)	
☐ I am the owner of the premises.	The business has been in operation for _____ years.
☐ I am not the owner of the premises; and ☐ I am leasing the premises.	I engage in the retail sale of intoxicating liquor ☐ Yes ☐ No
☐ I am renting the premises.	I have had an application for a license rejected ☐ Yes ☐ No
☐ Other _____	If yes to the question above, please explain:

(Form continued)

ALL APPLICANTS, AFFIRM THE FOLLOWING AND SIGN BEFORE A NOTARY

I have attached a copy of all summons(es) which have been issued in the past year under the Liquor Civil Liability Law (Dram Shop) SA.340.A.802.

I have no intention or agreement to transfer the license to another person.

I will comply strictly with the provision of the ordinance relating to the sale of soft drinks for "mixing" purposes and will serve patrons in full view of the public.

Gambling or gambling devices will not be allowed in my establishment unless authorized by Minnesota Statute Section 349.30.

I agree to waive my Constitutional Rights against search and seizure and will freely permit peace officers to inspect my premises and agree to the forfeiture of my license if found to have violated the provisions of the ordinance (resolution) providing for the granting of this license.

I do not have delinquent and/or unpaid taxes owed to the federal, state, or local government, assessments, or other financial claims.

Applicant confirms that Worker Compensation insurance is in effect for the full license period.

I hereby certify that sales for the preceding year were less than \$25,000 for an on-sale license and/or less than \$50,000 for an off-sale license, (liability insurance is required for sales over these amounts).

I hereby solemnly swear that the foregoing statements are true and correct to the best of my knowledge and that I agree to comply with all the provisions of the ordinance under which this license is granted.

Subscribed and sworn to before me

Signature of Applicant

this ____ day of _____ 20____.

Signature of Notary

(Affix Notary Stamp)

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CASS COUNTY LICENSE APPLICANT INFORMATION

Pursuant to Minnesota Statutes 270C.72, the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your business tax identification numbers and the Social Security number of each license applicant. Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that: This information may be used to deny the issuance, renewal, or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest; and the licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service; and Failure to supply this information may jeopardize or delay the issuance of your licensing or processing your renewal application. Please fill in the following information and return this form along with your application to the agency issuing the license.

Licensing Authority: **CASS COUNTY**

LICENSE INFORMATION

Name of License being applied for:	License Renewal date:
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PERSONAL INFORMATION

Applicants Name:			
Mailing Address:			
Social Security #:		Email Address:	

BUSINESS INFORMATION

Business Name:			
Physical Address:			
Mailing Address:			
MN Tax ID		Federal Tax	

Signature: _____

Date: _____

State of Minnesota) ss.
County of Cass)

Our mission is to deliver quality public services to the citizens in an effective, professional, and efficient manner.

AFFIDAVIT AS TO SALES

3.2 MALT LIQUOR

I, _____ doing business as _____
(Applicant's Name) (Name of Business)

am applying for a 3.2 Malt Liquor License to sell: (please select one)

- ☐ On-Sale
- ☐ Off-Sale
- ☐ Combination (Both)

I certify that my sales from 3.2 Malt Liquor for the preceding year are less than \$25,000 for On-Sale and/or \$50,000 for Off-Sale, pursuant to Minnesota Statute 340A.409, Sub. 4.

Applicant's Signature

Date _____

STATE OF MINNESOTA)) SS
COUNTY OF CASS)

On this _____ day of _____, 20_____, before me, a notary public within and for said County appeared, _____ to me known to be the person signing as principal herein and stated that he/she signed the same of his/her own free will and accord.

Notary Public Signature _____
My Commission Expires: _____

(AFFIX NOTARY STAMP)

CERTIFICATE OF COMPLIANCE MINNESOTA WORKERS' COMPENSATION LAW

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

This information is required by law. 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 is falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company: _____
(NOT the insurance agent)

Policy Number: _____

Dates of Coverage: _____ to _____

-- or --

- ☐ 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, parent, 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, First Middle -- Please type or print.

Doing Business As (dba): _____
Business name if different than your name – please type or print.

Business Address: _____
Street Address

City, State, ZIP

Phone: _____
Please include area code.

Signature: _____ Date: _____

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CASS COUNTY PARCEL IDENTIFICATION NUMBERS

Pursuant to Cass County Ordinance No. 2018-01 LIQUOR LICENSE REGULATIONS License shall not be granted under this ordinance to any applicant owing or to any premises on which federal, state, or local taxes, including property taxes, assessments, or other financial claims where delinquent and unpaid. For assistance in finding your PID, visit: <http://cassweb3.co.cass.mn.us/link/Reports/taxsearch/search.aspx>

Please list your business parcel and all other parcels owned by applicant in the county of Cass. The parcel ID is in the following number format 00-000-0000.

Business PID(s):

Other PID(s):

For Office Use Only:

Delinquent Property Taxes: NO YES

Date: _____

Initials: _____

CASS COUNTY TENNESSEN WARNING

You are hereby advised pursuant to Minnesota Statutes, Section 13.04, Subd. 2, that in order to complete the application necessary for licensing within this municipality, you may be required to supply certain private and/or confidential personal data to Cass County via the completed application form. This private and/or confidential personal data, in addition to all other information provided; will be used by members of the Cass County staff and the County Board of Commissioners to determine whether or not the "license" may be granted as requested.

You have the right to refuse to supply any or all data requested, however, your application will not be processed unless all of the requested data is supplied. All data contained in the license application along with any additional relevant data obtained by agents of Cass County, pursuant to the processing of this licensing application, will be classified as PUBLIC DATA. Public data is available to the general public upon request.

You are reminded of your right to consult with legal counsel of your choosing in order to assure your understanding of the Tennessee Warning and the full consequences involved in the completion of the application for license.

I authorize the Minnesota Bureau of Criminal Apprehension and the Federal Bureau of Investigation to disclose Criminal History Record Information to officials of Cass County, State of Minnesota, for the purpose of determining my qualifications and fitness to possess a liquor or beer license in the Township of _____, State of Minnesota.

I have read the above warning and fully understand the consequences of filling out the application for license and waive any rights I may have to keep the data private or confidential.

Signature of Applicant

Date: _____

Subscribed and sworn to me before a Notary Public
On this _____ day of _____ 20____

(Notary signature)

(Stamp)