

MINNESOTA JOINT UNDERWRITING ASSOCIATION
445 MINNESOTA ST SUITE 514
ST. PAUL MN 55101
1-800-552-0013 651-222-0484 FAX: 651-222-7824

APPLICATION FOR LIQUOR LIABILITY COVERAGE

Coverage will not be bound if the correct premium payment, written rejection or if quote exceeds 20% above plan rate, current license and required documentation of liquor receipts are not attached. Coverage cannot be bound prior to 12:01a.m. the day following receipt of the above by the administrator.

Legal Name of Applicant _____

Trade Name (DBA) _____

Mailing Address _____

Phone _____

Individual Partnership Corporation Non-Profit Other _____

If Applicant is Individual:

Applicant Name _____ Spouse Name _____

If Applicant is a Partnership or Corporation:

Name of each Partner or Owner _____ Percentage of Ownership _____

Operating Location(s) – List all locations: _____

Classification: Primary Nature of Business: _____

Check all applicable:

Restaurant Club Bar Special Event Bowling Alley

NOTE: OFF SALE FACILITIES MUST HAVE A SEPARATE ENTRANCE TO QUALIFY FOR AN OFF SALE RATE.

Off Sale Only On/Off Sales

Total receipts of entire establishment: \$ _____

Gross receipts from Liquor Sales included above: \$ _____

Gross receipts from **OFF SALE**: \$ _____ **ON SALE**: \$ _____

Seating Capacity: _____ Total _____ Bar Only

License in effect? Yes No

Licensing Authority: _____

Address: _____

City: _____ **State:** MN **Zip Code:** _____

Fax #: _____

