



[Crystal \(Minn.\).](#)
[City Council Minutes and Agenda Packets.](#)

Copyright Notice:

This material may be protected by copyright law (U.S. Code, Title 17). Researchers are liable for any infringement. For more information, visit www.mnhs.org/copyright.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#45369

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 535-5724 APPLICANT'S HOME PHONE NUMBER 698-3938

I, MAY KRAUSE, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or D.A.S. INC DBA UNITED LIQUORS
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

3530 N. DOUGLAS DR.
(street address — or — lot and block number)

City of CRYSTAL, Zip Code 55422, County of HENNEPIN

commencing JULY 1, and ending JUNE 30, 19 90

☒ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner, administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale NO; Sunday On-Sale NO Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)

Off-Sale Intoxicating Liquor License for this location?

OFF SALE

PART II

FOR CORPORATION:

MAY KRAUSE, Pres. Treasurer
(names of officers, directors and stockholders)

EVA KRAUSE, SECRET.

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details NO
- b. Has the applicant, or any of his 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 date and details NO
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details NO
- d. 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.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

[Signature]
(signature of applicant)

Subscribed and sworn to before me this

2nd day of May, 19 89.

[Signature]
(Notary Public)

My commission expires 2-24-93



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL POLICE DEPARTMENT
(name of city)

Approved By:

[Signature]
Chief of Police

TITLE
(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

Executed in Duplicate



Western Surety Company

SURETY BOND

STATE OF MINNESOTA — LIQUOR CONTROL COMMISSIONER

OFF SALE

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 58033157

That we D.A.S., Inc. as Principal,
and the WESTERN SURETY COMPANY, a corporation organized and existing under the laws of
the State of South Dakota, and duly authorized to transact a corporate surety business in the State
of Minnesota, as Surety, are held and firmly bound unto the City
(Insert City-Village-Borough)

of Crystal County of Hennepin State of Minnesota,

in the penal sum of One Thousand and no/100 (\$1,000.00) Dollars,

good and lawful money of the United States to be paid to said City
(Insert City-Village-Borough)

of Crystal for which payment we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this 9th day of February, 1989.

WHEREAS, The above bounden Principal desires to carry on the business of handling intoxicating liquors
as an "Off Sale" dealer, in the said City of Crystal
(Insert City-Village-Borough)

and is about to be granted a license for that purpose in pursuance with the provisions of Minnesota Statutes,
Chapter 340, as amended.

NOW, THEREFORE, The condition of this obligation is such that if the Principal shall comply with the terms of said license or any
modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota,
and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations
and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said Principal shall
further pay to the said municipality when due, all taxes, license fees, penalties and other charges provided by law, and that in the event of any
violation of the provisions of any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipali-
ty as in said act provided, and that if the said Principal shall pay to the extent of the principal amount of this obligation any damages for death
or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to remain in
full force and effect.

The Surety Company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989
and ending June 30, 1990

Witness our hands and seals this 9th day of February, 1989.

Signed, sealed and delivered in the presence of

D.A.S., INC.

Diane L. Woken

X BY Mr. Krane Principal

Christina Knott

As to Principal

Principal
WESTERN SURETY COMPANY

Rhone

By Joe Kirby
Joe P. Kirby, President

A. Victor

As to Surety

Countersigned
By Jeff Bloom
Resident Minnesota Agent

ACKNOWLEDGMENT OF PRINCIPAL
(For Individual)

STATE OF MINNESOTA
County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said county appeared _____ to me known to be the person signing as principal herein, and stated that he signed the same of his own free will and accord.

My Commission expires _____, 19____

(SEAL)

Notary Public

County, Minnesota

ACKNOWLEDGMENT OF PRINCIPAL
(For Corporation)

STATE OF MINNESOTA
County of Anoka } ss.

On this 10th day of March, 1989, before me appeared Max Krause to me personally known, who, being duly sworn, did say that he is the President of the D.A.S., Inc.; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said Max Krause acknowledged said instrument to be the free act and deed of said corporation.

My Commission expires May 6, 1994

(SEAL)



DIANE L. WOKEN
NOTARY PUBLIC-MINNESOTA
ANOKA COUNTY
My Comm. Expires May 6, 1994

Diane L Woken

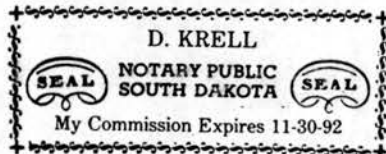
Notary Public

Anoka County, Minnesota

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA
County of Minnehaha } ss.

On this 1st day of April, 1986, before me appeared Joe P. Kirby to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of the Western Surety Company, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.



D. Krell
Notary Public, Minnehaha County, South Dakota



5-09-89

John H. Crowther, Inc.
3600 Multifoods Tower
33 South Sixth Street
Minneapolis, MN 55402
Selbie McLane 333-6361

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **E**

Received attached
Certificate 5-11-89.
Contacted Debbie McLane
of Crowther's 5-12-89
to request a change on
Cancellation clause to
30 days rather than 10.
S. G.

D.A.S., Inc.
dba United Liquor #3
2613 East Lake Street
Minneapolis, MN 55406

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY						
<input type="checkbox"/>	COMPREHENSIVE FORM				BODILY INJURY	\$	\$
<input type="checkbox"/>	PREMISES/OPERATIONS				PROPERTY DAMAGE	\$	\$
<input type="checkbox"/>	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$	\$
<input type="checkbox"/>	PRODUCTS/COMPLETED OPERATIONS						
<input type="checkbox"/>	CONTRACTUAL						
<input type="checkbox"/>	INDEPENDENT CONTRACTORS						
<input type="checkbox"/>	BROAD FORM PROPERTY DAMAGE						
<input type="checkbox"/>	PERSONAL INJURY				PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY						
<input type="checkbox"/>	ANY AUTO				BODILY INJURY (PER PERSON)	\$	
<input type="checkbox"/>	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	\$	
<input type="checkbox"/>	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				PROPERTY DAMAGE	\$	
<input type="checkbox"/>	HIRED AUTOS				BI & PD COMBINED	\$	
<input type="checkbox"/>	NON-OWNED AUTOS						
<input type="checkbox"/>	GARAGE LIABILITY						
	EXCESS LIABILITY						
<input type="checkbox"/>	UMBRELLA FORM				BI & PD COMBINED	\$	\$
<input type="checkbox"/>	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						\$ (EACH ACCIDENT)	
						\$ (DISEASE-POLICY LIMIT)	
						\$ (DISEASE-EACH EMPLOYEE)	
	OTHER						
A	Liquor Liability	Renewal of CCP 278 81 14	\$100,000 BI each person \$100,000 BI each occurrence	7-01-89 7-01-90			See below

3530 North Douglas Drive
Crystal, MN 55422

\$100,000 PD each occurrence
\$100,000 Loss of means of support each person
\$100,000 Loss of means of support each occurrence
\$300,000 Aggregate

City of Crystal
4141 Douglas Drive
Crystal, MN 55422

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~XXXXXX~~ MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT ~~YOUR FATHER OR MOTHER OR GRANDFATHER OR GRANDMOTHER OR ANY OTHER PERSON IN THE COMPANY'S ACCOUNTS OR REPRESENTATIVES~~

AUTHORIZED REPRESENTATIVE

© IIR/ACORD CORPORATION 1984

Form SP:C1
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: OFF SALE LIQUOR LICENSE
LICENSING AUTHORITY: City of CRYSTAL
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: JULY 1-89 - JUNE 30-90

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City

State

Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: D.A.S. Inc DBA UNITED LIQUOR STORE

Business Address: 3530 DOUGLAS DR N.
CRYSTAL MN 55422
City State Zip Code

Minnesota Tax Identification No.: 6977916

Federal Tax Identification No.: 41-1283278

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

[Signature]
Signature

Pres.
Position (Officer, Partner, etc.)

4-24-89
Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: AMERICAN STATES
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC-134129-2

Dates of Coverage: _____

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

M. J. Kruse
(SIGNATURE)

05/09/89

UNITED LIQUORS
CALLS FOR SERVICE SUMMARY
9 CALLS

3530 DOUGLAS DRIVE
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00004100 LIQUOR LAW MINOR ATTEMPTING TO PROCURE LIQUOR, CAR DAMAGED \$250

REMARKS TIME RECV DISPOSITION
2023 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00005300 PUBLIC PEACE MINOR ATTEMPTING TO GET MCFARLANE TO PURCHASE ALCOHOL

REMARKS TIME RECV DISPOSITION
KRIDER, HEATHER, DOB/070871 1532 JUV-RPT-TAKEN

ACTIVITY CD ACTIVITY CD REMARKS
00009600 FIRE-ALL OTH VEHICLE LEAKING GAS - WASH DOWN C.F.D. RESPONDED

REMARKS TIME RECV DISPOSITION
1627 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009802 MEDICAL MEDICAL TROUBLE BREATHING AF 78 YRS ST MARY'S VIA NORTH

REMARKS TIME RECV DISPOSITION
1854 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM-FLOYDS (FRONT DOOR) BLDG SECURE

REMARKS TIME RECV DISPOSITION
2004 ALARM MALF E/E

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - FLOYD SECURITY - APPEARS SECURE - KEYHOLDER NOTIFIED

REMARKS TIME RECV DISPOSITION
BY FLOYD 1005 ALARM MALF E/E

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM-FLOYDS BLDG SECURE

REMARKS TIME RECV DISPOSITION
MALFUNCTION 0433 ALARM MALF E/E

05/09/89

UNITED LIQUORS
CALLS FOR SERVICE SUMMARY
9 CALLS

3530 DOUGLAS DRIVE
05-01-88 THRU 04-30-89

PAGE 002

ACTIVITY CD	ACTIVITY CD	REMARKS
00009805	FALSE ALARM	ALARM, BLDG SECURE, KEYS NOTIFIED

REMARKS

TIME RECV	DISPOSITION
0408	ALARM MALF E/E

ACTIVITY CD	ACTIVITY CD	REMARKS
00009925	ALARM/OTHER	ALARM-FLOYDS BLDG SECURE PROBABLY CAUSED BY LIGHTENING

REMARKS

TIME RECV	DISPOSITION
2055	ALARM/OTHER

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#45207

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 537-5945 APPLICANT'S HOME PHONE NUMBER 529 1986

I, Gary R Paulsen Pres., for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or Houie's Liguors Inc.
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

4920 West Broadway
(street address — or — lot and block number)

City of Crystal, Zip Code 55429, County of Hennepin

commencing July 1, 19 89, and ending July 1, 19 90

☒ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale No; Sunday On-Sale No Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)
Off-Sale Intoxicating Liquor License for this location?

PART II

FOR CORPORATION:

Gary R Paulsen Janice L Paulsen
(names of officers, directors and stockholders)

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details _____
- b. Has the applicant, or any of his 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 date and details _____
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details _____
- d. 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.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

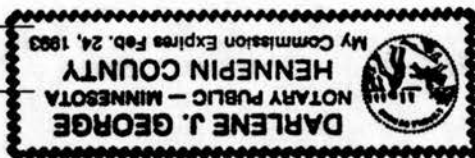
[Signature]
(signature of applicant)

Subscribed and sworn to before me this

18th day of April, 19 89.

[Signature]
(Notary Public)

My commission expires 2-24-93



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL POLICE DEPARTMENT
(name of city)

Approved By:

[Signature]
Chief of Police

TITLE

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

Louie's Liquors Inc.
4920 West Broadway
55429

CITY OF CRYSTAL

ADDENDUM FOR CORPORATION LIQUOR LICENSES. (Must be filled out by each corporate applicant)

Directions: As to each question hereinafter asked, state fully your answers to each question furnishing information not previously reported to the City Council on any prior application.
(Use separate sheets of paper if necessary)

- . During the past license year to date, state the name or names including home and business address, date of birth, places of birth, citizenship of each and every person directly or indirectly owning, operating or controlling your applicant's operation other than manager, stockholders, officers and directors. State the nature, percent and type of such ownership, operation and control. *None*
- . List all changes of officers and directors that have occurred in the past license year, from whom, to whom with the percentage of stock ownership of each. *None*
- . (a) List amount and type of shares of stock issued by said corporation; indicate whether voting or non-voting and list each shareholder of record as of this date together with the number and types of shares owned by each person, indicate whether voting or non-voting. *20,000 Shares Voting Common - Gary R Paulsen 100%*
(b) List each and every share of stock that has been transferred from one stockholder to another during the past license year. State type and indicate whether voting or non-voting. State the name and address of the transferor and the name and address of the transferee. *None*
- . (a) How many stockholder's meetings were held during the past license year? *One*
(b) State dates and places of holding meetings. *4920 West Broadway*
(c) The names and addresses of all persons in attendance and relationship to corporate license holder.
Gary R Paulsen President, Janice L Paulsen Secretary
- . (a) How many directors' meetings were held during the past license year? *One*
(b) State the dates and places of holding each meeting. *4920 West Broadway*
(c) The names and addresses of all persons in attendance and their relationship to the corporation.
Gary R Paulsen Chairman/Pres, Janice L Paulsen Secretary
- . (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting. *None*
(b) List the name and address of the owner and name and address of the person to whom such proxy was given, the number of shares involved and whether such proxy is a single purpose proxy or good for more than one meeting. _____
- . (a) During the past license year to date, list each share of stock in which the owner thereof is a limited owner such as a trustee, guardian, attorney in fact, pledgee, executor, administrator, assignee or in any other representative capacity. _____

7. (b) State the number and types of shares of stock involved, the names of all parties having an interest in such stock, the number of shares of stock involved, the names and addresses of all parties in interest, and a statement of such interest as to each. _____

8. (a) During the past license year to date, state any and all powers of attorney (general or special) in force as to voting of stock or as to the management of the licensed corporation. *None*

(b) State the name of the grantor and the grantee and other details pertaining thereto. _____

9. (a) During the past license year to date, state as to whether the corporation has issued, hypothecated, pledged or otherwise transferred or assigned any new or already issued stock. *No*

(b) State the amount and type of stock involved, the name and addresses of the persons involved and on what dates. _____

Form SP:CI
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED:

Off Sale Liquor

LICENSING AUTHORITY:

Crystal

(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE:

July 1 1989

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

City

State

Zip Code

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name:

Louie's Liquors Inc.

Business Address:

4920 West Broadway

Crystal

MN

55429

City

State

Zip Code

Minnesota Tax Identification No.:

6538945

Federal Tax Identification No.:

41-1236898

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature

Position (Officer, Partner, etc.)

Date

Gary A. Hansen Pres

4/18/89



Western Surety Company

SURETY BOND

STATE OF MINNESOTA — LIQUOR CONTROL COMMISSIONER

OFF SALE

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 58169130

That we Louie's Liquor, Inc. as Principal,
and the WESTERN SURETY COMPANY, a corporation organized and existing under the laws of
the State of South Dakota, and duly authorized to transact a corporate surety business in the State
of Minnesota, as Surety, are held and firmly bound unto the City

(Insert City-Village-Borough)

of Crystal County of Hennepin State of Minnesota,

in the penal sum of One Thousand and no/100 (\$1,000.00) Dollars,

good and lawful money of the United States to be paid to said City

(Insert City-Village-Borough)

of Crystal for which payment we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this 9th day of February, 19 89.

WHEREAS, The above bounden Principal desires to carry on the business of handling intoxicating liquors
as an "Off Sale" dealer, in the said City of Crystal

(Insert City-Village-Borough)

and is about to be granted a license for that purpose in pursuance with the provisions of Minnesota Statutes,
Chapter 340, as amended.

NOW, THEREFORE, The condition of this obligation is such that if the Principal shall comply with the terms of said license or any
modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota,
and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations
and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said Principal shall
further pay to the said municipality when due, all taxes, license fees, penalties and other charges provided by law, and that in the event of any
violation of the provisions of any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipali-
ty as in said act provided, and that if the said Principal shall pay to the extent of the principal amount of this obligation any damages for death
or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to remain in
full force and effect.

The Surety Company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989
and ending July 1, 1990

Witness our hands and seals this 9th day of February, 19 89.

Signed, sealed and delivered in the presence of

LOUIE'S LIQUOR, INC.BY Gay R. Paulsen

Principal

Principal

WESTERN SURETY COMPANY

As to Principal

By Joe P. Kirby

Joe P. Kirby, President

Countersigned

By Emily A. Kirby

Resident Minnesota Agent

As to Surety

ACKNOWLEDGMENT OF PRINCIPAL
(For Individual)

STATE OF MINNESOTA
County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said county appeared _____ to me known to be the person signing as principal herein, and stated that he signed the same of his own free will and accord.

My Commission expires _____, 19____

(SEAL)

Notary Public

_____, County, Minnesota

ACKNOWLEDGMENT OF PRINCIPAL
(For Corporation)

STATE OF MINNESOTA
County of _____ } ss.

On this _____ day of _____, 19____, before me appeared _____ to me personally known, who, being duly sworn, did say that he is the _____ of the _____; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

My Commission expires _____, 19____

(SEAL)

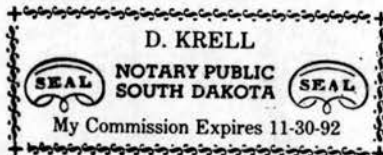
Notary Public

_____, County, Minnesota

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA
County of Minnehaha } ss.

On this 1st day of April, 1986, before me appeared Joe P. Kirby to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of the Western Surety Company, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.



D. Krell
Notary Public, Minnehaha County, South Dakota



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/21/89 - at

PRODUCER

ISSUED IN DUPLICATE

MURPHY INSURANCE AGENCY
820 Plymouth Building
Minneapolis, MN 55402
(612) 333-2271

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** St. Paul Fire & Marine Insurance CompanyCOMPANY LETTER **B** State Fund Mutual Insurance CompanyCOMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

INSURED

LOUIE'S LIQUORS, INC.
4920 West Broadway
Crystal, MN 55429

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				GENERAL AGGREGATE	\$
					PRODUCTS-COMP/OPS AGGREGATE	\$
					PERSONAL & ADVERTISING INJURY	\$
					EACH OCCURRENCE	\$
					FIRE DAMAGE (ANY ONE FIRE)	\$
					MEDICAL EXPENSE (ANY ONE PERSON)	\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				CSL	\$
					BODILY INJURY (PER PERSON)	\$
					BODILY INJURY (PER ACCIDENT)	\$
					PROPERTY DAMAGE	\$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE	\$
					AGGREGATE	\$
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	001015.205	07/01/89	07/01/90	STATUTORY	
					\$ 100,	(EACH ACCIDENT)
					\$ 500,	(DISEASE-POLICY LIMIT)
A	OTHER Liquor Liability	B006641945	07/01/89	07/01/90	\$ 100,	(DISEASE-EACH EMPLOYEE)
					See Below:	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

\$1,000,000. Bodily Injury & Property Damage
\$1,000,000. General Aggregate

CERTIFICATE HOLDER

City of Crystal
4141 Douglas Drive
Crystal, MN 55422
Attn: Darlene George, City Clerk

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~MAIL 30~~ MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BY FAX OR BY MAIL TO THE ADDRESS OF THE CERTIFICATE HOLDER~~ BY FAX OR BY MAIL TO THE ADDRESS OF THE CERTIFICATE HOLDER.

