



Minnesota Department of Public Safety  
**ALCOHOL AND GAMBLING ENFORCEMENT DIVISION**  
 444 Cedar St., Suite 222, St. Paul, MN 55101-5133  
 (651) 201-7507 FAX (651)297-5259 TTY(651)282-6555  
 WWW.DPS.STATE.MN.US



**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**

**No license will be approved or released until the \$20 Retailer ID Card fee is received**

Workers compensation insurance company, Name West Bend Mutual Insurance Policy # WCN2193048  
 Licensee's MN Sales and Use Tax ID # 3835132 To apply for a MN sales and use tax ID #, call (651) 296-6181  
 Licensee's Federal Tax ID # 47-2665757

**If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.**

Licensee Name (Individual, Corporation, Partnership, LLC) <u>Elmo Liquor Inc</u>		Social Security #	Trade Name or DBA <u>Elmo Liquor Inc</u>	
License Location (Street Address & Block No.) <u>11029 10th st N</u>		License Period From <u>Jan 1st-15</u> To <u>Dec 31st-15</u>		Applicant's Home Phone #
City <u>Lake Elmo</u>	County <u>Washington</u>	State <u>MN</u>	Zip Code <u>55042</u>	
Name of Store Manager <u>Keith P. Carlson</u>		Business Phone Number <u>612-819-1837</u>		DOB (Individual Applicant)

**If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.**

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
<u>Keith P. Carlson</u>	[REDACTED]	[REDACTED]	<u>Vice president</u>	<u>500</u>	<u>1626 Hunter Hill Rd Hudson WI 54016</u>
<u>Sara B. Hatter</u>	[REDACTED]	[REDACTED]	<u>president</u>	<u>500</u>	<u>18787 Jordan circle Lakeville MN 55044</u>
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

- If a corporation, date of incorporation 12-8-14, state incorporated in Minnesota, amount paid in capital \$60,000.00. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
first and only floor in a small strip mall
- Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No If yes state approximate distance. \_\_\_\_\_
- Name and address of building owner: Keith P. Carlson 1626 Hunter Hill Rd - Hudson, WI 54016  
Mike Cleary 9630 Walleye Rd NW Brandon MN 56315  
Has owner of building any connection, directly or indirectly, with applicant?  Yes  No
- Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued?  Yes  No If yes, in what capacity? \_\_\_\_\_
- State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. NO
- Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. NO

- 8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
- 9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be granted
- 10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License.  Yes  No  Will be granted
- 11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. \_\_\_\_\_
- 12. State Number of Employees 3
- 13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? \_\_\_\_\_
- 14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

- 1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. NO
- 2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. NO
- 3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties?  Yes  No If yes, give dates, charges and final outcome.
- 4. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons.

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

- Check one
- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
  - or  B. A surety bond from a surety company with minimum coverage as specified in A.
  - or  C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

**I certify that I have read the above questions and that the answers are true and correct of my own knowledge.**

Print name of applicant & title <i>Keith P. Carlson - D.A.</i>	Signature of Applicant <i>Keith P. Carlson</i>	Date <i>1-5-15</i>
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**REPORT BY POLICE/SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

<i>x R O Stearns</i>	<i>Chief Deputy</i>	
Police/Sheriff's Department	Title	Signature

PS 9136-(2009)

County Attorney's Signature \_\_\_\_\_

**IMPORTANT NOTICE**

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.  
For information call (513) 684-2979 or 1-800-937-8864

# City of Lake Elmo

3800 Laverne Avenue North

Lake Elmo, MN 55042

**APPLICATION FOR ON SALE LIQUOR LICENSE and/or**

**WINE LICENSE and/or**

**WINE LICENSE PLUS A 3.2% MALT LIQUOR LICENSE (TO SELL STRONG BEER)**

**FOR A RESTAURANT and/or**

**OFF-SALE INTOXICATING LICENSE/OFF-SALE 3.2 % LICENSE**

This application/renewal shall be completed and filed with the City Clerk together with the appropriate forms and proof of liability insurance as required by State Statute and City Code. Every question must be answered. The applicant shall be stated in the same manner for this application form, on all related forms and on the certificate of insurance.

