

LAKE MINNETONKA CONSERVATION DISTRICT

In Support of an Application for an
**On-Sale Intoxicating Liquor License, Wine License,
and/or Non-Intoxicating Malt Liquor License.**

PART I - GENERAL INFORMATION

Directions: Please fill out this form in black ink. The form may be filled out online and printed. If the application is by a natural person, the form must be filled out by such person; If by a corporation, by an officer thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

1. Name of applicant: _____
(Name of individual, partnership, corporation or association)

2. Name of business: _____
(Name of charter boat and/or other business name)

3. Business Address: _____
(address, city, state, zip) (phone)

4. Type of applicant: () Individual, () Partnership, () Corporation,
(please check one) () Association or other _____

5. Type of license(s): () Intoxicating Liquor () Intoxicating Sunday
() Wine License () Non-Intoxicating Malt Liquor
() Consumption and Display Permit

6. If individual applicant:
Full Name: _____

Residence address: _____ (Phone)

Business address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for this individual.

7. If manager, proprietor or other agent in charge of the individual owner's charter boat to be licensed:
Full Name: _____

Residence address: _____ (Phone)

Business address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for this individual.

8. If the applicant is a partnership:
(1). Full Name: _____ (% Interest)

Residence address: _____ (Phone)

Business address: _____ (Phone)

(2). Full Name: _____ (% Interest)

Residence address: _____ (Phone)

Business address: _____ (Phone)

(3). Full Name: _____ (% Interest)
Residence address: _____ (Phone)
Business address: _____ (Phone)

(4). Full Name: _____ (% Interest)
Residence address: _____ (Phone)
Business address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for each individual.

The Managing partner will be: _____

Manager, Proprietor or other agent in charge of the partnership's charter boat to be licensed:

Full Name: _____
Residence address: _____ (Phone)
Business address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for each individual.

IF THE APPLICATION IS FOR A PARTNERSHIP, ATTACH A TRUE COPY OF THE PARTNERSHIP AGREEMENT AND A COPY OF THE CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE CLERK OF DISTRICT COURT.

9. If applicant is a corporation or association:

Name: _____ (State of Inc.)
Address: _____ (Phone)
Home office address: _____ (Phone)
President: _____ (Phone)
Residence Address: _____
Vice President: _____ (Phone)
Residence Address: _____
Secretary: _____ (Phone)
Residence Address: _____
Treasurer: _____ (Phone)
Residence Address: _____

* Part II - Personal Information form must be filled out and attached for each individual.

All persons who singly or together with a spouse and his/her family members, own or control an interest in said corporation or association in excess of 5%:

(1) Full name: _____ % Interest

Residence Address: _____ (Phone)

(2) Full name: _____ % Interest

Residence Address: _____ (Phone)

(3) Full name: _____ % Interest

Residence Address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for each individual.

Manager, proprietor or other agent in charge of the corporation's or association's charter boat to be licensed:

Full name: _____

Residence address: _____ (Phone)

Business address: _____ (Phone)

* Part II - Personal Information form must be filled out and attached for each individual.

IF THIS APPLICATION IS FOR A CORPORATION OR ASSOCIATION, ATTACH A TRUE COPY OF THE ARTICLES OF INCORPORATION OR ASSOCIATION AGREEMENT AND BY-LAWS, AND IF A FOREIGN CORPORATION, A CERTIFICATE OF AUTHORITY AS DESCRIBED IN CHAPTER 303, MINNESOTA STATUTES.

10. State the legal description of the dockage and premises of home port of call of the charter boat to be licensed. (Applicant may be required to submit a plot plan of the area showing dimensions, location of buildings, street access, parking facilities and the locations of and distances to the nearest church building and public school grounds.

11. What is the home port of call dockage and premises classified under City zoning ordinance?

If dockage and premises where the licensed charter boat will be stored is other than the applicant, fill in the following information for the owner(s).

(1) Full name: _____

Residence address: _____ (Phone)

Business address: _____

(Phone)

(2) Full name: _____

Residence address: _____

(Phone)

Business address: _____

(Phone)

12. Where dockage is owned by other than applicant state in summary condition of lease arrangement - term of years, monthly rental, etc. (attach a copy of lease agreement)

14. If the charter boat is owned by individual applicant, partnership, corporation or association, state:

A. Date purchased: _____

B. Name and address of person purchased from: _____

C. Purchase price: \$ _____

D. Down payment: \$ _____

E. Who currently holds security interest? _____

F. Term of purchase loan: _____

G. Loan interest rate: _____

H. State of rate of which loan is being liquidated: _____

I. Are the payments on loan up to date? _____

15. State the amount of the investment that the applicant has in the charter boat, fixtures, furniture, stock in trade, etc. and attach supporting proof of the source of such money.

16. Give full name, address, phone, and the nature of the interest, amount, thereof, terms of payment or other reimbursement, of all persons, other than the applicant, who have any financial interest in the charter boat, fixtures, furniture, or stock in trade. (this shall include, but not be limited to , any lessees, lessors, mortgages, mortgagors, lenders, lien holders, trustees, trustors, and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

If this application is for a charter boat either planned or under construction or undergoing substantial alteration, the application shall be accompanied by a set of preliminary plans showing the design of the proposed charter boat to be licensed and showing the exact location of all areas intended for the preparation and serving of liquor.

17. State the deck and general area where liquor is to be sold and consumed. (applicant must attach a floor plan showing dimensions and indicating number of persons intended to be served in the dining rooms, and indicating and identifying all other rooms and other areas where liquor is to be sold and consumed.)

18. What permits required by the Federal government by the laws of the United States have been applied for, or issued for, the charter boat? In what name were these applied for or issued and what is the nature of the permit?

19. What permits or licenses required by the State of Minnesota by its Statutes have been applied for, or issued for, the charter boat? In what name were these applied for or issued to, and what is the nature of the permit or license?

20. Are any real estate taxes, personal property taxes, or special assessments, delinquent or unpaid, for the charter boat to be licensed, or the home port of call? If yes, give details:

21. If the charter boat is a restaurant, is there a minimum floor area to accommodate a seating capacity of at least 30 persons?

22. What food service is provided? (attach a sample menu)

23. State the home port of call: (attach city zoning certificate)

24. Other authorized port of call: (attach city zoning certificate(s))

25. Does vessel have a completely enclosed area for conducting activities involving live or recorded music and public access systems to meet LMCD Code Section 5.43, Subd. 2 amended:

26. Three persons, residents of the State of Minnesota, of good moral character, not related to the applicant or financially interested in the charter boat business, who may be referred to as the applicant's character.

(A) Name:

_____ (Phone)

Address:

(B) Name:

_____ (Phone)

Address:

(C) Name:

_____ (Phone)

Address:

STATE OF _____) Signed: _____

COUNTY OF _____) For: _____

_____ Being first duly sworn, upon his/her oath deposes and says that he/she is the person who has executed the above application and that the statements made therein are true of his/her own knowledge and belief.

Signed: _____
Subscribed and sworn to before me this _____ Day of _____

Notary Public, _____ County, _____
My commission expires _____