AUTHORIZED REPRESENTATIVE

MURPHY INSURANCE AGENCY



CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/19/89 - at

PRODUCER

ISSUED IN DUPLICATE

MURPHY INSURANCE AGENCY
820 Plymouth Building
Minneapolis, MN 55402
(612) 333-2271

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** State Fund Mutual Insurance Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

LOUIE'S LIQUORS, INC.
4920 West Broadway
Crystal, MN 55429

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE				GENERAL AGGREGATE \$ PRODUCTS-COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (ANY ONE FIRE) \$ MEDICAL EXPENSE (ANY ONE PERSON) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				CSL \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$
	EXCESS LIABILITY <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	001015.205	07/01/89	07/01/90	STATUTORY \$ 100, (EACH ACCIDENT) \$ 500, (DISEASE-POLICY LIMIT) \$ 100, (DISEASE-EACH EMPLOYEE)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

✓ City of Crystal
4141 Douglas Drive
Crystal, MN 55422
Attn: Darlene George, City Clerk

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDORSE~~ ~~MAINTAIN~~ ~~10~~ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~AND FAILURE TO MAINTAIN SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON THE COMPANY OR ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES~~ AUTHORIZED REPRESENTATIVE

05/09/89

LOUIE'S LIQUORS
CALLS FOR SERVICE SUMMARY
5 CALLS

4920 W BROADWAY
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD	ACTIVITY CD	REMARKS
00002900	VANDALISM	CRIMINAL DAMAGE TO PROPERTY - \$400 TO WINDOW, ROCKS THROWN

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
NO ENTRY, ALARM RINGING, KEYS KEITH MOBERG NOTIFIED	081488	0157	ADULT-RPT-TKN

ACTIVITY CD	ACTIVITY CD	REMARKS
00009605	FIRE-GRASS	GRASS FIRE - ASSIST CFD

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	062388	1500	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009808	SUSP/INFO	SUSPICION INFORMATION - JUNK COLLECTOR MAKING NOISES

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	100488	0042	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009901	WARRANT ARR	WARRANT PICKUP B/A/F 10-11-61

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	120688	2328	ARREST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009915	JUV/SPEC/CON	JUVENILE SPECIALIST CONTACT, SEE REPORT, DOB/062679, TAUSHA

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
DOB/092185	031189	1455	JUV-RPT-TAKEN

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430Receipt
#45279

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 541-0004 APPLICANT'S HOME PHONE NUMBER 831-5228I, Melvyn D. Henry, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)or _____
(names of partners)or Lamp Lighter Liquor Barrel, Inc.
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

2728 Douglas Dr. No.
(street address - or - lot and block number)City of Crystal, Zip Code 55422, County of Hennepin.commencing July 1, 1989, and ending June 30, 1990.

☒ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale No; Sunday On-Sale No Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)
Off-Sale Intoxicating Liquor License for this location?

PART II

FOR CORPORATION:

Melvyn D. Henry, _____
(names of officers, directors and stockholders)Cynthia S. Henry, _____

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details No
- b. Has the applicant, or any of his 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 date and details No
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details No
- d. 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.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Melvin D. Henry
(signature of applicant)

Subscribed and sworn to before me this

24TH day of April, 1989

Diane Clowe
(Notary Public)

My commission expires 5-9-89



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL POLICE DEPARTMENT
(name of city)

Approved By:

James F. Mossey
Chief of Police

TITLE

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

FOR CORPORATION

STATE OF MINNESOTA

County of HENNEPIN

ss.

On this 24TH day of APRIL, 19 89, before me appeared MELVYN D. HENRY, to be personally known, who, being duly sworn, did say that he is the PRESIDENT of the CORPORATION; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said MELVYN D. HENRY acknowledged said instrument to be the free act and deed of said corporation.



Notary Public

DAKOTA

County, Minnesota.

My Commission expires MAY 9TH 1989

ACKNOWLEDGMENT OF SURETY

STATE OF ~~MINNESOTA~~ IOWA

County of LINN

ss.

On this 20th day of March, 19 89, before me personally appeared Lois M. Schuchmann, to me personally known, who being by me duly sworn, did say that he is Attorney-in-Fact of the UNITED FIRE & CASUALTY COMPANY, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said Lois M. Schuchmann acknowledged said instrument to be the free act and deed of said corporation.



Notary Public

LINN

County, ~~MINNESOTA~~ IOWA

(SEAL)

My Commission expires 5-1-91

BOND

For

OFF SALE LIQUOR LICENSE

Approved by _____ Council,

of the municipality of _____

this _____ day of _____

19 _____

Representative of Council.

Approved by the Liquor Control Commis-

sioner of the State of Minnesota this _____

day of _____, 19 _____

Liquor Control Director.

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION

BOND NO. 55-120425

SURETY BOND
OFF SALE

Know all men by these presents That we

Lamplighter Liquor Barrel, Inc.

as principal, and
UNITED FIRE & CASUALTY COMPANY of Cedar Rapids, Iowa, a corporation
organized and existing under the laws of the State of Iowa and duly authorized to
transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City
(Insert City-Village-Borough)

of Crystal County of Hennepin

State of Minnesota, in the penal sum of One Thousand and no/100--(\$1,000.00)-- dollars, good and lawful
money of the United States to be paid to said City of Crystal
(Insert City-Village-Borough)

for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly
by these presents.

Sealed with our hands and seals this 20th day of March, 19 89.

Whereas. The above bounden principal desires to carry on the business of handling intoxicating liquors as an

"Off Sale" dealer, in the said City of Crystal, and is
(Insert City-Village-Borough)
about to be granted a license for that purpose is pursuance with the provisions of Minnesota Statutes, Chapter 340, as
amended.

NOW, THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said
license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the
legislature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of
the State of Minnesota, and with the rules, regulations and decisions lawfully made and issued by the proper authorities of
the State of Minnesota relating thereto, and that if the said principal shall further pay to the said municipality when due, all
taxes, license fees, penalties and other charges provided by law, and that in the event of any violation of the provisions of
any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipality as in said
act provided, and that if the said principal shall pay to the extent of the principal amount of this obligation any damages for
death or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void,
otherwise to remain in full force and effect.

The surety company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989

and ending June 30, 1990.

Witness our hands and seals this 20th day of March, 19 89.

Signed, sealed, and delivered in the presence of -- LAMPLIGHTER LIQUOR BARREL, INC. (Seal)

Charles Clow *Mcloyd Henry - Pres.* (Seal)

as to principal *Chris Bemiss* UNITED FIRE & CASUALTY COMPANY (Seal)

as to surety *Low M. Schuchman* BY *Low M. Schuchman* Attorney-in-fact

ACKNOWLEDGMENT OF PRINCIPAL
For Individual

STATE OF MINNESOTA

County of } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said
County appeared _____ to me known to be the person
signed as principal herein, and stated that he signed the same of his own free will and accord.

Notary Public

County, Minnesota.

(SEAL)

My Commission expires _____



UNITED FIRE & CASUALTY COMPANY
HOME OFFICE — CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company — See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint Richard J. Ehlinger, or Maynard L. Hansen, or Scott McIntyre, Jr., or R. G. Heckroth, or J. F. Coleman, or J. A. Chapin, or Lois M. Schuchmann, or Mark Wiebersch, or David A. Lange, or Russell L. Webb, All Individually of Cedar Rapids, Iowa its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows:

--Any and All Bonds--

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire August 8, 19 90 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V — Surety Bonds and Undertakings."

Section 2. Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 8th day of August, A.D. 19 88



UNITED FIRE & CASUALTY COMPANY

By *Harold A. Hagen*
Executive Vice President

State of Iowa, County of Linn, ss:

On this 8th day of August 1988, before me personally came Harold A. Hagen to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



C. Richard Ekstrand

Notary Public

My commission expires August 10, 19 89

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said



Company this 20th day of March

19 89

Mary D. Schaefer
Secretary



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

4-24-89

PRODUCER

881-3425
CORDES AGENCY
ROGER A. BLESSUM & ASSOCIATES INC.
10800 NORMANDALE BLVD
BLOOMINGTON MN 55437

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** ST. PAUL COMPANYCOMPANY LETTER **B** WAUSAUCOMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

INSURED

LAMPLIGHTER LIQUOR BARREL INC.
2728 DOUGLAS DRIVE NORTH
CRYSTAL MN 55422

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY	B006677172	7-1-89	7-1-90	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 500,	\$ 500,
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 500,
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM						
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	0318 00 088559	6-5-89	6-5-90	STATUTORY	\$ 100, (EACH ACCIDENT)	
						\$ 500, (DISEASE-POLICY LIMIT)	
						\$ 100, (DISEASE-EACH EMPLOYEE)	
A	OTHER	B006677172	7-1-89	7-1-90			
	LIQUOR LIABILITY					* SEE BELOW	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

* 50,000 PER PERSON, 100,000., MORE THAN ONE PERSON, 10,000., PROPERTY DESTRUCTION 100,000., LOSS OF MEANS OF SUPPORT. CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED.

CERTIFICATE HOLDER

CITY OF CRYSTAL

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY. THIS AGREES TO REFUND ANY EXCESS X
AUTHORIZED REPRESENTATIVE

Form SP:C1
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: OFF-SALE LIQUOR

LICENSING AUTHORITY: Crystal,
(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE: July 1, 1989 -
June 30, 1990

PERSONAL INFORMATION (if applicable):

Applicant's Name: Melvyn D. Henry

Applicant's Address: 10208 Nesbitt
Bloomington, Mn. 55437
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: Lamplighter Liquor Barrel, Inc.

Business Address: 2728 Douglas Dr. No
Crystal Mn. 55422
City State Zip Code

Minnesota Tax Identification No.: 2425058

Federal Tax Identification No.: 41-1629068

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Melvyn D. Henry - Pres. 4-20-89
Signature Position (Officer, Partner, etc.) Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: WAUSAU
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0138 00 088559

Dates of Coverage: 6-5-89 TO 6-5-90

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Michael Henry Pres.
(SIGNATURE)

05/09/89

LAMPLIGHTER LIQUOR BARREL
CALLS FOR SERVICE
1 CALL

2728 DOUGLAS DRIVE
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS

00009440 PD ACC MV/MV P.D. ACCIDENT AZB737 (PK'D CAR)

REMARKS

MV VS MV

CVV537 TURNER, GAIL ANN 9-21-70

DATE REPORT TIME RECV DISPOSITION

062588 2107 ADVISE/ASSIST

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#45343

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 535-5010 APPLICANT'S HOME PHONE NUMBER 427-2595

I, STANLEY WODZIAK, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or PALACE INN PIZZA INC
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

5607-W. Broadway
(street address — or — lot and block number)

City of CRYSTAL Zip Code 55428, County of Henn.

commencing 7-1 1989 and ending 6-30 1989.

☒ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale Yes ; Sunday On-Sale Yes Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)
Off-Sale Intoxicating Liquor License for this location?

PART II

FOR CORPORATION:

STANLEY WODZIAK, GERALD BATKIEWICZ,
(names of officers, directors and stockholders)

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details NO
- b. Has the applicant, or any of his 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 date and details NO
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details NO
- d. 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.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

[Signature]
(signature of applicant)

Subscribed and sworn to before me this

26 day of April, 1989.

[Signature]
(Notary Public)

My commission expires

11-8-94



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL

(name of city)

POLICE DEPARTMENT

Approved By:

[Signature]
Chief of Police

TITLE

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

CITY OF CRYSTAL

ADDENDUM FOR CORPORATION LIQUOR LICENSES. (Must be filled out by each corporate applicant)

Directions: As to each question hereinafter asked, state fully your answers to each question furnishing information not previously reported to the City Council on any prior application. (Use separate sheets of paper if necessary)

- . During the past license year to date, state the name or names including home and business address, date of birth, places of birth, citizenship of each and every person directly or indirectly owning, operating or controlling your applicant's operation other than manager, stockholders, officers and directors. State the nature, percent and type of such ownership, operation and control. *NONE*
- . List all changes of officers and directors that have occurred in the past license year, from whom, to whom with the percentage of stock ownership of each. *NONE*
- . (a) List amount and type of shares of stock issued by said corporation; indicate whether voting or non-voting and list each shareholder of record as of this date together with the number and types of shares owned by each person, indicate whether voting or non-voting.
(b) List each and every share of stock that has been transferred from one stockholder to another during the past license year. State type and indicate whether voting or non-voting. State the name and address of the transferor and the name and address of the transferee.
- . (a) How many stockholder's meetings were held during the past license year? *ONE*
(b) State dates and places of holding meetings. *4-24-89 - CRYSTAL*
(c) The names and addresses of all persons in attendance and relationship to corporate license holder.
S.J. WODZICKI *PAUL ROSENTHAL (ATTY)*
G.F. BATKIEWICZ
- . (a) How many directors' meetings were held during the past license year?
(b) State the dates and places of holding each meeting.
(c) The names and addresses of all persons in attendance and their relationship to the corporation.
- . (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting.
(b) List the name and address of the owner and name and address of the person to whom such proxy was given, the number of shares involved and whether such proxy is a single purpose proxy or good for more than one meeting.
- . (a) During the past license year to date, list each share of stock in which the owner thereof is a limited owner such as a trustee, guardian, attorney in fact, pledgee, executor, administrator, assignee or in any other representative capacity.

7. (b) State the number and types of shares of stock involved, the names of all parties having an interest in such stock, the number of shares of stock involved, the names and addresses of all parties in interest, and a statement of such interest as to each.

8. (a) During the past license year to date, state any and all powers of attorney (general or special) in force as to voting of stock or as to the management of the licensed corporation.

NONE

- (b) State the name of the grantor and the grantee and other details pertaining thereto.

9. (a) During the past license year to date, state as to whether the corporation has issued, hypothecated, pledged or otherwise transferred or assigned any new or already issued stock.

NONE

- (b) State the amount and type of stock involved, the name and addresses of the persons involved and on what dates.

STATE OF MINNESOTA)

SS

COUNTY OF HENNEPIN)

AFFIDAVIT

I, the undersigned, being duly sworn and deposed, hereby state as follows:

1. That I am the holder of a duly issued license for selling 3.2 off-sale beer in the City of Crystal.
2. That during the past license year, the licensed business did not have sales of more than \$20,000 in 3.2 off-sale beer.
3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of \$20,000 in off-sale beer.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 off-sale beer for any future 12-month period will exceed \$20,000, that insurance required by Minnesota Statutes Chapter 340A.409, Subd. 4, will be obtained and the City Clerk of the City of Crystal will be notified of such fact.

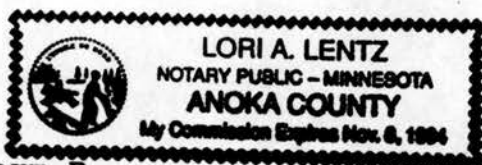
PALACE INN AZLA INC
Name of Business

Stanley J. Kowalski
By (Signature)

Pres.
Title

5607 W. Broadway Crystal
Business Address

Subscribed to and sworn to before me, a Notary Public, on this 20 day of April, 1989.



Lori A. Lentz
Notary Public, Hennepin County
Anoka

My Commission expires on 11-8-94.

SURETY BOND

OFF SALE

Know all men by these presents That we

Palace Inn Pizza Inc.

as principal, and

UNITED FIRE & CASUALTY COMPANY of Cedar Rapids, Iowa

, a corporation

organized and existing under the laws of the State of Iowa and duly authorized to transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City (Insert City-Village-Borough)

of Crystal County of Hennepin

State of Minnesota, in the penal sum of One Thousand and no/100--(\$1,000.00)-- dollars, good and lawful

money of the United States to be paid to said City of Crystal (Insert City-Village Borough)

for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this 20th day of March, 1989.

Whereas. The above bounden principal desires to carry on the business of handling intoxicating liquors as an

"Off Sale" dealer, in the said City of Crystal (Insert City-Village-Borough), and is

about to be granted a license for that purpose is pursuant with the provisions of Minnesota Statutes, Chapter 340, as amended.

NOW, THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said principal shall further pay to the said municipality when due, all taxes, license fees, penalties and other charges provided by law, and that in the event of any violation of the provisions of any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipality as in said act provided, and that if the said principal shall pay to the extent of the principal amount of this obligation any damages for death or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to remain in full force and effect.

The surety company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989

and ending June 30, 1990.

Witness our hands and seals this 20th day of March, 1989.

Signed, sealed, and delivered in the presence of - PALACE INN PIZZA INC. (Seal)

as to principal (Seal)

UNITED FIRE & CASUALTY COMPANY (Seal)

as to surety BY Lou D. Schuchman Attorney-in-fact

ACKNOWLEDGMENT OF PRINCIPAL

For Individual

STATE OF MINNESOTA

County of } ss.

On this day of , 19 , before me, a notary public within and for said

County appeared to me known to be the person

signed as principal herein, and stated that he signed the same of his own free will and accord.

Notary Public

County, Minnesota.

(SEAL)

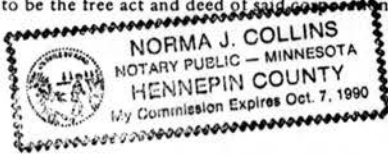
My Commission expires

FOR CORPORATION

STATE OF MINNESOTA

County of Hennepin } ss.

On this 26th day of April, 19 89, before me appeared Stanley J. Wodzyak
 is the President of the Palace Inn Pizzeria Inc.; that the seal affixed to the
 foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said
 corporation by authority of its Board of Directors, and said President Stanley Wodzyak acknowledged
 said instrument to be the free act and deed of said corporation.



Norma J. Collins
 Notary Public
Hennepin County, Minnesota.
 My Commission expires October 7, 1990

(SEAL)

ACKNOWLEDGMENT OF SURETY

STATE OF ~~MINNESOTA~~ IOWA

County of LINN } ss.

On this 20th day of March, 19 89, before me personally appeared _____
Lois M. Schuchmann, to me personally known, who being by me duly sworn, did say that he
 is Attorney-in-Fact of the UNITED FIRE & CASUALTY COMPANY, that the seal affixed to the
 foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the
 corporation by authority of its board of directors, and said Lois M. Schuchmann acknowledged said
 instrument to be the free act and deed of said corporation.



Bridget K. Morrow
 Notary Public
LINN County ~~MINNESOTA~~ IOWA
 My Commission expires 5-1-91

(SEAL)

BOND
 For
 OFF SALE LIQUOR LICENSE

Approved by _____ Council,
 of the municipality of _____
 this _____ day of _____,
 19 _____.

Representative of Council.

Approved by the Liquor Control Commis-
 sioner of the State of Minnesota this _____
 day of _____, 19 _____.

Liquor Control Director.



