

CERTIFICATE OF EXEMPTION

DATE: \_\_\_\_\_

To the \_\_\_\_\_ of the City of Crosslake,  
County of Crow Wing, State of Minnesota.

The undersigned, being the \_\_\_\_\_  
of the \_\_\_\_\_ hereby claims exemption  
from the requirement to show proof of financial responsibility.

That \_\_\_\_\_, states that the establishment named above  
located at Lot \_\_\_\_\_, Block \_\_\_\_\_, of the \_\_\_\_\_  
\_\_\_\_\_ Plat of the City of Crosslake and in  
which building is conducted the business of \_\_\_\_\_

where one of more of the following exempts this establishment.

\_\_\_\_\_ 3.2 On-Sale with sales of less than \$25,000 per year.

\_\_\_\_\_ 3.2 Off-Sale with sales of less than \$50,000 per year.

\_\_\_\_\_ Wine On-Sale with sales of less than \$25,000 per year.

Applicant hereby agrees to abide and be governed by all Laws, Rules, Ordinances and  
Regulations of the United States, the State of Minnesota and of this Municipality, pertaining  
to the exemption of such proof of financial responsibility.

Signed: \_\_\_\_\_  
Name

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Attest:

\_\_\_\_\_  
Clerk/Treasurer