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

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

1. 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

2. 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

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐ Yes (No) If yes state approximate distance. _____

4. 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

5. 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? _____

6. 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. ND

7. 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.**

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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	Signature of Applicant	Date
Keith P. Carlson – V.P.	Keith P. Carlson	1-5-15

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:

Police/Sheriff's Department	Title	Signature
x [illegible]	Chief Deputy	

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: X 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: X New _____ Renewal

Name of former owner (if applicable) N/A

How long has the applicant been in this business at this address? Ø (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 cleery

The **address** of the property **owner** is: 1626 Hunter Hill Rd Hudson WI / 9630 Walleye 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 __X__no

Describe the premises to be licensed Not assigned (see attached legal description) 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 (2nd $750)
_____ On Sale Wine $300
_____ On Sale 3.2 Malt Liquor $100
_____ On-Sale Club $100
_____ On-Sale Sunday $200
__X__ Off-Sale Liquor $200
_____ Off-Sale 3.2 Malt Liquor $150

New Licensee Investigation: _____ Investigation Fee $350

- 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 __X__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 __X__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 __X__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? X 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) X yes_____no/not applicable.

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

Sara Hatton 1-5-15

Signature of Applicant Date

Kenneth P. Luke 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. A. Stacy 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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 1/7/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Cheryl Busker
Arthur J. Gallagher Risk Management Services, Inc. 3600 America Blvd. West, Suite 500 Bloomington MN 55431	PHONE (A/C, No, Ext): 952-358-7500 FAX (A/C, No): 952-358-7501 E-MAIL ADDRESS: Cheryl_Busker@ajg.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : West Bend Mutual Insurance Company	15350
INSURER B :	
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED	
Elmo Liquor Inc 11029 10th St N Lake Elmo MN 55042	ELMOLIQ-01

COVERAGES **CERTIFICATE NUMBER:** 652787328 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC OTHER:			BON2193047	1/1/2015	1/1/2016	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG $	$500,000 $200,000 $10,000 $500,000 $1,000,000 $1,500,000
A	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS X HIRED AUTOS X NON-OWNED AUTOS			CPN2193062	1/1/2015	1/1/2016	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) $	$500,000 $ $ $
	UMBRELLA LIAB [ ] OCCUR EXCESS LIAB [ ] CLAIMS-MADE DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE $	$ $
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [ ] N/A (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WCN2193048	1/1/2015	1/1/2016	[ ] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $100,000 $100,000 $500,000
A	Liquor Liability			CPN2193063	1/1/2015	1/1/2016	Occurrence Aggregate	500,000 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

City of Lake Elmo
3800 Laverne Ave N
Lake Elmo MN 55042

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Wes Van Voorhis