UNITED FIRE & CASUALTY COMPANY
HOME OFFICE — CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company — See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint Richard J. Ehlinger, or Maynard L. Hansen, or Scott McIntyre, Jr., or R. G. Heckroth, or J. F. Coleman, or J. A. Chapin, or Lois M. Schuchmann, or Mark Wiebersch, or David A. Lange, or Russell L. Webb, All Individually of Cedar Rapids, Iowa its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows:

--Any and All Bonds--

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire August 8, 19 90 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V — Surety Bonds and Undertakings."

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this 8th day of August, A.D. 19 88

UNITED FIRE & CASUALTY COMPANY

By *Harold A. Hagen*
Executive Vice President

State of Iowa, County of Linn, ss:

On this 8th day of August 1988, before me personally came Harold A. Hagen to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



C. Richard Ekstrand

Notary Public

My commission expires August 10, 19 89

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said

Company this 20th day of March

19 89

Mary D. Schaeff
Secretary



PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name:
(NOT the insurance agent)

STATE FUND MUTUAL INS. CO

Policy Number or Self-Insurance Permit Number:

004094201

Dates of Coverage:

7/69/89 - 7/69/90

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify)

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

X 
(SIGNATURE)

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: OFF SALE LIQUOR
LICENSING AUTHORITY: CRYSTAL
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 7-1-89

PERSONAL INFORMATION (if applicable):

Applicant's Name: STAOLEY Wodziak
Applicant's Address: 12170 MISS. DR.
Champlin MN. 55316
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: PALACE INN PIZZA, INC.
Business Address: 5607 W. BROADWAY
CRYSTAL MN. 55316
City State Zip Code

Minnesota Tax Identification No.: 4455636
Federal Tax Identification No.: 41-1428128

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Stanley Wodziak Officer
Signature Position (Officer, Partner, etc.) Date

05/09/89

PALACE INN PIZZA
CALLS FOR SERVICE SUMMARY
22 CALLS

5607 WEST BROADWAY
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00002300 LARCENY THEFT, CRIMINAL DAMAGE TO PROPERTY UNKNOWN AMT OF DAMAGE OR

REMARKS DATE REPORT TIME RECV DISPOSITION
THEFT 020989 1840 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD NSF CHECKS, \$60, LUNDEEN

REMARKS DATE REPORT TIME RECV DISPOSITION
012189 1300 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00009312 FOUND ANIMAL FOUND DOG POODLE POLICE GARAGE

REMARKS DATE REPORT TIME RECV DISPOSITION
080588 1610 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS MISC PUBLIC - NOISE COMPLAINT ABOUT CONSTRUCTION WORK

REMARKS DATE REPORT TIME RECV DISPOSITION
ADVISED 052288 0603 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS 911 HANG UP CALL CHECKED OK

REMARKS DATE REPORT TIME RECV DISPOSITION
060388 1831 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS MISC PUBLIC - CHECK VENDER FOR PERMIT - ORDERED DOWN UNTIL

REMARKS DATE REPORT TIME RECV DISPOSITION
THEY PRODUCE PERMIT 071588 1323 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS DISPUTE BETWEEN MARTINI AND KEITH HARRIS ADVISED

REMARKS DATE REPORT TIME RECV DISPOSITION
081588 2136 ADVISE/ASSIST

05/09/89

PALACE INN PIZZA
CALLS FOR SERVICE SUMMARY
22 CALLS5607 WEST BROADWAY
05-01-88 THRU 04-30-89

PAGE 002

ACTIVITY CD	ACTIVITY CD	REMARKS
00009800	ALL OTH PUBS	PARTY GIVING HIM A BAD TIME - ADVISED

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	030589	2100	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009800	ALL OTH PUBS	MISC PUBLIC 3 MALES DISTURBING SENT

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	032889	1706	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009800	ALL OTH PUBS	ASSAULT - UNFOUNDED - JUST SHOVING MATCH/GOA

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	042989	0125	UNFOUNDED

ACTIVITY CD	ACTIVITY CD	REMARKS
00009802	MEDICAL	MEDICAL PARTY CHOKING AM 50 YRS OWN TRANSPORTATION

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	121488	1917	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT #REZ049 UNABLE TO ASSIST

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	062488	2042	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT FORD TRUCK UNABLE TO ASSIST

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	081188	2208	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	VEHICLE LOCKOUT, ASSIST

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	110988	2044	ADVISE/ASSIST

05/09/89

PALACE INN PIZZA
CALLS FOR SERVICE SUMMARY
22 CALLS5607 WEST BROADWAY
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT - UNABLE TO ASSIST

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
122788	1653	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT "71 IMPALA #NQF120 ASSISTED

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
041189	2104	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009809	ANIMAL DET,	ANIMAL DETAIL DOG LEFT IN VEHICLE #POH231 G.O.A,

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
060588	1816	GONE ON ARRIVAL

ACTIVITY CD	ACTIVITY CD	REMARKS
00009809	ANIMAL DET,	ANIMAL DETAIL DOG IN CLOSED CAR IN FRONT LIQUOR STORE

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
G.O.A, 062488	2035	GONE ON ARRIVAL

ACTIVITY CD	ACTIVITY CD	REMARKS
00009816	HEALTH/WELFA	HEALTH/WELFARE DK WALKING IN STREET (MARION HAGERMAN TAKEN

REMARKS
TO CRYSTAL TOWERS)

DATE REPORT	TIME RECV	DISPOSITION
011489	0053	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009816	HEALTH/WELFA	WELFARE CHECK/SLUMPER KENDALL WAYNE STONE 6-15-51 CHECKED

REMARKS
OKAY, MCZ926

DATE REPORT	TIME RECV	DISPOSITION
030189	2330	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009822	INS - ICR	ICR ONLY - PURSE & CONTENTS, CHECKBOOK W/CHECKS FROM THE

REMARKS
BANK 2/27/89 -PURSE & CHECKS RECOVERED IN REST ROOM

DATE REPORT	TIME RECV	DISPOSITION
022589	0825	ADVISE/ASSIST

05/09/89

PALACE INN PIZZA
CALLS FOR SERVICE SUMMARY
22 CALLS

5607 WEST BROADWAY
05-01-88 THRU 04-30-89

PAGE 004

ACTIVITY CD	ACTIVITY CD	REMARKS
00009822	INS - ICR	INSURANCE ICR, OCCURRED ON 4-18-89, 2030-2230, FRONT BUMPER

REMARKS
\$200 VALUE-H & R

DATE REPORT	TIME RECV	DISPOSITION
042089	1158	ADVISE/ASSIST

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#45445

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 537-9421 APPLICANT'S HOME PHONE NUMBER 588-2421

I, David G. Schwappach, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or Handy Superette, Inc. D/B/A Adair Liquor #1
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

6001 42nd Ave No.
(street address — or — lot and block number)

City of Crystal, Zip Code 55422, County of Hennepin

commencing July 1, 19 89, and ending June 30, 19 90

☐ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale No ; Sunday On-Sale No Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)
Off-Sale Intoxicating Liquor License for this location?

PART II

FOR CORPORATION:

David G. Schwappach Sole Stockholder,
(names of officers, directors and stockholders)

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details No
- b. Has the applicant, or any of his 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 date and details No
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details No
- d. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes XX No. If yes, attach a copy of the summons.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

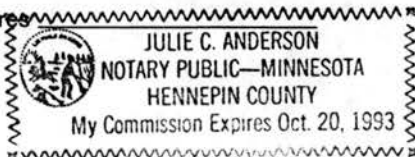
(signature of applicant)

Subscribed and sworn to before me this

8th day of May, 19 89.

(Notary Public)

My commission expires



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL

(name of city)

POLICE DEPARTMENT

Approved By:

James F. Hoesay
Chief of Police

TITLE

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Employee Benefit Administration Co.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 462993

Dates of Coverage: 2-20-89 to 2-20-90

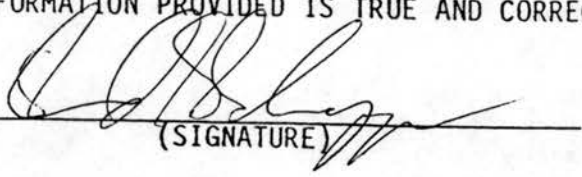
(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.


(SIGNATURE)

JA/lc (J) 7/87

Form SP:CI
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: Handy Superette, Inc. D/B/A AdairLiq.

LICENSING AUTHORITY: Crystal
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: July 1, 1989

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____
Applicant's Address: _____

City State Zip Code

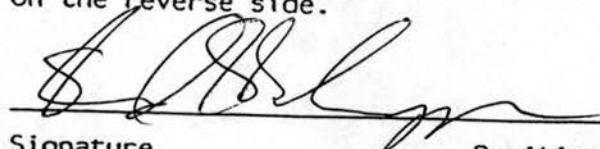
Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: Handy Superette, Inc.
Business Address: 6001 42nd Ave. No.
Crystal Minn. 55422
City State Zip Code

Minnesota Tax Identification No.: 7428982
Federal Tax Identification No.: 41-0954941

If a Minnesota Tax Identification number is not required, please explain on the reverse side.


Signature Position (Officer, Partner, etc.) President 5-8-89
Date



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

03/29/89

PRODUCER

Jim Nesser Agency
204 Lowry Avenue NE
Minneapolis, Mn 55418

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** St. Paul CompaniesCOMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

INSURED

Handy Superette, Inc.
Adair Liquors
4169 Adair Avenue N.
Crystal, Mn 55422

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
<input type="checkbox"/>	GENERAL LIABILITY				BODILY INJURY	\$	\$
	<input type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY	\$	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input type="checkbox"/> CONTRACTUAL						
	<input type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
<input type="checkbox"/>	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
<input type="checkbox"/>	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
<input type="checkbox"/>	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
	<input type="checkbox"/>				\$	(EACH ACCIDENT)	
	<input type="checkbox"/>				\$	(DISEASE-POLICY LIMIT)	
	<input type="checkbox"/>				\$	(DISEASE-EACH EMPLOYEE)	
A	OTHER Liquor Liability	B006613352	07/01/89	06/30/90	Limit of Liability	500,000	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

6001 42nd Avenue N.
Crystal, Mn

CERTIFICATE HOLDER

City Clerk
City of Crystal
4141 Douglas Drive
Crystal, Mn 55422

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Todd Eigenheer

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION

BOND NO. 55-96365

SURETY BOND
OFF SALE

Know all men by these presents That we _____

Handy Superette, Inc. dba Adair Liquors #1 as principal, and
UNITED FIRE & CASUALTY COMPANY of Cedar Rapids, Iowa, a corporation

organized and existing under the laws of the State of Iowa and duly authorized to
transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City
(Insert City-Village-Borough)

of Crystal County of Hennepin

State of Minnesota, in the penal sum of One thousand and no/100(\$1,000.00) dollars, good and lawful

money of the United States to be paid to said city of Crystal
(Insert City-Village-Borough)

for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly
by these presents.

Sealed with our hands and seals this 13th day of March, 19 89.

Whereas. The above bounden principal desires to carry on the business of handling intoxicating liquors as an

"Off Sale" dealer, in the said city of Crystal
(Insert City-Village-Borough), and is

about to be granted a license for that purpose is pursuant with the provisions of Minnesota Statutes, Chapter 340, as
amended.

NOW, THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said
license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the
legislature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of
the State of Minnesota, and with the rules, regulations and decisions lawfully made and issued by the proper authorities of
the State of Minnesota relating thereto, and that if the said principal shall further pay to the said municipality when due, all
taxes, license fees, penalties and other charges provided by law, and that in the event of any violation of the provisions of
any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipality as in said
act provided, and that if the said principal shall pay to the extent of the principal amount of this obligation any damages for
death or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void,
otherwise to remain in full force and effect.

The surety company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989

and ending June 30, 1990

Witness our hands and seals this 13th day of March, 19 89

Signed, sealed, and delivered in the presence of ADAIR LIQUORS #1 (Seal)

BY [Signature] (Seal)

as to principal [Signature] (Seal)

[Signature] UNITED FIRE & CASUALTY COMPANY (Seal)

as to surety BY [Signature] Attorney-in-fact

ACKNOWLEDGMENT OF PRINCIPAL
For Individual

STATE OF MINNESOTA

County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said
County appeared _____ to me known to be the person
signed as principal herein, and stated that he signed the same of his own free will and accord.

Notary Public

County, Minnesota.

(SEAL)

My Commission expires _____

FOR CORPORATION

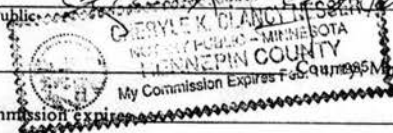
STATE OF MINNESOTA

County of Hennepin } ss.

On this 29th day of May, 1989, before me appeared David H. Schwappach to be personally known, who, being duly sworn, did say that he is the President of the United Fire & Casualty Company, that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said David H. Schwappach acknowledged said instrument to be the free act and deed of said corporation.

(SEAL)

Notary Public



ACKNOWLEDGMENT OF SURETY

STATE OF ~~MINNESOTA~~ IOWA

County of Linn } ss.

On this 13th day of March, 1989, before me personally appeared Lois M. Schuchmann to be personally known, who being by me duly sworn, did say that he is Attorney-in-Fact of the UNITED FIRE & CASUALTY COMPANY, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said Lois M. Schuchmann acknowledged said instrument to be the free act and deed of said corporation.

(SEAL)



Notary Public

Bridget K. Murphy

Linn County, IOWA

My Commission expires 5-1-91

BOND

For

OFF SALE LIQUOR LICENSE

Approved by _____ Council,
of the municipality of _____
this _____ day of _____,
19 _____.

Representative of Council.

Approved by the Liquor Control Commissioner of the State of Minnesota this _____ day of _____, 19 _____.

Liquor Control Director.



UNITED FIRE & CASUALTY COMPANY

HOME OFFICE — CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company — See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint Richard J. Ehlinger, or Maynard L. Hansen, or Scott McIntyre, Jr., or R. G. Heckroth, or J. F. Coleman, or J. A. Chapin, or Lois M. Schuchmann, or Mark Wiebersch, or David A. Lange, or Russell L. Webb, All Individually of Cedar Rapids, Iowa

its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows:

--Any and All Bonds--

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire August 8, 19 90 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V — Surety Bonds and Undertakings."

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this

8th day of August

, A.D. 19 88

UNITED FIRE & CASUALTY COMPANY

By *Harold A. Hagen*
Executive Vice President

State of Iowa, County of Linn, ss:

On this 8th day of August 1988, before me personally came Harold A. Hagen to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



C. Richard Ekstrand

Notary Public

My commission expires August 10, 19 89

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said

Company this 13th day of March 19 89

Mary D. Schaefer
Secretary



05/09/89

HANDY SUPERETTE
CALLS FOR SERVICE SUMMARY
7 CALLS6001 42ND
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00004100 LIQUOR LAW ATTEMPT TO PROCURE ALCOHOLIC BEVERAGE, FORMAL COMPLAINT,REMARKS
MIERZEJWESKI, CARY GORDON, DOB/031969DATE REPORT TIME RECV DISPOSITION
070888 1945 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00004100 LIQUOR LAW ALTERED DL, USE DL TO PURCHASE, DOB/032069

REMARKS

DATE REPORT TIME RECV DISPOSITION
122788 1530 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00005400 DWI/DUI DW, DEVERE, DANIEL SCOTT, DOB/022652

REMARKS

DATE REPORT TIME RECV DISPOSITION
062288 2204 ARRESTACTIVITY CD ACTIVITY CD REMARKS
00009202 OTH DL VIOL ALTERED D/L TAGGED #004549

REMARKS

DATE REPORT TIME RECV DISPOSITION
123188 2102 TAG/CITATIONACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS MISC PUBLIC JUVENILES IN FRONT OF STORE SENT 2

REMARKS

DATE REPORT TIME RECV DISPOSITION
110388 1636 JUV-WARN/RELEASESACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT FORD TK #FPM124 UNABLE TO ASSIST

REMARKS

DATE REPORT TIME RECV DISPOSITION
112388 1658 ADVISE/ASSISTACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT CHILD IN VEHICLE

REMARKS

GOT VEHICLE OPENED BEFORE SQUAD ARRIVED

DATE REPORT TIME RECV DISPOSITION
021489 1727 ADVISE/ASSIST

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#45380

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 535-5583 APPLICANT'S HOME PHONE NUMBER 786-0851

I, RICHARD MARSOLAIS, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or ROM-C INC DBA CRYSTAL LIQUORS
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

5924 W BROADWAY
(street address — or — lot and block number)

City of CRYSTAL, Zip Code 55428, County of HENNA.

commencing July 1, 1989 and ending JUNE 30, 1990.

☒ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administrator to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale NO; Sunday On-Sale NO Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)

Off-Sale Intoxicating Liquor License for this location? YES

PART II

FOR CORPORATION:

RICHARD MARSOLAIS,
(names of officers, directors and stockholders)

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details NO
- b. Has the applicant, or any of his 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 date and details YES - SALE TO MINOR
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details YES - SALE TO MINOR
- d. 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.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

Richard Marsolais
(signature of applicant)

Subscribed and sworn to before me this

3rd day of May, 19 89.

Darlene J. George
(Notary Public)

My commission expires 2-24-93



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL POLICE DEPARTMENT
(name of city)

Approved By:

James H. Mosser
Chief of Police

TITLE

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION

BOND NO. RLI 370459

NAIC # 12718

SURETY BOND
OFF SALE

Know all men by these presents That we Crystal Liquors

State Surety Company as principal, and
a corporation
organized and existing under the laws of the State of Iowa and duly authorized to
transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the city
(Insert City)
of Crystal County of Hennepin
State of Minnesota, in the penal sum of One Thousand and no/100 (\$1,000.00) dollars, good and lawful
money of the United States to be paid to said city of Crystal
(Insert City)
for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly
by these presents.

Sealed with our hands and seals this 26th day of April, 1989.
Whereas. The above bounden principal desires to carry on the business of handling intoxicating liquors as an

"Off Sale" dealer, in the said city of Crystal, and is
(Insert City)
about to be granted a license for that purpose in pursuance with the provisions of Minnesota Statutes, Chapter 340, as
amended.

NOW THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said
license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legis-
lature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of the
State of Minnesota, and with the rules, regulations and decision lawfully made and issued by the proper authorities of the
State of Minnesota relating thereto, and that if the said principal shall further pay to the said city when due, all taxes,
license fees, penalties and other charges provided by law, and that in the event of any violation of the provisions of any law
relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said city as in said act provided, and
that if the said principal shall pay to the extent of the principal amount of this obligation any damages for death or injury
caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to
remain in full force and effect.

The surety company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing 7/01/89
and ending 6/30/90.

Witness our hands and seals this 26th day of April, 1989.

