



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 LICENSE TO SELL INTOXICATING OR 3.2 % MALT LIQUOR ON A COMMON CARRIER

INTOXICATING (INCLUDES 3.2% MALT LIQUOR) LIQUOR	\$250	DUPLICATE LICENSE	\$30 Each
3.2% MALT LIQUOR ONLY	\$50	DUPLICATE LICENSE	\$20 Each
SUNDAY INTOXICATING LIQUOR	\$75	DUPLICATE LICENSE	\$30 Each

License Expiration Date: _____ License Number: _____ Date Approved: _____
 Workers Comp. Ins, Co. _____ Policy Number _____
 Policy Period _____ Federal Tax ID Number _____

CARRIER'S NAME	LICENSE PERIOD FROM	TO
APPLICANT'S NAME AND TITLE	BUSINESS PHONE	
MAIN ADDRESS OF CARRIER	FAX NUMBER	
CITY	STATE	ZIP CODE

If this application is for a common carrier (plane, boat, railroad car, etc.) commencing operations in Minnesota for the first time, give the date operations will begin. _____
 An intoxicating liquor, 3.2% malt liquor and/or Sunday license is required for the first carrier to be operated in Minnesota. For each additional carrier a duplicate intoxicating, 3.2% malt liquor and/or Sunday license is required.
 Give the number of carriers requiring intoxicating, 3.2% malt liquor or duplicate intoxicating liquor licenses.

 Give the number of carriers requiring Sunday intoxicating, 3.2% malt liquor or duplicate Sunday intoxicating liquor licenses.

 All statements and documents submitted with this application shall become a permanent part of the record. The Liquor Control Director has the right to reject or revoke any license or license application containing a false statement.
 All records pertaining to purchase and sales shall be kept at the company's main office for a period of four years.

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

MAKE CHECK PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT

* Office of Enterprise Technology

 AMOUNT RECEIVED