

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 Date	ID#
License type code: 2AM License Expiration Date Licensee Name:	(For Office Use Only)
Trade Name:	
Licensed Location Address:	
City, State, Zip Code:	
Business Phone:	
If the above named licensee is a corporation, partnership, or LLC, c	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	
Licensee must report previous 12 month on sale alcoholic bev below. Next to the box you check is your 2 AM license fee. M Enforcement Division (AGED). Mail this application and ch MN 55101-5133.	Take check payable to: Alcohol and Gambling
□ \$300 2 AM license fee - Up to \$100,000 in on sale gross receipts □ \$750 2 AM license fee - Over \$100,000, but not over \$500,000 i □ \$1,000 2 AM license fee - Over \$500,000 in on sale gross receipt □ \$200 2 AM license fee - 3.2% On Sale Malt Liquor licensees or □ \$200 2 AM license fee - Did not sell alcoholic beverages for a fu □ Yes □ No Does your city or county licensing official all	n on sale gross receipts for alcoholic beverages tts for alcoholic beverages Set Up license holders all 12 months prior to this application
City Clerk/County Auditor Signature	
(I certify that the city or county of approves the	
Licensee Minnesota Tax ID Number (Required)	
Licensee Signature	Date
(I certify that I have answered the above questions truthfully and correctly)	

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.

(2AM-5/06)