Signed, sealed, and delivered in the presence of - Crystal Liquors (Seal)

Richard Marsolais (Seal)
as to principal (Seal)

Bonnie A. Wald (Seal)
as to surety

ACKNOWLEDGMENT OF PRINCIPAL
For Individual

STATE OF MINNESOTA

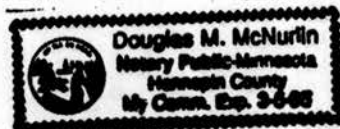
County of Hennepin } ss.

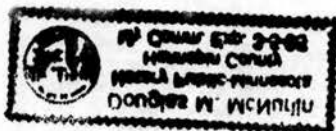
On this 26th day of April, 1989, before me, a notary public within and for said
County appeared Richard Marsolais to me known to be the person
signed as principal herein, and stated that he signed the same of his own free will and accord.

Douglas M. McNurlin
Notary Public

Hennepin

County, Minnesota.

My Commission expires 3-5-95



FOR CORPORATION

STATE OF MINNESOTA

ss.

County of _____

On this _____ day of _____, 19____, before me appeared _____, to be personally known, who, being duly sworn, did say that he is the _____ of the _____; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public _____

(SEAL)

_____ County, Minnesota.

My Commission expires _____

ACKNOWLEDGMENT OF SURETY

STATE OF MINNESOTA

ss.

County of _____

On this _____ day of _____, 19____, before me personally appeared _____, to me personally known, who being by me duly sworn, did say that he is Attorney-in-Fact of the _____, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

Notary Public _____

(SEAL)

_____ County, Minnesota.

My Commission expires _____

BOND

For

OFF SALE LIQUOR LICENSE

Approved by _____ Council,
of the city of _____
this _____ day of _____,
19____.

Representative of Council.

Approved by the Liquor Control Director
of the State of Minnesota this _____
day of _____, 19____
Liquor Control Director.



STATE SURETY COMPANY

Des Moines, Iowa

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATE SURETY COMPANY, a Corporation organized and existing under the laws of the State of Iowa, does make, constitute and appoint

THOMAS J. RERAH, GARY KEARIN, BONNIE A. WALD, OF CRYSTAL, MN

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof, (other than bail bonds, bank depository bonds, mortgage deficiency bonds, guarantees of installment paper and note guaranty bonds), as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF TWO HUNDRED FIFTY THOUSAND DOLLARS (\$250,000)--- FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

and to bind STATE SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the following provisions of the By-Laws of the company, which are now in full force and effect:

Section 1, Article II: The Chairman of the Board, the President, any Vice-President or any Assistant Vice-President, the Secretary or any Assistant Secretary or the Treasurer shall have authority to issue bonds, policies or undertakings in the name of the Company. The Chairman of the Board, the President or any Vice-President, or any Assistant Vice-President, in conjunction with the Secretary or any Assistant Secretary may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the Company to execute and deliver and to affix the seal of the Company to Bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any power of attorney granted to such person.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if such bond had been duly executed and acknowledged by one of the regularly elected officers of the Company in their own proper person.

This Power of Attorney or any certificate thereof may be signed and sealed by facsimile under and by the authority granted by Section 1, Article II, Paragraph 3 of its By-Laws to wit:

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed."

It is certified by the officers signing that the foregoing is a true copy of Section I, Article II of the By-Laws of said Company, duly adopted and recorded, and is now in force.

IN WITNESS WHEREOF, STATE SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this

7TH day of APRIL, 19 89

David G. Menzel

Secretary/Treasurer



STATE SURETY COMPANY

Kenneth N. Nelson

Vice President

STATE OF IOWA, COUNTY OF POLK--ss

On this 7TH day of APRIL, 19 89, personally came before me, KENNETH N. NELSON and DAVID G. MENZEL

to me known to be the individuals and officers of the STATE SURETY COMPANY, who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



D. S. Sedrel

Notary Public

My Commission Expires 08/26/91

CERTIFICATE

I, the undersigned, assistant secretary of the STATE SURETY COMPANY, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Des Moines this day of 19

40-2743



Charles R. Ellingworth

Assistant Secretary

THE IFM GROUP, INC. DBA



STATE SURETY COMPANY

Des Moines, Iowa

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS, That STATE SURETY COMPANY, a Corporation organized and existing under the laws of the State of Iowa, does make, constitute and appoint

THOMAS J. RERAH
CRYSTAL, MN.

GARY KEARIN

BONNIE A. WALD

its true and lawful Attorney(s)-in-Fact, with full power and authority for and on behalf of the company as surety, to execute and deliver and affix the seal of the company thereto if a seal is required, bonds, undertakings, recognizances or other written obligations in the nature thereof, as follows:

ALL WRITTEN INSTRUMENTS IN AN AMOUNT NOT TO EXCEED AN AGGREGATE OF TWO HUNDRED FIFTY THOUSAND (\$250,000)-----FOR ANY SINGLE OBLIGATION, REGARDLESS OF THE NUMBER OF INSTRUMENTS ISSUED FOR THE OBLIGATION.

and to bind STATE SURETY COMPANY thereby, and all of the acts of said Attorneys-in-Fact, pursuant to these presents, are ratified and confirmed. This appointment is made under and by authority of the following provisions of the By-Laws of the company, which are now in full force and effect:

Section 1, Article II: The Chairman of the Board, the President, any Vice-President or any Assistant Vice-President, the Secretary or any Assistant Secretary or the Treasurer shall have authority to issue bonds, policies or undertakings in the name of the Company. The Chairman of the Board, the President or any Vice-President, or any Assistant Vice-President, in conjunction with the Secretary or any Assistant Secretary may appoint attorneys-in-fact or agents with authority as defined or limited in the instrument evidencing the appointment in each case, for and on behalf of the Company to execute and deliver and to affix the seal of the Company to Bonds, undertakings, recognizances, and suretyship obligations of all kinds; and said officers may remove any such attorney-in-fact or agent and revoke any power of attorney granted to such person.

And the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Company, as fully and amply, to all intents and purposes, as if such bond had been duly executed and acknowledged by one of the regularly elected officers of the Company in their own proper person.

This Power of Attorney or any certificate thereof may be signed and sealed by facsimile under and by the authority granted by Section 1, Article II, Paragraph 3 of its By-Laws to wit:

"The signature of any authorized officer and the seal of the Company may be affixed by facsimile to any power of attorney or certification thereof authorizing the execution and delivery of any bond, undertaking, recognizance, or other suretyship obligation of the Company; and such signature and seal when so used shall have the same force and effect as though manually affixed."

It is certified by the officers signing that the foregoing is a true copy of Section I, Article II of the By-Laws of said Company, duly adopted and recorded, and is now in force.

IN WITNESS WHEREOF, STATE SURETY COMPANY has caused these presents to be signed by its proper officer, and its corporate seal to be affixed this 21ST day of JUNE, 1988.

David G. Menzel
Secretary/Treasurer



Kenneth N. Nelson
Vice President

STATE OF IOWA, COUNTY OF POLK--ss

On this 21ST day of JUNE, 1988, personally came before me, KENNETH N. NELSON, and DAVID G. MENZEL,

to me known to be the individuals and officers of the STATE SURETY COMPANY, who executed the above instrument, and they each acknowledged the execution of the same, and being by me duly sworn, did severally depose and say: that they are the said officers of the corporation aforesaid, and that the seal affixed to the above instrument is the seal of the corporation, and that said corporate seal and their signatures as such officers were duly affixed and subscribed to the said instrument by the authority of the board of directors of said corporation.



D. S. Sedrel
Notary Public
My Commission Expires 08/26/88

CERTIFICATE

I, the undersigned, assistant secretary of the STATE SURETY COMPANY, CERTIFY that the foregoing and attached Power of Attorney remains in full force and has not been revoked; and furthermore, that the provisions of the By-Laws of the company and the Resolutions of the board of directors set forth in the Power of Attorney, are now in force.

Signed and sealed at the City of Des Moines this _____ day of _____, 19____

040-2743



Charles R. Ellingsworth
Assistant Secretary

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

5/05/89

PRODUCER

THE INSURANCE AGENCY CRYSTAL
7000 BASS LK RD
CRYSTAL MN 55428

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

CODE	SUB-CODE	COMPANY LETTER A	ST PAUL FIRE & MARINE INS CO
INSURED		COMPANY LETTER B	
		COMPANY LETTER C	
		COMPANY LETTER D	
		COMPANY LETTER E	

ROM-C INC
CRYSTAL LIQUORS
5924 W. BROADWAY
CRYSTAL MN 55428

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
A	GENERAL LIABILITY X COMMERCIAL GENERAL LIABILITY CLAIMS MADE X OCCUR. OWNER'S & CONTRACTOR'S PROT. X LIQUOR LIABILITY	B006675906	7/01/89	6/30/90	GENERAL AGGREGATE \$ 600 PRODUCTS-COMP/OPS AGGREGATE \$ 600 PERSONAL & ADVERTISING INJURY \$ 300 EACH OCCURRENCE \$ 300 FIRE DAMAGE (Any one fire) \$ 50 MEDICAL EXPENSE (Any one person) \$ 5 COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$ EACH OCCURRENCE \$ AGGREGATE \$ STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE—POLICY LIMIT) \$ (DISEASE—EACH EMPLOYEE)
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				
	EXCESS LIABILITY OTHER THAN UMBRELLA FORM WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

CERTIFICATE HOLDER

CITY OF CRYSTAL
4141 DOUGLAS DR
CRYSTAL MN 55422

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Kim Westerholm

Form SP:CI
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: OFF SALE LIQUOR
LICENSING AUTHORITY: CITY OF CRYSTAL
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: JULY 1, 1989

PERSONAL INFORMATION (if applicable):

Applicant's Name: RICHARD MARSOLAI
Applicant's Address: 8426 MISSISSIPPI BLVD
COON RAPIDS 55433
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: CRYSTAL LIQUOR
Business Address: 5924 W. BROADWAY
CRYSTAL MN 55428
City State Zip Code

Minnesota Tax Identification No.: 2403606

Federal Tax Identification No.: 41-1623848

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

Richard Marsolai PRESIDENT 5-3-89
Signature Position (Officer, Partner, etc.) Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: DCA
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 17636.88

Dates of Coverage: 11/02/88 to 11/02/89

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

Richard Marshall
(SIGNATURE)

05/09/89

CRYSTAL LIQUORS
CALLS FOR SERVICE SUMMARY
9 CALLS5924 W BROADWAY
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD WORTHLESS CHECKS ADAMS \$63.62REMARKS
DATE REPORT TIME RECV DISPOSITION
071988 1530 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD WORTHLESS CHECK ADDISON \$33.50REMARKS
DATE REPORT TIME RECV DISPOSITION
071988 1530 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00009428 H&R PI LEAVING SCENE MINOR PI ACCIDENT - REPORT (BLUE & ACCIDENT)REMARKS
DATE REPORT TIME RECV DISPOSITION
112088 0949 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL QTH PUBS SOMEONE DUMPING GARBAGE OUT OF DUMPSTER/FOUND BIKE LEFTREMARKS
AT THE SCENE
DATE REPORT TIME RECV DISPOSITION
071888 2335 GONE ON ARRIVALACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM, MALFUNCTION, KEYS NOTIFIEDREMARKS
DATE REPORT TIME RECV DISPOSITION
083188 0518 ALARM MALF E/EACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - NAT'L GDN BLDG SECURE KEYS CALLED BY ALARM COREMARKS
DATE REPORT TIME RECV DISPOSITION
121588 2115 ALARM MALF E/EACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - NAT'L GDN KEYS CALLED MALFUNCTIONREMARKS
DATE REPORT TIME RECV DISPOSITION
041389 2357 ALARM MALF E/E

05/09/89

CRYSTAL LIQUORS
CALLS FOR SERVICE SUMMARY
9 CALLS

5924 W BROADWAY
05-01-88 THRU 04-30-89

PAGE 002

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT "86 OLDS CANCELLED

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
052488	1757	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009808	SUSP/INFO	SUSP, TRUCK IN LOT - PARTIES IN REAR OF BUILDING - GOA

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
071088	0114	GONE ON ARRIVAL

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ST. PAUL, MN 55101
(612) 296-6430

Receipt
#44950

APPLICATION FOR RENEWAL OFF-SALE INTOXICATING LIQUOR LICENSE

Whoever shall knowingly and willingly falsify the answers to the following questionnaire shall be deemed guilty of perjury and shall be punished accordingly.

In answering the following questions "APPLICANTS" shall be governed as follows: For a partnership one of the partners shall execute this application for all members of the partnership. For a corporation one officer shall execute this application for all officers, directors and stockholders.

PART I

BUSINESS PHONE NUMBER 588-9491 APPLICANT'S HOME PHONE NUMBER 540-0262

I, WILLIAM J. BARTRAM, for and behalf of _____
Name of: (individual) (partner) (officer of corporation) (name of individual)

or _____
(names of partners)

or CHALET LIQUORS, INC.
(name of corporation)

make application for RENEWAL of Off-Sale intoxicating liquor license located at:

5301 36th Ave North CRYSTAL MN 55422
(street address — or — lot and block number)

City of Crystal, Zip Code 55422, County of Hennepin

commencing July 1, 1989, 19 _____, and ending June 30 1990, 19 _____.

☐ Check (✓) box if no changes since last applying for renewal of license. If there has been a change; that is, change in owner-ownership; addition of partner; administrator or administratrix to an estate named; change of officers, directors or stockholders in corporation; change of location; or new liquor establishment, then form PS 9136, Application for Off-Sale Intoxicating Liquor License, must be executed instead of this form (see your city clerk for form PS 9136).

Will applicant be granted On-Sale no ; Sunday On-Sale no Intoxicating Liquor License in conjunction with the
(Yes or No) (Yes or No)
Off-Sale Intoxicating Liquor License for this location?

PART II

FOR CORPORATION:

WILLIAM J. BARTRAM WILLIAM BARBUSH
(names of officers, directors and stockholders)

(Over)

PART III

- a. State whether applicant, or any of his associates in this application, have ever had an application for a liquor license rejected by any city or State authority; if so, give date and details NO
- b. Has the applicant, or any of his 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 date and details NO
- c. State whether applicant, or any of his associates in this application, during the past five years were ever convicted of any Liquor Law violation or any crime in this state, or any other state, or under Federal Laws; if so, give date and details NO
- d. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. Yes xx No. If yes, attach a copy of the summons.

Applicant, and his associates in this application, will strictly comply with all the Laws of the State of Minnesota governing the taxation and the sale of intoxicating liquor; rules and regulations promulgated by the Liquor Control Director; and all ordinances of the City; and I hereby certify that I have read the foregoing questions and that the answers to said questions are true of my own knowledge.

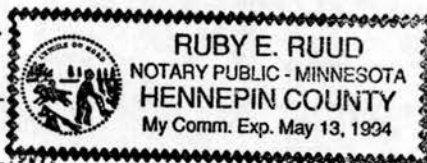
(signature of applicant)

Subscribed and sworn to before me this

3 day of April, 1989

Ruby E. Ruud
(Notary Public)

My commission expires 5-13-94



REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or City Ordinances relating to Intoxicating Liquor, except as hereinafter stated

NONE

CRYSTAL POLICE DEPARTMENT
(name of city)

Approved By:

James A. Mossey
Chief of Police

TITLE
(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

Form SP:CI
LICENSE APPLICANT:

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: OFF SALE LIQUOR
LICENSING AUTHORITY: CRYSTAL MN
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: JULY 1, 1989

PERSONAL INFORMATION (if applicable):

Applicant's Name: WILLIAM J. BARTRAM
Applicant's Address: 11834 Tapestry Lane
Minnetonak MN 55343
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: CHALET LIQUORS, INC.
Business Address: 5301 36th ave. North
CRYSTAL MN 55422
City State Zip Code

Minnesota Tax Identification No.: 3456762
Federal Tax Identification No.: 41-1535908

if a Minnesota Tax Identification number is not required, please explain on the reverse side.

William J. Bartram
Signature Position (Officer, Partner, etc.) Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: NORWEST INSURANCE CO.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 130969 3

Dates of Coverage: 4-1-89 to 4-1-90

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

William Bushman
(SIGNATURE)

ACORD. CERTIFICATE OF INSURANCE

AMENDED

ISSUE DATE (MM/DD/YY)

4-10-89

PRODUCER

TWIN CITY GROUP
4500 PARK GLEN RD.
ST. LOUIS PARK, MN 55416

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** PARK GLEN NATIONAL INS. CO
COMPANY LETTER **B**
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

CODE

SUB-CODE

INSURED

CHALET LIQUORS, INC.
5301 36TH AVENUE NORTH
CRYSTAL, MINNESOTA 55422

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$
	CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/>				PERSONAL & ADVERTISING INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MEDICAL EXPENSE (Any one person) \$
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				BODILY INJURY (Per person) \$
	ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	SCHEDULED AUTOS				PROPERTY DAMAGE \$
	HIRED AUTOS				
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	EXCESS LIABILITY				EACH OCCURRENCE \$ AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE—POLICY LIMIT) \$ (DISEASE—EACH EMPLOYEE)
	OTHER LIQUOR LIABILITY	MNLL890239	7-1-89	7-1-90	\$300,000 AGGREGATE

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/RESTRICTIONS/SPECIAL ITEMS

\$ 50,000 BODILY INJURY/EA PERSON, \$100,000 BODILY INJURY/EA COMMON CAUSE
\$ 10,000 PROPERTY DAMAGE/EA COMMON CAUSE, \$ 50,000 LOSS OF MEANS OF SUPPORT/EA PERSON, \$100,000 LOSS OF MEANS OF SUPPORT/EA COMMON CAUSE

CERTIFICATE HOLDER

CITY OF CRYSTAL
4141 NORTH DOUGLAS DRIVE
CRYSTAL, MINNESOTA 55422

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~ENDORSE TO~~ MAIL ³⁰ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~NOT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO PENALTY OR LIABILITY ON ANYONE OTHER THAN THE COMPANY OR ITS AGENTS OR REPRESENTATIVES~~
AUTHORIZED REPRESENTATIVE *Kathleen Kelly*



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

4-4-89

PRODUCER

924-6900

Twin City Group
4500 Park Glen Rd.
St. Louis Park, Mn. 55416

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Park Glen National Ins. Co.COMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

INSURED

CHALET LIQUORS, INC.
5301 - 36th AVE. NO.
CRYSTAL, MN. 55422

COVERAGES

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY				BODILY INJURY	\$	\$
	<input type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UNDERGROUND				PERSONAL INJURY	\$	
	<input type="checkbox"/> EXPLOSION & COLLAPSE HAZARD						
	<input type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS						
	<input type="checkbox"/> CONTRACTUAL						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	\$	
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
	\$				(EACH ACCIDENT)		
	\$				(DISEASE-POLICY LIMIT)		
	\$				(DISEASE-EACH EMPLOYEE)		
A	OTHER Liquor Liability	MN LL 890 239	7-1-89	7-1-90	\$300,000 aggregate		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Loss of Means of Support
\$100,000 each common cause
\$ 50,000 each person

\$ 50,000 B.I. each person
\$100,000 B.I. each common cause
\$ 10,000 P.D. each common cause

CERTIFICATE HOLDER

CITY OF CRYSTAL
4141 NORTH DOUGLAS DR.
CRYSTAL, MN. 55422

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~ANY CANCELLATION OF SUCH POLICIES SHALL BE THE RESPONSIBILITY OF THE CERTIFICATE HOLDER.~~
AUTHORIZED REPRESENTATIVE

Kathleen Foley

Excuted in Duplicate



Western Surety Company

SURETY BOND

STATE OF MINNESOTA — LIQUOR CONTROL COMMISSIONER

OFF SALE

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 51654702

That we Chalet Liquors, Inc. as Principal,
and the WESTERN SURETY COMPANY, a corporation organized and existing under the laws of
the State of South Dakota, and duly authorized to transact a corporate surety business in the State
of Minnesota, as Surety, are held and firmly bound unto the City

(Insert City-Village-Borough)

of Crystal County of Hennepin State of Minnesota,

in the penal sum of One Thousand and no/100 (\$1,000.00) Dollars,

good and lawful money of the United States to be paid to said City

(Insert City-Village-Borough)

of Crystal for which payment we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this 9th day of February, 1989.

