



Minnesota Department of Public Safety
 ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 (651) 201-7504 TDD (651) 282-6555
 FAX (651) 297-5259

**APPLICATION FOR BROKERS LICENSE
 TO REPRESENT A DISTILLERY, WINERY OR IMPORTER
 LICENSE FEE: \$600**

License Expiration Date: License Number: Date Approved:

Workers Comp. Ins, Co. Policy Number

Policy Period Federal Tax ID Number

APPLICANT'S NAME (Business, Partnership, LLC, Corporation)		SOCIAL SECURITY NUMBER	APPLICATION DATE
DBA OR TRADE NAME			BUSINESS PHONE
BUSINESS STREET ADDRESS			FAX NUMBER
CITY		STATE	ZIP CODE
NAME, ADDRESS AND TYPE OF BUSINESS (DISTILLERY, WINERY, IMPORTER) TO BE REPRESENTED. FOR EACH FIRM LISTED, THE APPLICANT MUST ATTACH A STATEMENT OF REPRESENTATION.			
NAME			TYPE
ADDRESS, CITY, STATE, ZIP CODE			
NAME			TYPE
ADDRESS, CITY, STATE, ZIP CODE			
Does the applicant or associates hold any retail alcohol beverage license, or have any financial or other interest in such a license or establishment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe (Please attach additional sheet if needed.)			
Has the applicant, partners or officers, ever been convicted of any violation of the Minnesota Liquor Control Act or a felony in this state, any other state, or under federal liquor laws? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details. (Please attach additional sheet if needed.)			

Print Full Name of Applicant and Title Signature of Applicant DOB Date