



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 BREWER IN ORDER TO APPLY FOR THIS LICENSE
Certification of an On Sale Brewer's Taproom License and Sunday License

This license only authorizes the on sale of Malt liquor produced by the brewer 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 On Sale Brewer's Taproom 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 Taproom License Fee: \$ _____ Sunday License Fee: \$ _____

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 _____

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 _____

Partner/Officer Name (First Middle Last) _____ DOB _____ Social Security # _____ Home address _____

Partner/Officer Name (First Middle Last) _____ DOB _____ Social Security # _____ Home address _____

On Sale Taproom 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.

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 _____