WHEREAS, The above bounden Principal desires to carry on the business of handling intoxicating liquors
as an "Off Sale" dealer, in the said City of Crystal

(Insert City-Village-Borough)

and is about to be granted a license for that purpose in pursuance with the provisions of Minnesota Statutes,
Chapter 340, as amended.

NOW, THEREFORE, The condition of this obligation is such that if the Principal shall comply with the terms of said license or any
modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota,
and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations
and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said Principal shall
further pay to the said municipality when due, all taxes, license fees, penalties and other charges provided by law, and that in the event of any
violation of the provisions of any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipali-
ty as in said act provided, and that if the said Principal shall pay to the extent of the principal amount of this obligation any damages for death
or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to remain in
full force and effect.

The Surety Company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989
and ending June 30, 1990

Witness our hands and seals this 9th day of February, 1989.

Signed, sealed and delivered in the presence of

CHALET LIQUORS, INC.

Principal

BY William Brabson

Principal

WESTERN SURETY COMPANY

As to Principal

By

Joe P. Kirby
Joe P. Kirby, President

Countersigned

By

Resident Minnesota Agent

As to Surety

ACKNOWLEDGMENT OF PRINCIPAL
(For Individual)

STATE OF MINNESOTA
County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said county appeared _____ to me known to be the person signing as principal herein, and stated that he signed the same of his own free will and accord.

My Commission expires _____, 19____
(SEAL) _____ Notary Public
_____ County, Minnesota

ACKNOWLEDGMENT OF PRINCIPAL
(For Corporation)

STATE OF MINNESOTA
County of Anoka } ss.

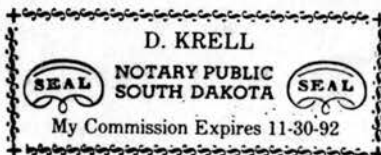
On this 7th day of April, 1989, before me appeared William J. Bayless to me personally known, who, being duly sworn, did say that he is the President of the Chadwick Equine Service; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

My Commission expires Jan 5, 1993
(SEAL)  _____ Notary Public
_____ County, Minnesota

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA
County of Minnehaha } ss.

On this 1st day of April, 1986, before me appeared Joe P. Kirby to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of the Western Surety Company, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.



D. Krell
Notary Public, Minnehaha County, South Dakota

WESTERN SURETY COMPANY • ONE OF AMERICA'S OLDEST BONDING COMPANIES



Excuted in Duplicate

Western Surety Company

SURETY BOND

STATE OF MINNESOTA — LIQUOR CONTROL COMMISSIONER

OFF SALE

KNOW ALL MEN BY THESE PRESENTS:

BOND No. 51654702

That we Chalet Liquors, Inc. as Principal,
and the WESTERN SURETY COMPANY, a corporation organized and existing under the laws of
the State of South Dakota, and duly authorized to transact a corporate surety business in the State
of Minnesota, as Surety, are held and firmly bound unto the City

(Insert City-Village-Borough)

of Crystal County of Hennepin State of Minnesota,

in the penal sum of One Thousand and no/100 (\$1,000.00) Dollars,

good and lawful money of the United States to be paid to said City

(Insert City-Village-Borough)

of Crystal for which payment we bind ourselves, our heirs, executors, administrators,
successors and assigns, jointly and severally, firmly by these presents.

Sealed with our hands and seals this 9th day of February, 1989.

WHEREAS, The above bounden Principal desires to carry on the business of handling intoxicating liquors
as an "Off Sale" dealer, in the said City of Crystal

(Insert City-Village-Borough)

and is about to be granted a license for that purpose in pursuance with the provisions of Minnesota Statutes,
Chapter 340, as amended.

NOW THEREFORE, The condition of this obligation is such that if the Principal shall comply with the terms of said license or any
modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the legislature of the State of Minnesota,
and as it may at any time be amended and supplemented, and all other acts and laws of the State of Minnesota, and with the rules, regulations
and decisions lawfully made and issued by the proper authorities of the State of Minnesota relating thereto, and that if the said Principal shall
further pay to the said municipality when due, all taxes, license fees, penalties and other charges provided by law, and that in the event of any
violation of the provisions of any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipali-
ty as in said act provided, and that if the said Principal shall pay to the extent of the principal amount of this obligation any damages for death
or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void, otherwise to remain in
full force and effect.

The Surety Company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989
and ending June 30, 1990

Witness our hands and seals this 9th day of February, 1989.

Signed, sealed and delivered in the presence of

CHALET LIQUORS, INC.

Principal

X

BY William B. Baker

Principal

WESTERN SURETY COMPANY

By Joe P. Kirby

Joe P. Kirby, President

Countersigned

By John L. [Signature]

Resident Minnesota Agent

Mary Pederson
As to Principal

Mark W. Anderson
As to Surety

ACKNOWLEDGMENT OF PRINCIPAL
(For Individual)

STATE OF MINNESOTA
County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said county appeared _____ to me known to be the person signing as principal herein, and stated that he signed the same of his own free will and accord.

My Commission expires _____, 19____
(SEAL) _____ Notary Public
County, Minnesota

ACKNOWLEDGMENT OF PRINCIPAL
(For Corporation)

STATE OF MINNESOTA
County of Anoka } ss.

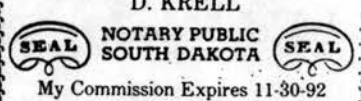
On this 7th day of April, 1989, before me appeared William D. Bauman to me personally known, who, being duly sworn, did say that he is the President of the Chalick Equine Inc.; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said _____ acknowledged said instrument to be the free act and deed of said corporation.

My Commission expires Jan 5, 1993
(SEAL)  _____ Notary Public
County, Minnesota

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

STATE OF SOUTH DAKOTA
County of Minnehaha } ss.

On this 1st day of April, 1986, before me appeared Joe P. Kirby to me personally known, who being by me duly sworn, did say that he is the aforesaid officer of the Western Surety Company, that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said aforesaid officer acknowledged said instrument to be the free act and deed of said corporation.

D. KRELL
 NOTARY PUBLIC
SOUTH DAKOTA
My Commission Expires 11-30-92

D. Krell
Notary Public, Minnehaha County, South Dakota

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS

5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00002300 LARCENY SHOPLIFTING

REMARKS

DATE REPORT TIME RECV DISPOSITION
012689 1624 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY, \$45, COFFMAN

REMARKS

DATE REPORT TIME RECV DISPOSITION
062888 0949 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - FARRELL \$40

REMARKS

DATE REPORT TIME RECV DISPOSITION
081188 1237 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - RECHISTER \$239

REMARKS

DATE REPORT TIME RECV DISPOSITION
081188 1237 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - STUSYNSKI \$101

REMARKS

DATE REPORT TIME RECV DISPOSITION
081188 1237 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - DIXON \$150

REMARKS

DATE REPORT TIME RECV DISPOSITION
012589 0930 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - \$469.22 VALUE - REPORT

REMARKS

DATE REPORT TIME RECV DISPOSITION
013189 0827 ADULT-RPT-TKN

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 002

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY - VALUE \$58,55 REPORTREMARKS DATE REPORT TIME RECV DISPOSITION
013189 0827 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD WORTHLESS CHECKS PENSINGER APPROX \$225,00REMARKS DATE REPORT TIME RECV DISPOSITION
072688 1200 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD WORTHLESS CHECK - KENNEDY \$70REMARKS DATE REPORT TIME RECV DISPOSITION
072888 1102 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD ACCOUNT CLOSED CHECK \$80REMARKS DATE REPORT TIME RECV DISPOSITION
092788 1557 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD ACCOUNT CLOSED CHECK WALKER \$23REMARKS DATE REPORT TIME RECV DISPOSITION
101988 0852 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD WORTHLESS CHECK \$50,00-FRELLOREMARKS DATE REPORT TIME RECV DISPOSITION
102988 1930 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00002600 FRAUD FRAUD BY MISREPRESENTATION OF SALES AGREEMENT VAL/4218,20REMARKS DATE REPORT TIME RECV DISPOSITION
021489 1112 ADULT-RPT-TKN

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS

5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 003

ACTIVITY CD ACTIVITY CD REMARKS
00009440 PD ACC MV/MV PD ACCIDENT, MV VS MV, NAMES EXCHANGED

REMARKS DATE REPORT TIME RECV DISPOSITION
101388 1720 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009440 PD ACC MV/MV PD ACCIDENT - NEJ172 VS 718BXS

REMARKS DATE REPORT TIME RECV DISPOSITION
022889 1158 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS FORGED CHECK, NO REPORT AT THIS TIME, ADVISED

REMARKS DATE REPORT TIME RECV DISPOSITION
072888 0922 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009802 MEDICAL MEDICAL - ONE DOWN WF 22 YRS NORTH VIA NORTH

REMARKS DATE REPORT TIME RECV DISPOSITION
072188 1637 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - HONEYWELL - PERIMETER CHECK ONLY, NO KEYS - CHECKED

REMARKS DATE REPORT TIME RECV DISPOSITION
SECURE 061288 0740 ALARM MALF E/E

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - HONEYWELL - PERIMETER SECURE, NO KEYHOLDER PER

REMARKS DATE REPORT TIME RECV DISPOSITION
HONEYWELL, TO OPEN IN 15 062388 0730 ALARM MALF E/E

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM - BUILDING SECURE KEYS CALLED

REMARKS DATE REPORT TIME RECV DISPOSITION
091188 0346 ALARM MALF E/E

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 004

ACTIVITY CD	ACTIVITY CD	REMARKS
00009805	FALSE ALARM	ALARM-HONEYWELL BLDG SECURE CHECKED WITH KEYS

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	110688	1600	ALARM MALF E/E

ACTIVITY CD	ACTIVITY CD	REMARKS
00009805	FALSE ALARM	ALARM, FALSE-EMPLOYEE ERROR FROM HONEYWELL

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	020789	0747	ALARM MALF E/E

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT MAZDA #NWE888 ASSISTED

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	052088	1925	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT, ASSIST

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	072188	1425	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT - ASSIST

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	010789	1230	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT MERCURY CAPRI #FGX535 ASSISTED

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	020289	1731	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT PONTIAC 6000 (IL) SXN993 ASSISTED

REMARKS	DATE REPORT	TIME RECV	DISPOSITION
	020489	1526	ADVISE/ASSIST

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 005

ACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT *77 CHEV IMPALA #DRR711 ASSISTEDREMARKS DATE REPORT TIME RECV DISPOSITION
030389 1737 ADVISE/ASSISTACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT *83 CUTLASS #RCN838 ASSISTEDREMARKS DATE REPORT TIME RECV DISPOSITION
032089 1555 ADVISE/ASSISTACTIVITY CD ACTIVITY CD REMARKS
00009808 SUSP/INFO SUSPICION/INFO SEE SUPPLEMENTALREMARKS DATE REPORT TIME RECV DISPOSITION
070288 2053 ADULT-RPT-TKNACTIVITY CD ACTIVITY CD REMARKS
00009808 SUSP/INFO SUSPICION/INFO, POSSIBLE SHOPLIFTING, ADVISEDREMARKS DATE REPORT TIME RECV DISPOSITION
032189 1500 ADVISE/ASSISTACTIVITY CD ACTIVITY CD REMARKS
00009808 SUSP/INFO SUSPICION/INFO, POSSIBLE DK DRIVERREMARKS DATE REPORT TIME RECV DISPOSITION
032389 1449 UNFOUNDEDACTIVITY CD ACTIVITY CD REMARKS
00009808 SUSP/INFO SUSPICION/INFO SUSPICIOUS VEHICLE-OCCUPIED 282AUX U.T.L.REMARKS DATE REPORT TIME RECV DISPOSITION
032789 1942 GONE ON ARRIVALACTIVITY CD ACTIVITY CD REMARKS
00009811 FIGHT FIGHT, ADVISEDREMARKS DATE REPORT TIME RECV DISPOSITION
062188 1231 ADVISE/ASSIST

05/09/89

CHALET LIQUORS
CALLS FOR SERVICE SUMMARY
36 CALLS

5301 36TH AVE N,
05-01-88 THRU 04-30-89

PAGE 006

ACTIVITY CD	ACTIVITY CD	REMARKS
00009823	DETOX PICKUP	DETOX PICKUP HONEBRINK TO DETOX

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
112388	2045	ADVISE/ASSIST

ORIGINAL-To Payor
DUPLICATE-To Clerk

OFFICIAL RECEIPT

City of Crystal

No. 45100

Date 4-10 1989

Received of Lama Corporation
Four Hundred and 00/100 DOLLARS \$ 400.00
For Off-Sale Liquor Investigation for Liquor
Warehouse (John Jay Lanners and Michael Gerard Maglich)

FD	ACCT.	SUB.	AMOUNT	FD	ACCT.	SUB.	AMOUNT
				3516			400.00

D. George
CLERK

TO: James Mossey, Police Chief
FROM: Darlene George, City Clerk *D.G.*
RE: Investigation - John Jay Lanners
Michael Gerard Maglich
Off-Sale Liquor License
Liquor Warehouse
355 Willow Bend

Attached are two (2) Personal Statements for your investigation. They are new owners of the above referenced off-sale liquor establishment for the 1989-1990 license year.

I would appreciate the investigation being completed as soon as possible so that other papers may be processed, put on a Council Agenda and certified to Liquor Control by June 1, 1989.

cc: Jerry Dulgar,
City Manager

CITY OF CRYSTAL

MEMORANDUM

DATE: May 9, 1989

TO: Chief James Mossey

FROM: Inv. Todd D. Gustafson

SUBJECT: Background Investigation
of John J. Lanners and
Michael Girard Maglich of
Liquor Warehouse
355 Willow Bend

I conducted this background investigation as instructed in the Crystal Police Liquor License Investigation procedure. There was no criminal history on file in the computer for Michael Maglich. His driver's license had four driving violations on it dating back to December of 1984. One of these was an Implied Consent on August 22, 1985, which resulted in a Misdemeanor Speed. This incident was reflected in the Personal Statement which had a DWI Arrest recorded in Section 7 on the Personal Statement. A Bankruptcy Court and Civil Process check resulted in negative results and no record under the name of Michael Maglich.

On the date that I verified his Financial Statement section of the Personal Background Statement, he had approximately \$4200.00 in account number 32303081 and approximately \$100.00 in account number 36000029. He did not list any record of a mortgage on his Personal Statement and therefore this did not apply. I verified his employment as Vice President of Operations since 1972 with MGM Liquor Warehouse by calling MGM Liquor Warehouse and talking to a Mary Soller.

I interviewed Mr. Maglich's personal references over the phone. All three references were very positive about Mr. Maglich and said that he ran a good, honest business and has been recipient of professional awards in the past. A check with the local jurisdiction and previous residents were done with no record of any prior contact.

After reviewing John Lanners Personal Statement, I noticed that there were various sections that were incomplete. I mailed a new Personal Statement Form to Mr. Lanners for him to fill out which he did return a short time later. There was no record of any arrest discovered after performing a

criminal history check. His driver's license shows two moving violations dating back to 1981. There was no pending action involving Mr. Lanners found when checking with Bankruptcy Court and Civil Process check. I verified Mr. Lanners Financial Statement by going to First Bank Minneapolis Credit Bureau, Credit Investigations Section. I talked with Credit Investigator Vicki Williams and she stated that Mr. Lanners had approximately \$4200.00 in account number 3296206. Also I went to Knutson Mtg. Corp. and obtained a written verification of the mortgage. I verified employment with LAMA Corporation through a Mary Soller in that office. All of Mr. Lanners personal references were very positive and enthusiastic about his both personal and business dealings. They thought that he was a good candidate for a off-sale liquor license. There was no record of any contact with local police while living at his previous residence. See attached Liquor License Applications from cities of Blaine and St. Paul.

Respectfully Submitted,


Todd D. Gustafson

TDG:ds1

CITY OF BLAINE, MINNESOTA

IN SUPPORT OF AN APPLICATION FOR
OFF-SALE INTOXICATING LIQUOR LICENSE

Part I - General Information

Directions: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer, thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

1. Name of applicant (name of individual, partnership, corporation or association):

Patrick J. Maglich

2. Name under which applicant will be doing business, business address and telephone number: .

Full Name M.G.M. Liquor Warehouse

Business Address 255 Highway 10, Blaine, MN Phone 612-785-1534

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OF STYLE OTHER THAN FULL INDIVIDUAL NAME OF APPLICANT, ATTACH A COPY OF THE CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE CLERK OF THE DISTRICT COURT.

3. Type of applicant:

X Individual Corporation Partnership
 Association or other

- 4a. If applicant is an individual, state full name, residence and business address and telephone numbers.

Full Name Patrick J. Maglich

Residence Address 966 Lydia, St. Paul, MN 55113 Phone 482-1896

Business Address 6700 Wayzata Blvd., Mpls., MN Phone 546-9255

(A Part II - Personal Information Form must be filled out and attached for this individual.)

- 4b. The full name, residence address and telephone number of the manager, proprietor or other agent in charge of the individual owner's premises to be licensed.

Full Name same as 4a

Residence Address _____ Phone _____

(A Part II - Personal Information Form must be filled out and attached for this individual.)

- 5a. If applicant is a partnership, state full name, residence and address, telephone numbers, and interest of each member of the partnership.

N/A

1. Full Name _____ Interest _____ %

Residence Address _____ Phone _____

Business Address _____ Phone _____

2. Full Name _____ Interest _____ %

Residence Address _____ Phone _____

Business Address _____ Phone _____

3. Full Name _____ Interest _____ %

Residence Address _____ Phone _____

Business Address _____ Phone _____

(A Part II - Personal Information Form must be filled out and attached for each of these individuals.)

5b. The managing partner will be: N/A

- 5c. The full name, residence address and telephone number of the manager, proprietor or other agent in charge of the partnership's premises to be licensed.

