

Minnesota Department of Public Safety **Alcohol and Gambling Enforcement Division (AGED)**

444 Cedar Street, Suite 133, St. Paul, MN 55101-5133 Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555 www.dps.state.mn.us

Application for Optional 2 AM Liquor License

License type code: 2AM License Expiration		DateID# (For Office Use Only)		
Licensee Name:				
Trade Name:				
Licensed Location Add	dress:			
City, State, Zip Code:				
Business Phone:				-
If the above named lice	ensee is a corporation	on, partnership,	or LLC, complete the following	owing 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
below. Next to the	box you check is nent Division (AC	your 2 AM lic	ense fee. Make check p	eipts by checking one of the boxes bayable to: Alcohol and k to: AGED, 444 Cedar St., Suite
 □ \$750 2 AM licer □ \$1,000 2 AM licer □ \$200 2 AM licer 	nse fee - Over \$100 nse fee - Over \$500 nse fee - 3.2% On \$),000, but not o),000 in on sale Sale Malt Liquo	e gross receipts for alcoholover \$500,000 in on sale gross receipts for alcoholior licensees or Set Up licenverages for a full 12 month.	oss receipts for alcoholic beverages c beverages se holders
□ Yes □ No Does	your city or count	y licensing of	ficial allow the sale of al	coholic beverages until 2 AM?
City Clerk/County Auditor Signature				Date
			_ approves the sale of alcoholic b	
Licensee Signature_ (Legrify that I have answer	ed the above questions t	ruthfully and corre	ectly)	Date

Licensee: Prior to submitting this application to the Alcohol and Gambling Enforcement Division, it must be signed by your local city or county licensing official.