Applicant Name Elmo Liquor Inc  
(Individual, Business, Partnership, Corporation)

Applicant Name \_\_\_\_\_  
(Individual, Business, Partnership, Corporation)

Trade Name or Doing Business As Elmo liquor inc

Business Address 11029 10th st N Lake Elmo MN 55042  
City State Zip

Applicant is:  Owner  Operator

License period: January 1 to December 31, 2015 or \_\_\_\_\_ Other

Age of applicant: 27+ Is the applicant a citizen of the United States? Yes

Application is:  New  Renewal

Name of former owner (if applicable) N/A

How long has the applicant been in this business at this address? 0 Owned property since

If partnership, state the name and address of each partner. If corporation, state the name and address of each officer:

SANA HATTAR 18787 Jordan circle Lakeville MN 55044  
Business Partner/Officer Address

Keith P. Carlson 1626 Hudson Hunter Hill Rd Hudson WI  
Business Partner/Officer Address

Business Partner/Officer Address

The **owner** of the property is: CHO investments / Keith P. Carlson + Mike Cleary

The **address** of the property **owner** is: 1626 Hunter Hill Rd Hudson WI / 9630 Wallace Rd NW  
Brandon MN

Does the building owner have connections, direct or indirect, with the applicant?

yes, Keith (applicant) is part owner of property since

Are the property taxes delinquent?  yes  no

Not assigned (see attached legal description)

Describe the premises to be licensed \_\_\_\_\_ Lot Number \_\_\_\_\_ Block Number

- Please attach a floor plan of licensed premises (including patio if applicable)

**Restaurant**

Seating Capacity \_\_\_\_\_ Business Hours \_\_\_\_\_ Hours food will be available \_\_\_\_\_

Number of Employees \_\_\_\_\_ Seasonal Operation  yes  no

Will food be the principal business of the restaurant?  yes  no

What percentage of business is food \_\_\_\_\_%. If no, describe the principal business:

License being applied for with this application:

(Please note the combination of On-Sale

Wine & 3.2% allows for the sale of strong beer)

\_\_\_\_\_ On Sale Liquor \$1,500 (2<sup>nd</sup> \$750)

\_\_\_\_\_ On Sale Wine \$300

\_\_\_\_\_ On Sale 3.2 Malt Liquor \$100

\_\_\_\_\_ On-Sale Club \$100

\_\_\_\_\_ On-Sale Sunday \$200

Off-Sale Liquor \$200

\_\_\_\_\_ Off-Sale 3.2 Malt Liquor \$150

\_\_\_\_\_ Investigation Fee \$350

New Licensee Investigation:

- New Licensees must submit investigation forms and applicable fees for all owners/managers.
- Upon renewal the city council may determine to conduct a background investigation on any license holder within the city limits and the licensee will be responsible for the investigation fee.

Is the applicant, or any of the associates in this application a member of the Lake Elmo City Council?  yes  no (If the applicant is the spouse of a member of the City Council, or another family relationship exists, the member shall not vote on this application.)

During the past year has a summons been issued under the liquor civil liability law, also know as the dram shop law?  yes  no If yes, attach a copy of the summons.

Has the applicant, or any of the associates in this application, been convicted during the past five years of any violation of federal, state, or local liquor laws in this state? NO If yes, give details and dates: \_\_\_\_\_

Does the applicant have any interest, directly or indirectly, in any other liquor establishment in Minnesota?  yes  no If yes, provide name and address of the establishment: \_\_\_\_\_

Please attach to this application:

- A.  Certificate of Insurance-\$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support, and
- B. A surety bond in the amount of \$1000, or in lieu of a bond, cash or United States government bonds of equivalent value.
- C. Proof of Financial Responsibility: No liquor license may be issued, maintained, or renewed unless the applicant demonstrates proof of financial responsibility with regard to liability imposed by M.S. 340A.801. The proof shall be filed with the Commissioner and the liability insurance policy shall conform to M.S. 340A.409.

Have you presented a check in full payment of the license fee(s) made payable to the City of Lake Elmo and the investigation fee included if applicable?  yes \_\_\_\_\_ no/provide reason: (no license will be processed without proper payment) \_\_\_\_\_

You have submitted a check for \$20 made payable to AGED for a buyers card and submitted it directly to the Director of Public Safety, Alcohol and Gambling Enforcement Division, 444 Cedar Street, Suite 222, St. Paul, MN 55101 (applicable to all on-sale liquor and wine licenses and off-sale liquor licenses (not 3.2 malt liquor)  yes \_\_\_\_\_ no/not applicable.

**I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT.**

Sara Halton 1-5-15  
 Signature of Applicant Date

Keith P. Lamb 1-5-15  
 Signature of Applicant Date

**REPORT BY WASHINGTON COUNTY SHERIFF DEPARTMENT**

This is to certify that the applicant(s), and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor:

R. O. Stang Chief Deputy 01/19/2015  
 Sheriff Signature Title Date

This is to certify that the applicant(s), and/or the associates, named herein have the following conviction(s)/violation(s) on record within the past five years pursuant to the Laws of the State of Minnesota, Municipal or County ordinances relating to intoxicating liquor:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Sheriff Signature Title Date