Full Name N/A

Residence Address _____ Phone _____

(A Part II - Personal Information Form must be filled out and attached for this individual.)

IF THE APPLICATION IS FOR A PARTNERSHIP, ATTACH A TRUE COPY OF THE PARTNERSHIP AGREEMENT AND A COPY OF THE CERTIFICATE OF TRADE NAME UNDER PROVISIONS OF CHAPTER 333, MINNESOTA STATUTES, CERTIFIED BY THE CLERK OF DISTRICT COURT.

Home Office Address	Phone

[illegible]

(A Part II - Personal Information Form must be filled out and attached for these individuals.)

Residence Address	Phone
-------------------	-------

(A Part II - Personal Information Form must be filled out and attached for these individuals.)

- 6d. The full name, residence address and telephone number of the manager, proprietor or other agent in charge of the corporation's or association's premises to be licensed.

Full Name N/A

Residence Address _____ Phone _____

(A Part II - Personal Information Form must be filled out and attached for this individual.)

IF THIS APPLICATION IS FOR A CORPORATION OR ASSOCIATION, ATTACH A TRUE COPY OF THE ARTICLES OF INCORPORATION OR ASSOCIATION AGREEMENT AND BY-LAWS AND, IF A FOREIGN CORPORATION, A CERTIFICATE OF AUTHORITY AS DESCRIBED IN CHAPTER 303, MINNESOTA STATUTES.

7. State the exact legal description of the premises to be licensed. (Applicant must also submit a plot plan of the area showing dimensions, location of buildings, street access, parking facilities and the locations of the distances to the nearest church building and public school grounds.)
8. State full name, residence and business address and telephone numbers of owner or owners of the building wherein the licensed business will be located, if owner is other than the applicant.

Full Name - David W. Schulz

Residence Address 5536 Zumbra Lane, Excelsior, MN Phone 474-5825

Business Address 530 W. 79th, Chanhassen, MN Phone 934-0472

Full Name _____

Residence Address _____ Phone _____

Business Address _____ Phone _____

9. Where building is owned by other than applicant, state in summary conditions of lease arrangement - term of years, monthly rental, etc. (A true copy of the lease shall be attached.) \$90,024/per annum 5 year term (lease not finalized or signed yet) draft submitted with orig. app.
10. If building is owned by individual applicant, partnership, corporation or association state:

N/A

(a) Date purchased _____ (b) Name and address of person purchased from _____

(c) Purchase price \$ _____; (d) Amount of down payment \$ _____

(e) Who currently holds mortgage? _____

(f) Amount of Contract for Deed? _____

10. (continued)

N/A

- (g) Who currently holds contract for deed? _____
- (h) Term of Mortgage _____
- (i) Term of Contract for Deed _____
- (j) Rate of interest on Mortgage _____
- (k) Rate of interest on Contract for Deed _____
- (l) State the rate at which Mortgage and/or Contract for Deed is being liquidated _____
- (m) Are the payments on Mortgage and/or Contract for Deed up to Date? _____

11. If building is owned by other than applicant, Part II, Personal Information must accompany this application. Part II submitted with original application, copy attached

12. State the amount of the investment that the applicant has or will have in the business premises, fixtures, furniture, stock in trade, etc. and attach supporting proof of the source of such money.
\$250,000 - financing from Park National Bank, Minneapolis, MN

13. Give full name, address, telephone number and the nature of the interest, amount thereof, terms for payment or other reimbursement, of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade, (This shall include, but not be limited to, any lessees, lessors, mortgagees, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

Building - Part II submitted with original application, Loan approved - not
IF THIS APPLICATION IS FOR PREMISES EITHER PLANNER OR closed yet
UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION,
THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF
PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED
PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON
✓ FILE WITH THE BLAINE INSPECTION DEPARTMENT, NO PLANS NEED
BE FILED WITH THE APPLICATION.

14. What permits required by the Federal Government by the Laws of the United States have been applied for or issued for the premises?
In what name were these applied for or issued and what is the nature of the permit or license?

Off-sale liquor license
MGM Liquor Warehouse

15. What permits or licenses required by the state government by the statutes have been applied for or issued for the premises?
In what name were these applied for or issued and what is the nature of the permit or license?

16. Are any real estate taxes, personal property taxes, special assessments delinquent for the premises to be licensed? No
If "Yes" give details.

17. Name, residence address, business address and telephone numbers of three persons, of good moral character, not related to the applicant or financially interested in the premises or business, who may be referred to as to the applicant's character.

1. Name Lou Forsberg
Residence Address 113 Highland Ln., Wayzata Phone 473-4728
Business Address 945 County Rd. 18, Plymouth Phone 546-6822
2. Name Edward Driscoll
Residence Address 1915 Hillcrest, St. Paul Phone 698-9648
Business Address 7900 Xerxes, Bloomington Phone 835-3800
3. Name Harold Rutstein
Residence Address 1155 Kingsley, Mendoat Heights Phone 452-1280
Business Address 489 Prior, St. Paul Phone 646-7821

STATE OF Minnesota)
COUNTY OF _____)

Patrick James Maglich being first duly sworn, upon his oath deposes and says that he is the person who has executed the above application and that the statements made therein are true of his own knowledge and belief.

P. Maglich
Signed

Subscribed and sworn to before me this 30 day of November 19 87.

Frances M. Depew
Notary Public, Anoka County
My commission expires May 31 1988.

CITY OF BLAINE, MINNESOTA

IN SUPPORT OF AN APPLICATION FOR
OFF-SALE INTOXICATING LIQUOR LICENSE

Part II - Personal Information

Directions: This form must be filled out with typewriter or by printing in ink by the sole owner, be each partner, by each officer, or director, by each manager, proprietor or other agent in charge of the permits, by each person who by combined ownership or control has an interest in a corporation or association in excess of 5%.

Date: November 11, 1987

Maglich, Patrick J.

1. True Name: (Last, First, Middle)

966 Lydia, St. Paul, MN 55113

2. Residence Address: (Number, Street, City, State) 3. Phone Number:

255 Highway 10, Blaine, MN 55434

482-1896
785-1534

4. Business Address: (Number, Street, City, State) 5. Phone Number:



Partially Scanned Material

The remainder of this page/item has not been digitized due to privacy considerations. The original can be viewed at the Minnesota Historical Society's Gale Family Library in Saint Paul, Minnesota. For more information, visit www.mnhs.org/library/.

LAMA CORPORATION
1124 Larpenteur Avenue West
St. Paul, Minnesota 55113
(612) 487-1006

April 19th, 1989

Ms. Darlene George
City of Crystal
4141 North Douglas Drive
Crystal, MN 55422

RE: M.G.M. Liquor Warehouse, 355 Willow Bend, Crystal, MN

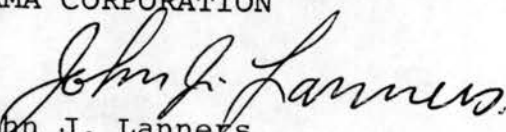
Dear Ms. George:

We previously submitted the personal statements on the stockholders of LAMA Corporation for your investigation.

Enclosed is our application and necessary documentation for an off-sale liquor license at the above referenced location. LAMA Corporation is purchasing Nor-Bert, Inc. through the bankruptcy court which includes their stock and the corporation itself. This purchase would reflect a change in stock ownership only.

If you require any additional information or have any questions, please feel free to contact our office. Thank you.

Very truly yours,
LAMA CORPORATION


John J. Lanners
President

JJL:jj

Enc.

**MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
333 SIBLEY • ST. PAUL, MN 55101**

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, a partner shall execute this application.

Applicant's Name (Individual, Corporation, Partnership) <u>John J. Lanners</u>		Trade Name or DBA <u>LAMA Corporation dba Warehouse</u>		M.G.M. Liquor	
License Location (Street Address/Lot & Block No.) <u>355 Willow Bend</u>		License Period From <u>7-1-89</u> To <u>6-30-90</u>		Applicant's Home Phone <u>(612) 436-7599</u>	
Municipality <u>Hennepin</u>		County <u>Minnesota</u>	State <u>55422</u>	Zip Code	
Name of Store Manager <u>Timothy Praska</u>		Business Phone Number <u>612-537-0082</u>		Date of Birth (Individual Applicant) <u>10-9-53</u>	
If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.					
Partner/Officer <u>John J. Lanners</u>	D.O.B. <u>10-9-53</u>	Address <u>11772 Valley Creek</u>	City <u>Woodbury</u>	Title/Shares <u>100%</u>	<u>Pres/Trea</u>
Partner/Officer <u>Michael G. Maglich</u>	D.O.B. <u>10-16-52</u>	Address <u>3131 Excelsior Blvd</u>	City <u>Mpls</u>	Title/Shares <u>V Pres/Sec</u>	
Partner/Officer	D.O.B.	Address	City	Title/Shares	
Partner/Officer	D.O.B.	Address	City	Title/Shares	

- If a corporation, date of incorporation 1-15-87, state incorporated in Minnesota, amount of authorized capitalization 10,000, amount of paid in capital 10,000, if a subsidiary of any other corporation, so state _____ give purpose of corporation general business if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority 5L-298.
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.)
first floor or if entire building, so state _____.
- If operating under a zoning ordinance, how is the location of the building classified? Retail ?
Commercial
- Is establishment located near any state university, state hospital, training school, reformatory or prison? No, state approximate distance _____.
- State name and address of owner of building Paster Enterprises 2227 University Ave.
St. Paul, MN 55114
has owner of building any connection, directly or indirectly, with applicant? No.
- State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details
No
- Has the applicant, or any of the associated 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 date and details No.
- State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details 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? No. If so in what capacity _____.

FOR OFFICE USE ONLY

Mailing Address (If other than Licensing Authority)		Transaction Type	
Code	Fees A _____ B _____ C _____	Date Approved	Violations Approved

10. 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
11. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota? Yes Give name and address of such establishment See attached sheet.
12. Furnish name and address of one bank reference First Bank St. Paul
332 Minnesota Street, St. Paul, MN 55101
13. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE Exclusive off sale.
liquor store
14. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? No
15. If a drug store, state length of time the store has been in operation _____
16. 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 No
17. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License No
18. State whether applicant has, or will be granted an Off-Sale Non-Intoxicating Malt Beverage (3/2) License in conjunction with this Off-Sale Liquor License if required

Subscribed and sworn to before me this

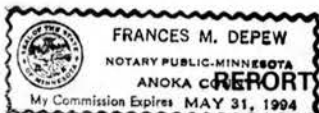
20 day of April, 1989.

Frances M. Depew
(Notary Public)

My commission expires 5-31-94

I hereby certify that I have read the above question and that the answers are true of my own knowledge.

John J. Lammers
(Signature of applicant)
President



REPORT ON APPLICANT OR APPLICANTS BY POLICE 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 hereinafter stated _____

NONE

CRYSTAL

(Name of city, village or borough)

Police Department

Approved By:

James H. Mossey
Chief of Police

Title

(If you have no police department, either the Marshal or the Constable shall execute this report on the applicant.)

CITY OF CRYSTAL

ADDENDUM FOR CORPORATION LIQUOR LICENSES. (Must be filled out by each corporate applicant)

Directions: As to each question hereinafter asked, state fully your answers to each question furnishing information not previously reported to the City Council on any prior application.
(Use separate sheets of paper if necessary)

- During the past license year to date, state the name or names including home and business address, date of birth, places of birth, citizenship of each and every person directly or indirectly owning, operating or controlling your applicant's operation other than manager, stockholders, officers and directors. State the nature, percent and type of such ownership, operation and control.

None

- List all changes of officers and directors that have occurred in the past license year, from whom, to whom with the percentage of stock ownership of each.

None

- (a) List amount and type of shares of stock issued by said corporation, indicate whether voting or non-voting and list each shareholder of record as of this date together with the number and types of shares owned by each person, indicate whether voting or non-voting.

John J. Lanners, voting 10,000

- (b) List each and every share of stock that has been transferred from one stockholder to another during the past license year. State type and indicate whether voting or non-voting. State the name and address of the transferor and the name and address of the transferee.

None

- (a) How many stockholder's meetings were held during the past license year? One

- (b) State dates and places of holding meetings.

1-23-89, 1124 Larpenteur Ave. W. St. Paul, MN 55113

- (c) The names and addresses of all persons in attendance and relationship to corporate license holder.

John J. Lanners Pres/Trea

Terrance Maglich Director

Michael G. Maglich V Pres/Sec

1124 Larpenteur Ave. W., St. Paul, MN 55113

- (a) How many directors' meetings were held during the past license year? Same as #4

- (b) State the dates and places of holding each meeting.

- (c) The names and addresses of all persons in attendance and their relationship to the corporation.

- (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting.

N/A

- (b) List the name and address of the owner and name and address of the person to whom such proxy was given, the number of shares involved and whether such proxy is a single purpose proxy or good for more than one meeting.

N/A

- (a) During the past license year to date, list each share of stock in which the owner thereof is a limited owner such as a trustee, guardian, attorney in fact, pledgee, executor, administrator, assignee or in any other representative capacity.

None

7. (b) State the number and types of shares of stock involved, the names of all parties having an interest in such stock, the number of shares of stock involved, the names and addresses of all parties in interest, and a statement of such interest as to each.

None

8. (a) During the past license year to date, state any and all powers of attorney (general or special) in force as to voting of stock or as to the management of the licensed corporation.

None

(b) State the name of the grantor and the grantee and other details pertaining thereto.

None

9. (a) During the past license year to date, state as to whether the corporation has issued, hypothecated, pledged or otherwise transferred or assigned any new or already issued stock.

No

(b) State the amount and type of stock involved, the name and addresses of the persons involved and on what dates.

N/A

M.G.M. LIQUOR WAREHOUSE

275 White Bear Ave.
St. Paul, MN 55106

495 17th Ave. N.
Hopkins, MN 55343

6700 Wayzata Blvd.
Golden Valley, MN 55426

8599 Lyndale Ave. S.
Bloomington, MN 55420

201 St. Croix Mall
Stillwater, MN 55082

7155 S. 80th St.
Cottage Grove, MN 55016

4444 Highway 61
White Bear Lake, MN 55110

1690 S. Robert St.
W. St. Paul, MN 55118

3254 W. Lake St.
Mpls., MN 55416

750 State Highway 110
Mendota Heights, MN 55120

2929 Coon Rapids Blvd.
Coon Rapids, MN 55433

STATE OF MINNESOTA
DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION

BOND NO. 55-123294

SURETY BOND
OFF SALE

*Findings revised
Bond with correct
address today 5-11-89
S.B.*

*Should be 355
Westview Bend*

Know all men by these presents

That we L.A.M.A. Corporation d/b/a

MGM Liquors @ 4141 No. Douglas Dr., Crystal, MN 55422

as principal, and

UNITED FIRE & CASUALTY COMPANY of Cedar Rapids, Iowa

, a corporation

organized and existing under the laws of the State of Iowa and duly authorized to
transact a corporate surety business in the State of Minnesota, as surety, are held and firmly bound unto the City
(Insert City-Village-Borough)

of Crystal

County of Hennepin

State of Minnesota, in the penal sum of One Thousand & no/100-----\$1,000.00 dollars, good and lawful

money of the United States to be paid to said City of Crystal
(Insert City-Village Borough)

for which payment we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly
by these presents.

Sealed with our hands and seals this 21st day of April, 1989.

Whereas. The above bounden principal desires to carry on the business of handling intoxicating liquors as an

"Off Sale" dealer, in the said City of Crystal
(Insert City-Village-Borough)

, and is

about to be granted a license for that purpose is pursuant with the provisions of Minnesota Statutes, Chapter 340, as
amended.

NOW, THEREFORE, The condition of this obligation is such that if the principal shall comply with the terms of said
license or any modifications, extensions or renewals thereof, and with the provisions of the above entitled act of the
legislature of the State of Minnesota, and as it may at any time be amended and supplemented, and all other acts and laws of
the State of Minnesota, and with the rules, regulations and decisions lawfully made and issued by the proper authorities of
the State of Minnesota relating thereto, and that if the said principal shall further pay to the said municipality when due, all
taxes, license fees, penalties and other charges provided by law, and that in the event of any violation of the provisions of
any law relating to the retail "Off Sale" of intoxicating liquor, such bond shall be forfeited to the said municipality as in said
act provided, and that if the said principal shall pay to the extent of the principal amount of this obligation any damages for
death or injury caused by or resulting from the violation of any of the provisions of this act, then this obligation shall be void,
otherwise to remain in full force and effect.

The surety company consents to be bound by this obligation, notwithstanding any informality in its execution.

This bond is for the license period commencing July 1, 1989

and ending June 30, 1990.

Witness our hands and seals this 21st day of April, 1989.

Signed, sealed, and delivered in the presence of - L.A.M.A. Corporation d/b/a MGM Liquors (Seal)

John J. Lammers

May Miller

as to principal

UNITED FIRE & CASUALTY COMPANY (Seal)

James A. DeGood

BY James A. DeGood
Attorney-in-fact

as to surety

ACKNOWLEDGMENT OF PRINCIPAL
For Individual

STATE OF MINNESOTA

County of _____ } ss.

On this _____ day of _____, 19____, before me, a notary public within and for said

County appeared _____ to me known to be the person

signed as principal herein, and stated that he signed the same of his own free will and accord.

Notary Public

County, Minnesota.

(SEAL)

My Commission expires _____

FOR CORPORATION

STATE OF MINNESOTA

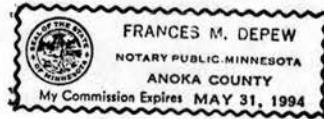
County of Anoka

ss.

On this 28 day of April, 19 89, before me appeared John J. Lanness, to be personally known, who, being duly sworn, did say that he is the President of the ETL Corp; that the seal affixed to the foregoing instrument is the corporate seal of said corporation; that said instrument was signed and sealed on behalf of said corporation by authority of its Board of Directors, and said John J. Lanness acknowledged said instrument to be the free act and deed of said corporation.

Frances M. DePew
Notary Public

(SEAL)



Anoka County, Minnesota.

My Commission expires 5-31-94

ACKNOWLEDGMENT OF SURETY

STATE OF MINNESOTA

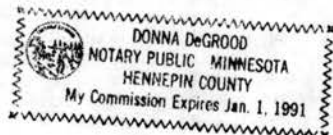
County of Hennepin

ss.

On this 21st day of April, 19 89, before me personally appeared James A. DeGroot, to me personally known, who being by me duly sworn, did say that he is Attorney-in-Fact of the UNITED FIRE & CASUALTY COMPANY; that the seal affixed to the foregoing instrument is the corporate seal of that corporation and that said instrument was executed in behalf of the corporation by authority of its board of directors, and said James A. DeGroot acknowledged said instrument to be the free act and deed of said corporation.

James A. DeGroot
Notary Public

(SEAL)



Hennepin County, Minnesota.

My Commission expires 1/1/91

BOND

For

OFF SALE LIQUOR LICENSE

Approved by _____ Council,
of the municipality of _____
this _____ day of _____,
19 _____.

