



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 445 Minnesota St., Suite 1600, St. Paul, MN 55101
 (651) 201-7510 FAX (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.MN.US

APPLICATION FOR WINE OR MALT BEVERAGE EDUCATOR ON SALE LICENSE
(Fee \$250.00 Additional Employees \$50.00 for Each)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application.

Workers compensation insurance company Name _____ Policy # _____
 LICENSEE'S MN SALES & USE TAX ID # _____ To apply for MN Sales Tax # call (651) 296-6181
 LICENSEE'S FEDERAL TAX ID # _____

Applicants Name		Trade Name or DBA	
Business Address		Business Phone ()	Applicant's Home Phone ()
City	County	State	Zip Code

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? Yes No
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If a subsidiary of another corporation, give name and address of parent corporation

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.
 Attach additional sheet if needed.

Partner/Officer Name and title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB

Employees of Wine Educator (Include \$50.00 License Fee for each Employee attach additional sheet if needed).

Employee of the Wine Educator	Address	Social Security #	DOB
Employee of the Wine Educator	Address	Social Security #	DOB
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Employee of the Wine Educator	Address	Social Security #	DOB

REQUIRED INFORMATION

Yes	No	1.	Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome.
Yes	No	2.	Has the applicant completed training in one of the following areas? Certified specialist of wine or certified wine educator status as conferred by the Society of Wine Educators, a Wine and Spirits Education Trust Diploma, status as a certified sommelier, or the completion of a wine industry program at a technical college or culinary school. Please provide the name of the institution providing the training and attach a copy of your certification. _____

Yes No 3. Has the applicant completed certified Alcohol Awareness Training? If yes, give name and address of the entity providing the training and attach a copy of your certificate of completion.

Yes No 4. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. _____

The licensee must have one of the following: (Check one)

- A. Liquor Liability Insurance (Dram Shop) \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.

Please answer the questions below related to the Wine Educator conduct of business.

Yes No Applicant agrees that all events conducted pursuant to this license must be conducted through advance registration, and no walk-in access to the general public is permitted.

Yes No Applicant agrees that license holder shall not sell alcohol for off-premises consumption and no orders may be taken for future sales.

Yes No Applicant agrees that classes shall not be conducted at retail businesses that do not have a liquor license during business hours.

Yes No Applicant agrees to notify the police chief of the city where the class will take place, if the event will take place within the corporate limits of a city. If the city has no police department, the licensee shall notify the city's clerk. If the class will take place outside the corporate limits of any city, the licensee shall notify the sheriff of the county where the class will take place.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND STATEMENTS AND STATE THAT THE ANSWERS ARE CORRECT TO THE BEST OF MY OWN KNOWLEDGE

Signature of Applicant

Print Name of Applicant

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. FOR INFORMATION REGARDING OBTAINING THIS STAMP, CONTACT THE BUREAU OF ALCOHOL TOBACCO AND FIREARMS AT (651) 726-0220

NOTICE

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

(PS Form # Pending 2012)