



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 MICRO DISTILLER IN ORDER TO APPLY FOR THIS LICENSE

Certification of an On Sale Micro Distiller Cocktail Room License

This license only authorizes the on sale of Liquor produced by the distiller for consumption on the premises

Cities and Counties: You are required by law to complete and sign form to certify the issuance of the following License types:
City issued Micro Distiller's Cocktail Room and Sunday Liquor Licenses

City or County Issuing Liquor License: _____ License Period From: _____ To: _____

Circle One: New License Transfer _____ Suspension _____ Revocation _____ Cancel _____
 (Former Licensee Name) (Give Dates)

Fees: On Sale Cocktail Room License Fee: \$ _____ Sunday License Fee: \$ _____

City or County Email Address: _____

License 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 _____

Business Email _____

Licensee's MN Tax ID # _____ Licensee's Federal Tax ID # _____

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

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On Sale Cocktail Room 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.

Circle One: (YES NO) During the last 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(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature _____ Date _____