Representative of Council.

Approved by the Liquor Control Commissioner of the State of Minnesota this _____ day of _____, 19 _____.

Liquor Control Director.



UNITED FIRE & CASUALTY COMPANY
HOME OFFICE — CEDAR RAPIDS, IOWA

CERTIFIED COPY OF POWER OF ATTORNEY

(Original on file at Home Office of Company — See Certification)

KNOW ALL MEN BY THESE PRESENTS, That the UNITED FIRE & CASUALTY COMPANY, a corporation duly organized and existing under the laws of the State of Iowa, and having its principal office in Cedar Rapids, State of Iowa, does make, constitute and appoint James A. DeGrood, or Donna DeGrood, Both Individually

of Bloomington, Minnesota
its true and lawful Attorney(s)-in-Fact with power and authority hereby conferred to sign, seal and execute in its behalf all lawful bonds, undertakings and other obligatory instruments of similar nature as follows:

--Any and All Bonds--

and to bind UNITED FIRE & CASUALTY COMPANY thereby as fully and to the same extent as if such instruments were signed by the duly authorized officers of UNITED FIRE & CASUALTY COMPANY and all the acts of said Attorney, pursuant to the authority hereby given are hereby ratified and confirmed.

The Authority hereby granted shall expire September 1, 1990 unless sooner revoked.

This power of Attorney is made and executed pursuant to and by authority of the following By-Law duly adopted by the Board of Directors of the Company on April 18, 1973.

"Article V — Surety Bonds and Undertakings."

Section 2, Appointment of Attorney-in-Fact. "The President or any Vice President, or any other officer of the Company, may, from time to time, appoint by written certificates attorneys-in-fact to act in behalf of the Company in the execution of policies of insurance, bonds, undertakings and other obligatory instruments of like nature. The signature of any officer authorized hereby, and the Corporate seal, may be affixed by facsimile to any power of attorney or special power of attorney or certification of either authorized hereby; such signature and seal, when so used, being adopted by the Company as the original signature of such officer and the original seal of the Company, to be valid and binding upon the Company with the same force and effect as though manually affixed. Such attorneys-in-fact, subject to the limitations set forth in their respective certificates of authority shall have full power to bind the Company by their signature and execution of any such instruments and to attach the seal of the Company thereto. The President or any Vice President, the Board of Directors or any other officer of the Company may at any time revoke all power and authority previously given to any attorney-in-fact.

IN WITNESS WHEREOF, the UNITED FIRE & CASUALTY COMPANY has caused these presents to be signed by its vice president and its corporate seal to be hereto affixed this

1st day of September

, A.D. 19 88

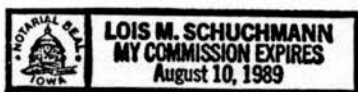
UNITED FIRE & CASUALTY COMPANY

By *Richard J. Ehlinger*
Vice President



State of Iowa, County of Linn, ss:

On this 1st day of September 19 88, before me personally came Richard J. Ehlinger to me known, who being by me duly sworn, did depose and say: that he resides in Cedar Rapids, State of Iowa; that he is a Vice President of the UNITED FIRE & CASUALTY COMPANY, the corporation described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.



Lois M. Schuchmann

Notary Public

My commission expires August 10, 19 89

CERTIFICATION

I, the undersigned officer of the UNITED FIRE & CASUALTY COMPANY, do hereby certify that I have compared the foregoing copy of the Power of Attorney and affidavit, and the copy of the Section of the By-Laws of said Company as set forth in said Power of Attorney, with the ORIGINALS ON FILE IN THE HOME OFFICE OF SAID COMPANY, and that the same are correct transcripts thereof, and of the whole of the said originals, and that the said Power of Attorney has not been revoked and is now in full force and effect.

In testimony whereof I have hereunto subscribed my name and affixed the corporate seal of the said

Company this 21st day of April 19 89



Maynard S. Hansen
Secretary

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

NAME AND ADDRESS OF AGENCY:

MINNESOTA INS. NETWORK
1895 E. Co. Rd. E. 777-7456
St. Paul, MN 55110

COMPANIES AFFORDING COVERAGE:

COMPANY A: ST. PAUL COMPANIES

COMPANY B:

*Called Jon Larson
today (5-1-89) He will
send revised copies.
Cancellation Clause*

COMPANY C:

COMPANY D:

COMPANY E:

NAME AND ADDRESS OF INSURED:

LAMA Corporation
dba: MGM Liquors
1124 Larpeur Avenue
St. Paul, MN 55113

===== COVERAGES =====

THIS IS TO CERTIFY THAT POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE 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 TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

COMP LETTER	TYPE OF INSURANCE	POLICY NUMBER EFFECTIVE/EXPIRATION DATE	LIMITS OF LIABILITY IN THOUSANDS (000)
----------------	----------------------	--	---

GENERAL LIABILITY
COMMERCIAL GENERAL
LIABILITY

TO

GENERAL AGGREGATE:

CLAIMS MADE OCCURRENCE

PRODUCTS COMP/OPS AGG:

OWNERS & CONTRACTORS PROTECTIVE

PERSONAL & ADVERTISING INJURY:

EACH OCCURRENCE:

FIRE DAMAGE (ANY 1 FIRE):

MEDICAL EXPENSE (ANY 1 PERSON):

AUTOMOBILE LIABILITY

ANY AUTO

TO

ALL OWNED AUTOS

SCHEDULED AUTOS

HIRED AUTOS

NON-OWNED AUTOS

GARAGE LIABILITY

CSL:

BI:

(EACH PERSON)

BI:

(EACH ACCIDENT)

PROPERTY DAMAGE:

ACORD CERTIFICATE OF INSURANCE - PAGE 2

COMP LETTER	TYPE OF INSURANCE	POLICY NUMBER EFFECTIVE/EXPIRATION DATE	LIMITS OF LIABILITY IN THOUSANDS (000) EA. OCCUR./AGGREGATE
----------------	----------------------	--	---

EXCESS LIABILITY

TO

OTHER THAN
UMBRELLA FORMWORKERS COMPENSATION
AND
EMPLOYERS' LIABILITY

TO

STATUTORY

EACH ACCIDENT:
DISEASE POLICY LIMIT:
DISEASE EACH EMPLOYEE:A OTHER
LIQUOR
LIABILITYB006678933
07/01/89 TO 06/30/90TOTAL :
LIMIT : \$ 1,000

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS:

Location: LAMA Corporation
dba: MGM Liquors
355 Willow Bend
Crystal, MN 55428

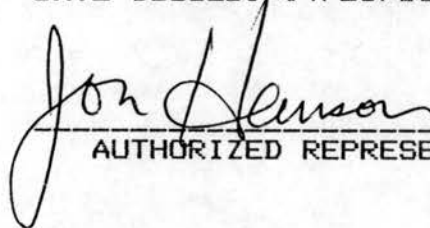
===== CANCELLATION =====

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE BELOW NAMED CERTIFICATE HOLDER, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

===== CERTIFICATE HOLDER =====

City of Crystal
4141 North Douglas Drive
Crystal
Minnesota 55422

DATE ISSUED: 04/25/89



AUTHORIZED REPRESENTATIVE

Pursuant to Minnesota Statute 270.72 Tax Clearance; Issuance of Licenses, the licensing authority is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest;
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Service;
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license. DO NOT RETURN TO THE DEPARTMENT OF REVENUE.

LICENSE BEING APPLIED FOR OR RENEWED: Off Sale Liquor
LICENSING AUTHORITY: City of Crystal
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: July 1, 1989

PERSONAL INFORMATION (if applicable):

Applicant's Name: John J. Lanners
Applicant's Address: 11772 Valley Creek Road
Woodbury Minnesota 55125
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: LAMA Corporation dba M.G.M. Liquor Warehouse
Business Address: 355 Willow Bend
Crystal Minnesota 55422
City State Zip Code

Minnesota Tax Identification No.: 3870305
Federal Tax Identification No.: 41-1574059

If a Minnesota Tax Identification number is not required, please explain on the reverse side.

John J. Lanners President 4-18-89
Signature Position (Officer, Partner, etc.) Date

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: Citizens Security Mutual
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 0901660

Dates of Coverage: 2-15-89 to 2-15-90

(or)

I am not required to have workers' compensation liability coverage because:

() I have no employees covered by the law.

() Other (Specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.

John J. Lammers
(SIGNATURE)

JA/lc (J) 7/87

April 10, 1989

TO: James Mossey, Police Chief
FROM: Darlene George, City Clerk *D.G.*
RE: Investigation - John Jay Lanners
Michael Gerard Maglich
Off-Sale Liquor License
Liquor Warehouse
355 Willow Bend

Attached are two (2) Personal Statements for your investigation. They are new owners of the above referenced off-sale liquor establishment for the 1989-1990 license year.

I would appreciate the investigation being completed as soon as possible so that other papers may be processed, put on a Council Agenda and certified to Liquor Control by June 1, 1989.

cc: Jerry Dulgar,
City Manager

05/09/89

LIQUOR WAREHOUSE
CALLS FOR SERVICE SUMMARY
10 CALLS

355 WILLOW BEND
05-01-88 THRU 04-30-89

PAGE 001

ACTIVITY CD ACTIVITY CD REMARKS
00001300 ASSAULT ASSAULT, J/M, DOB/122272, MASON, LUKE TIMOTHY, DOB/072675

REMARKS DATE REPORT TIME RECV DISPOSITION
2 VICTIMS 102488 1456 JUV-RPT-TAKEN

ACTIVITY CD ACTIVITY CD REMARKS
00002500 FORGERY&COUN FORGERY CHECK \$90,18, PROPERTY #27-29

REMARKS DATE REPORT TIME RECV DISPOSITION
061588 1415 ADULT-RPT-TKN

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS POSSIBLE H&R / POSSIBLE DK DRIVER / ADVISED CALLER / DK GOA

REMARKS DATE REPORT TIME RECV DISPOSITION
050588 1907 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009800 ALL OTH PUBS GIVE PARTY DIRECTIONS, ASSIST

REMARKS DATE REPORT TIME RECV DISPOSITION
050788 1240 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009805 FALSE ALARM ALARM/ELECT, SURV,/ BUILDING SECURE/KEYS CALLED

REMARKS DATE REPORT TIME RECV DISPOSITION
060588 0159 ALARM MALF E/E

ACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT, ASSIST

REMARKS DATE REPORT TIME RECV DISPOSITION
092088 1928 ADVISE/ASSIST

ACTIVITY CD ACTIVITY CD REMARKS
00009807 LOCK OUT LOCKOUT, ASSIST

REMARKS DATE REPORT TIME RECV DISPOSITION
100588 1132 ADVISE/ASSIST

05/09/89

LIQUOR WAREHOUSE
CALLS FOR SERVICE SUMMARY
10 CALLS

355 WILLOW BEND
05-01-88 THRU 04-30-89

PAGE 002

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT - ASSISTED

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
020789	1849	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009807	LOCK OUT	LOCKOUT, ASSIST

REMARKS

DATE REPORT	TIME RECV	DISPOSITION
042589	1742	ADVISE/ASSIST

ACTIVITY CD	ACTIVITY CD	REMARKS
00009808	SUSP/INFO	SUSPICION/INFO POSSIBLE DK DRIVER THAT HAD BEEN INVOLVED IN

REMARKS

A MINOR ACCIDENT (NO DAMAGE) #MRB595 G.O.A.

DATE REPORT	TIME RECV	DISPOSITION
062288	1549	GONE ON ARRIVAL

Darlene

1

DUE DATE: NOON, WEDNESDAY, May 10, 1989

MEMO TO: Jerry Dulgar, City Manager

MEMO FROM: John A. Olson, Assistant City Manager

ACTION NEEDED MEMO: From the May 2, 1989 Council Meeting

The items listed below are the actions requested by the City Council at their regular Council meeting of May 2, 1989. These items should be taken care of by noon, Wednesday, preceding the next regularly scheduled Council meeting and returned to the Assistant City Manager for his review.

DEPARTMENT ITEM

BOARD OF EQUALIZATION

ASSESSOR

1. Board of Equalization.
ACTION NEEDED: Prepare list of persons appearing at Board Hearing and review the appraisals of those who requested review.
ACTION TAKEN: List prepared, submitted to Hennepin County and reviewed three appraisals of those who appealed.

COUNCIL AGENDA

CITY MANAGER

1. Consideration of receipt of donation from Olivet Baptist Church.
ACTION NEEDED: Prepare letter of thanks from the City.
ACTION TAKEN: Each department (Fire, Police, Park) is writing a letter of thanks.

CONSENT AGENDA

CITY CLERK

1. Consideration of a charitable gambling license renewal for Minnesota Therapeutic Camp at Rostamo's.
ACTION NEEDED: File license application and notify the applicant.
ACTION TAKEN: Applicant notified and informed to include address on application rather than post office box number.

PUBLIC WORKS
DIRECTOR

2. Set public hearing to consider 1989 Sealcoat Program in District 3.
ACTION NEEDED: Notify affected property owners.
ACTION TAKEN: Mailings and publications in progress.

PUBLIC WORKS
DIRECTOR

ACTION NEEDED: Post notice of hearing.
ACTION TAKEN: See above.

ADMINISTRATIVE
SECRETARY

ACTION NEEDED: Place item on May 16 Council Agenda.
ACTION TAKEN: Item placed on May 16 Council Agenda.

PUBLIC HEARINGS

REDEVELOPMENT
COORDINATOR

1. Public hearing to consider variance requests for 4500 Adair.
ACTION NEEDED: Notify HRA of Council denial of variances and notify HTI.
ACTION TAKEN: HRA to be notified at its May 11 meeting.

BUILDING
DEPARTMENT

2. Public hearing to consider requests for variance at 4313 Florida Avenue North.
ACTION NEEDED: Notify applicant of Council approval.
ACTION TAKEN: Applicant present at meeting.

BUILDING
DEPARTMENT

3. Public hearing to consider variances at 4702 Douglas Drive.
ACTION NEEDED: Notify applicant of Council approval.
ACTION TAKEN: Contractor present at meeting.

BUILDING
DEPARTMENT

4. Public hearing to consider requests for variance at 6712 Valley Place.
ACTION NEEDED: Notify applicant of Council approval.
ACTION TAKEN: Contractor/homeowner present at meeting.

PUBLIC WORKS
DIRECTOR

5. Consideration of a public hearing to construct curb and gutter on Brunswick Avenue between 46th and 47th Avenues.
ACTION NEEDED: Proceed as authorized by City Council.
ACTION TAKEN: Plan preparation initiated.

PUBLIC WORKS
DIRECTOR

6. Public hearing to consider reconstruction of an alley east of Welcome between 38th and 39th.
ACTION NEEDED: Notify Robbinsdale of Council approval to include our project with theirs.
ACTION TAKEN: Plan preparation being coordinated with Robbinsdale.

PUBLIC WORKS
DIRECTOR

7. Public hearing to consider variances at 6315 - 55th Avenue North (Calibre Chase).
ACTION NEEDED: Send notices to affected property owners of continuance of hearing till June 5.
ACTION TAKEN: Continued till June.

ADMINISTRATIVE
SECRETARY

ACTION NEEDED: Place item on June 5 Council Agenda.

ACTION TAKEN: Item to be placed on June 5 Council Agenda.

ADMINISTRATIVE
SECRETARY

8. Public hearing to consider vacation of utility and drainage easements at 6619 - 31st Avenue North.

ACTION NEEDED: Place second reading of ordinance on May 16 Council Agenda.

ACTION TAKEN: Preparation of ordinance in progress. Item placed on May 16 Council Agenda.

ADMINISTRATIVE
SECRETARY

9. Public hearing to consider vacation of portion of utility and drainage easement at 5003 Angeline Avenue North.

ACTION NEEDED: Place second reading of ordinance on May 16 Council Agenda.

ACTION TAKEN: Preparation of ordinance in progress. Item placed on May 16 Council Agenda.

REGULAR AGENDA

CITY MANAGER

1. Consideration of the applications of James Allison and Lois Darg for appointment to the Human Relations Commission.

ACTION NEEDED: Notify applicants of Council appointment.

ACTION TAKEN: Letter written 5-3-89.

CITY MANAGER

2. Consideration of the application for appointment of Bruce Smith to the Planning Commission.

ACTION NEEDED: Notify applicant of Council appointment.

ACTION TAKEN: Letter written 5-3-89.

CITY MANAGER

3. Consideration of the applications for appointment to the Park & Recreation Advisory Commission.
ACTION NEEDED: Send letter of appointment to Gail Spaulding.
ACTION TAKEN: Letter written 5-3-89.

CITY CLERK

ACTION NEEDED: Keep Luzetta Kenney's application on file for future use.
ACTION TAKEN: Filed and informed applicant by letter.

PUBLIC WORKS
DIRECTOR

4. Consideration of a petition for a stop sign at 48th and Zane.
ACTION NEEDED: Notify property owners of Council decision not to put a stop sign at this intersection.
ACTION TAKEN: Property owners notified of meeting. No follow-up is usually done.

PUBLIC WORKS
DIRECTOR

5. Consideration of a petition for stop signs on Welcome Avenue and 47th.
ACTION NEEDED: Notify property owners of Council decision not to place stop signs in this location.
ACTION TAKEN: Installation in progress.

PARK & RECREATION
DIRECTOR

6. Consideration of award of bid for installation of playground equipment at Crystal Heights, Lee, and Iron Horse parks.
ACTION NEEDED: Notify low bidder (Viking Fence) of Council approval.
ACTION TAKEN: Contracts sent to Viking Fence on 5-3-89. Other bidders notified.

ADMINISTRATIVE
SECRETARY

7. Consideration of a request for rezoning from B-2 to B-4 and a conditional use permit at 3600 Douglas Drive.
ACTION NEEDED: Place second reading of ordinance on May 16 Council Agenda.
ACTION TAKEN: Ordinance amendment being prepared for May 16. Item placed on May 16 Council Agenda.

PUBLIC WORKS
DIRECTOR

ACTION NEEDED: Incorporate comments from the Council regarding fencing, hours of operation, and litter into the conditional use permit.
ACTION TAKEN: Applicant notified of conditional use permit conditions.

PUBLIC WORKS
DIRECTOR

8. Reconsideration of the preliminary plat of Proffesors Addition, 32nd Avenue North and Florida.
ACTION NEEDED: Prepare information on past and present grading and plat realignment for the next meeting.
ACTION TAKEN: Follow-up report in progress.

ACTION NEEDED: Place item on May 16 Council Agenda.
ACTION TAKEN: Item placed on May 16 Council Agenda.

9. Consideration of a request to reconsider denials of the Bedman Addition preliminary plat and ordinance amendment to reduce single family residential lot area requirements.
ACTION NEEDED: No action needed; no action taken by Council.

CITY CLERK

10. Consideration of Second Reading of an ordinance regarding garage sales as an accessory use in residential districts.
ACTION NEEDED: Publish ordinance.
ACTION TAKEN: Ordinance sent for publishing 5-3-89.

CITY MANAGER

11. Consideration of a proposed change in schedule for the Community Center project.
ACTION NEEDED: Notify Anderson Dale Architects of approval of change.
ACTION TAKEN: Architects notified.

PUBLIC WORKS
DIRECTOR

12. Consideration of watering restrictions for 1989.
ACTION NEEDED: Prepare report regarding this issue for City Council consideration.
ACTION TAKEN: Follow-up report being prepared.

CITY ATTORNEY

13. Consideration of setting a public hearing regarding EDA.
ACTION NEEDED: Prepare materials and assemble resolution of intent for Council consideration.
ACTION TAKEN: Preparation of documents in progress.

CITY CLERK

14. Licenses.
ACTION NEEDED: Issue licenses.
ACTION TAKEN: Licenses issued.

MINUTES OF THE LONG-RANGE PLANNING COMMISSION
APRIL 11, 1989

The regular meeting of the Long-Range Planning Commission was called to order at 7:04 p.m. by Mayor Betty Herbes.

Those members present were: Vincent Kieffer, Mark Hoffman, Paulette Magnuson, Jane Elsen, David Anderson, Jack Irving, and Mayor Herbes.

Staff members present were: Jerry Dulgar, City Manager; Bill Monk, Public Works Director; Ed Brandeen, Park & Recreation Director; and John Olson, Assistant City Manager.

Mr. Monk reviewed the Five-year Capital Improvement Program for the Street and Water & Sewer Departments and for the infrastructure system. Following the presentation questions were asked regarding various aspects of the five-year plan with emphasis on the infrastructure system.

Mr. Brandeen then reviewed the Park improvement, Park maintenance, and swimming pool five-year plans with discussion held on the proposed nature center, golf course, and doming of the swimming pool.

Following the discussion of the Park five-year plan, the meeting was adjourned at 8:31 p.m.

The next regular meeting of the Long-Range Planning Commission is May 9, 1989.

CRYSTAL PARK AND RECREATION DEPARTMENT
MONTHLY REPORT
APRIL 1989

PROGRAM ACTIVITIES: APRIL START

ACTIVITY NAME	REGISTRATION 1989 1988	LOCATION	AGE GROUP	DAY/TIME
TEEN PROGRAM	260 250	HOSTERMAN MIDDLE	GR 6 - 8	FRIDAY EVENING

ONGOING PROGRAMS - APRIL 1989

SENIORS

CENTER MEMBERSHIP: 590
(Mar. 1989 - 594/Apr. 1988 - 575)
CRIBBAGE: 32 (36)
WELCOME: 2
500 DAY: 64 (48)
500 NITE: 32 (32)
SCRAPBOOK: 4 (2)
POKER FOR FUN: 21 (25)
BRIDGE DAY: 64 (48)
BRIDGE NITE: 32 (36)
DUPLICATE BRIDGE: 32 (40)
POOL: Not mtg/rm conflict (6)
EXECUTIVE COMMITTEE: 9 (9)
Quarterly Update on the above groups

SPECIAL EVENTS:

OTLB: 40 to Lee's Village Inn
BRUNCH BUNCH: 38 - Speaker was Art Quady from Fire Dept.

YOUTH

GYMNASTICS
NERF SOCCER
FLOOR HOCKEY

ADULTS

MEN'S VOLLEYBALL LEAGUE
WOMEN'S VOLLEYBALL LEAGUE
CO-REC VOLLEYBALL LEAGUE
ADULT OPEN BASKETBALL
ADULT OPEN VOLLEYBALL
OVER 50 AND FIT JANUARY - 9 (April Session)

OTHER ACTIVITIES

TMH-EMH/ADAPTED**
COMMUNITY TRIPSTERS**
LITTLE SIX BINGO: 80 TOTAL/20 CRYSTAL
GASTHOF RESTAURANT: 49 TOTAL/23 CRYSTAL
GETAWAY**
FANNY HILL THEATRE: 83 TOTAL/15 CRYSTAL

**--CO-SPONSORED WITH OTHER AGENCIES

PROGRAMS COMPLETED

1. ADULT VOLLEYBALL LGES 1989 REGISTRATION: total 108 teams
 Men's: 40 teams
 Women's: 27 teams
 Co-Rec: 41 teams
 1988 REGISTRATION: total 99 teams
 Men's: 35 teams
 Women's: 24 teams
 Co-Rec: 40 teams

OBJECTIVE: To provide organized league play for adults.

SUCCESES: Leagues ran well, structure and level of competition was good. Participants were happy. Good referees.

PROBLEMS: Some school facilities are poor. Trouble at Cooper with equipment being available. Some teams don't like the higher entry fees due to paying for school rental.

RECOMMENDATIONS: Continue program format. Conduct a weekend clinic for players. The Community Center will help alleviate the gym crunch for fall of 1990.

2. FLOOR HOCKEY 1989 REGISTRATION: 30
 1989 REGISTRATION: 18
NERF SOCCER 1989 REGISTRATION: 27
 1989 REGISTRATION: 21

OBJECTIVE: To teach fundamentals of the games involved.

SUCCESES: Good instructors. Participants had a great time!

PROBLEMS: None encountered.

RECOMMENDATIONS: Keep present formats for both programs.

CRYSTAL PARK AND RECREATION ADVISORY COMMISSION

Minutes

April 5, 1989

The regular meeting of the Crystal Park and Recreation Advisory Commission was called to order at 7:09 p.m. by Chairperson Mark Hoffmann. Members present were: Mr. Gentry, Mr. O'Reilly, Mr. Theisen, Ms. Saunders, Ms. Pitts, Ms. Reid, and Ms. Moucha. Also present were: Mr. Smothers, council liaison, and Mr. Brandeen and Ms. Hackett from the department staff.

Mr. Gentry was introduced as a new Commission member.

The minutes were approved as sent.

Ms. Hackett reviewed the monthly report, highlighting major activities.

Dan Rea of Crystal Little League made a presentation regarding the closing of the Little League fields during construction of the the Community Center. The Little League would prefer not to move a field to Forest and asked if construction could be delayed until the end of their season (mid-July). If this is not possible, Little League would prefer to play games at Welcome Park. Mr. Smothers informed the Commission that John Olson has been asked to contact Glen Haven regarding the property on 47th and Zane, so that perhaps a temporary field could be constructed there. Mr. Rea expressed concern regarding the Forest site, as crossing Douglas Drive could be a hazard. Mr. Brandeen said the pool crossing guard could help the kids cross the street after the pool opened for the season.

Moved by Ms. Reid and seconded by Mr. Theisen to recommend to the Council that one Little League field be moved to the property on 47th and Zane if possible.
Motion carried-unanimous.

If this is not a possibility, alternative plans will be made at the May meeting.

Committee meetings were held.

Public Relations: Upcoming events include:
Rugged Mann, Summer Options Fair, Crystal Frolics, Community Center ground breaking. Also, July is National Parks & Recreation month.
Long Range Planning: Made revisions in 5-Year Plan, discussed CDBG applications for celebrate MN 1990 and Community Pride projects.

Ms. Reid reviewed the last Crystal Frolics meeting. The Gohlke's will be the grand marshalls.

Mr. Hoffmann reviewed the last Long Range Planning Commission meeting. The Police and Fire Departments gave their 5-year plans; Park and Recreation will present its plan at the next meeting.

The Commission reviewed a final changed draft of the Park Dedication Ordinance:

Moved by Ms. Reid and seconded by Ms. Moucha to recommend to the Council, the acceptance of the Park Dedication Ordinance with changes and to add a \$400 cap. In addition, these fees should be re-examined by the Council every 3 years.

Motion carried-unanimous.

The Commission discussed the addition of the 3rd gym to the Community Center plans. The Commission will attend the April 18 Council meeting.

Moved by Mr. O'Reilly and seconded by Mr. Gentry to recommend to the Council to include the architect's fee for the addition of the third gym to the Community Center construction budget; and, to add the construction of the third gym as a deduct alternate so, if the construction bids come within the 3.5 million dollar budget, then construct the third gym.

Motion carried-unanimous.

Mr. Smothers asked if the Crystal Lions would have to pay a rental charge if they donated \$40,000 toward kitchen equipment. Ms. Reid suggested a provision allowing a certain number of free events for a donation.

Mr. Smothers informed the Commission that the Crystal Lions may donate funds to refurbish the Department's Puppet Wagon.

Mr. Theisen inquired regarding softball field reservations. He suggested posting open hours.

Mr. Brandeen reviewed the progress made on achieving the department goals as outlined in the goal setting meetings.

A park tour will be discussed at the May meeting.

The meeting was adjourned at 9:20 p.m.

Respectfully submitted,

Gene Hackett
Recorder

RESOLUTION NO. 89-4-341

The following resolution was offered by Commissioner Johnson, seconded by Commissioner Andrew:

BE IT RESOLVED, That contingent upon making satisfactory arrangements with Blount, Hennepin County staff shall arrange to accept and store up to 1000 tons of newsprint collected in Hennepin County on or after April 21, 1989 from haulers who have recycling pick up contracts and no viable markets; and

BE IT FURTHER RESOLVED, That Hennepin County shall charge such haulers the full cost of handling and storage; and

BE IT FURTHER RESOLVED, That the Chairman of the Board be authorized to execute any contracts necessary for this transaction to take place.

The question was on the adoption of the resolution and there were Seven YEAS and No NAYS as follows:

COUNTY OF HENNEPIN
BOARD OF COUNTY COMMISSIONERS

	<u>YEA</u>	<u>NAY</u>	<u>OTHER</u>
Randy Johnson	<u>X</u>	—	—
John Keefe	<u>X</u>	—	—
John E. Derus	<u>X</u>	—	—
Tad Jude	<u>X</u>	—	—
Sam S. Sivanich	<u>X</u>	—	—
Mark Andrew	<u>X</u>	—	—
Jeff Spartz, Chairman	<u>X</u>	—	—

RESOLUTION ADOPTED.

ATTEST:

Kay Mitchell
Clerk of the County Board

APR 20 1989

Carl Mitchell

MAY - 1989

RESOLUTION

Referred to _____ Comm.

of the

Date _____

CITY OF MINNEAPOLIS

By _____

Whereas the State of Minnesota, the Metropolitan Council, the County of Hennepin and the municipalities within Hennepin County are committed to residential recycling as a primary means of landfill abatement;

Whereas newspaper composes approximately 70% of the residential recyclable waste stream;

Whereas the market value of newspaper has collapsed to the extent that it has rendered residential recycling programs financially unviable under current contractual arrangements between municipalities and recycling contractors;

Whereas it is imperative that the County of Hennepin make extraordinary provisions to ensure that residential recycling programs which provide for the collection of newspaper as well as other recyclable materials be sustained unless/until it is determined that newspaper should be included in the mixed residential waste stream for central processing,

Therefore Be It Resolved by The City Council of The City of Minneapolis:

That The City of Minneapolis recommends that the County of Hennepin and the municipalities of Hennepin County support the following actions:

That Hennepin County clarify its municipal recycling program grant funding guidelines to explicitly provide that the costs to dispose of unmarketable recyclable materials are eligible program expenditures.

That Hennepin County amend its municipal recycling program grant funding guidelines as follows:

The current funding provisions shall remain intact, but, in addition, the County shall adopt the following interim funding provision:

- 1) The County shall establish a base value per ton for mixed residential recyclable materials.
- 2) The County shall determine monthly the actual market value per ton for mixed residential recyclable materials.

- 3) The County shall recommend to all municipalities that they amend contracts with residential recycling contractors to pay to the contractors, in addition to the fees required under the original contract terms, the amount that the base value of mixed residential recyclable materials exceeds the actual market value determined and announced by the County each month for all tons of mixed residential recyclable materials collected.
- 4) The County shall reimburse the municipalities for 100% of the cost of the excess payments made to the recycling contractors.
- 5) This provision shall be in effect until the actual market value of mixed residential recyclables exceeds the base value of mixed residential recyclable materials for three consecutive months or until the County designates the destination of all mixed residential recyclable materials to a County recyclables processing center.

That the County of Hennepin explore with other metropolitan counties the option of entering into joint powers agreements for the construction and operation of a central recyclables processing facility and the marketing of recyclable materials delivered to such facility.

That the County of Hennepin construct a central recyclables processing center alone or in cooperation with other metropolitan counties as soon as possible.

That the County of Hennepin explore with Ramsey County and other interested municipalities the acquisition of recycling equipment for possible publicly-provided collection efforts.

That the County of Hennepin recommend to the State Legislature that the

State expend funds to encourage development of new markets for recyclable materials and to construct and operate facilities and transportation systems to receive and deliver to markets recyclable materials.

That the County of Hennepin recommend to the State Legislature that the State provide incentives and/or grants to manufacturing companies that use recycled materials instead of virgin materials in their manufacturing processes.

That the County of Hennepin monitor the market conditions for newspaper and determine by January 1, 1991 whether newspaper should be collected separately for recycling or included in the mixed residential waste stream.

RECORD OF COUNCIL VOTE

Council Member	Aye	Nay	N.V.	Abs.	Ovrd.	Sust.	Council Member	Aye	Nay	N.V.	Abs.	Ovrd.	Sust.
Dziedzic							Scallon						
O'Brien							Niemiec						
Huang							Cramer						
White							Schustad						
Covle							Johnson						
Carlson							Pres. Rainville						
Savies Belton													

X INDICATES VOTE — N.V. - Not Voting Abs. — Absent Ovrd. - Vote to Override Sust. - Vote to Sustain

PASSED. _____ 19 _____

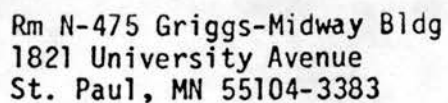
APPROVED
NOT APPROVED _____ 19 _____
VETOED

ATTEST _____
City Clerk

President of Council

Mayor

Organization Name		License Number	Month and Year	Page 1 of 2	
Check Number	Date	Payee	Description of Lawful Purpose	Check Amount	
1900	4/6/89	CITY OF CRYSTAL PARKS & RECREATION	Recreation programs	\$6500	
1901	4/10/89	ST. PAUL SEMINARY	Tuition aid for poor seminarians	1000	
1902	4/11/89	AMERICAN RED CROSS	Disaster aid	200	
1903		VOID -- error			
1904	4/28/89	City of Crystal	Required 3% to City of Crystal	670	08
1905	4/28/89	AMNESTY INTERNATIONAL USA	Stop torture in Turkey	200	
1906	4/28/89	ALLIANCE OF THE STREETS	Poor and homeless (Mpls.)	200	
1907	4/28/89	AMERICAN HEART ASSN	Medical research	200	
1908	4/28/89	ASIAN RELIEF INC.	Poor orphans in Korea	200	
1909	4/28/89	CANCER RESEARCH FOUNDATION	Medical research	200	
1910	4/28/89	CARMELITE SISTERS OF OUR LADY	Poor in the Philippines	2000	
1911	4/28/89	CHRISTIAN APPALACHIAN PROJECT	Poor in Appalachia	200	
1912	4/28/89	COVENANT HOUSE	Sexually abused children	200	
1913	4/28/89	FOOD FOR THE POOR INC.	Poor in Haiti	200	
1914	4/28/89	EAST SIDE NEIGHBORHOOD SERVICE	Help for needy in N.E. Mpls.	500	
1915	4/28/89	EXTENSION SOCIETY	Poor children in home missions	1000	
1916	4/28/89	GLENMARY HOME MISSION SISTERS	Poor in Appalachia	1000	
1917	4/28/89	HOMILETIC & PASTORAL REVIEW FUND	Poor missionaries overseas	200	
1918	4/28/89	HUMAN LIFE CENTER	ANTI-EUTHANASIA EFFORTS	200	
1919	4/28/89	KTCA	Educational television	200	
1920	4/28/89	MADRE	Poor in Nicaragua	500	
1921	4/28/89	MARYKNOLL FATHERS	Poor overseas	500	
1922	4/28/89	MARY'S SHELTER	Home for unwed mothers St. Paul	1000	
1923	4/28/89	MEDICAL MISSION SISTERS	Medical aid for poor overseas	500	
1924	4/28/89	MISSIONARIES OF AFRICA	Famine-stricken in Sudan	1000	
1925	4/28/89	NATL RIGHT TO LIFE COMM.	Pro-life efforts	200	
1926	4/28/89	NICARAGUA NETWORK	Development work in Nicaragua	500	
1927	4/28/89	N.E. REGIONAL SCHOOL	Tuition assistance for poor	500	
1928	4/28/89	N.E. SENIOR CITIZEN RESOURCE CENTER	Senior and disabled citizens in Northeast Mpls.	200	
1929	4/28/89	PRESENTATION COLLEGE	Poor Native American students	500	
1930	4/28/89	RED CLOUD INDIAN SCHOOL	Poor Indian children	200	
Subtotal -- this page				20670	08
Add: Subtotal(s) of the additional page(s) other than this page (if applicable)				5800	
TOTAL -- Carry amount to tax return, PART IV, line 29 (or next schedule C)				26470	08



RECORD OF LAWFUL PURPOSE CONTRIBUTIO

Subtotal — this page

Add: Subtotal(s) of the additional page(s) other than this page (if applicable)

TOTAL — Carry amount to tax return, PART IV, line 29 (or next schedule C)

CG-00014-02 (4/85)

HCRRA - LRT Preliminary Engineering and Related Studies

THEMES OF THE NON-USER SURVEY

The Non-User Survey obtained a large amount of information which is analyzed in the survey reports. The following statements include statistically supportable survey findings and inferences drawn from the survey.

- Trade-offs between travel time and system access should favor access. Build more stations, more accessible stations, park-and-ride lots. Transfer time and wait times should be minimized, even at the expense of overall travel time. Shorten headways.
- Provision of adequate park-and-ride capacity is probably the most important contribution the County can make to patronage building.
- People respond very favorably to LRT as a more reliable system. A 100 percent reliable system could increase transit ridership by over thirty percent.
- People are sensitive to changes in real, direct, out-of-pocket cost. A \$1.00 per day increase in commuting cost would result in a 20 percent increase in transit ridership. A \$1.00 per day increase in commuting cost could come from a doubling of cost of gasoline, a \$0.50 increase in one-way fare, or a \$1.00 per day increase in parking cost. It is important to note that, in real terms, gasoline costs less today than in 1971.
- Multiple transfer trips will be very rare, as they are on the existing system. The potential for trips that require multiple transfers is low.
- Commuters from the suburbs respond more favorably to LRT than commuters from the city. Design should focus both on good service to trips between the suburbs and the City, and on enhancement of service levels within the City.
- People like the idea of LRT. People can be lured from their cars. The number, however, depends on the quality of LRT service between each origin/destination pair. This is why patronage forecasting considers the level of service provided to individual origin and destination movements.

May 8, 1989

Non-User Survey

Issue	Response
1. People diverted from cars?	Yes
2. Most important considerations:	<ul style="list-style-type: none"> ● Accessibility (control) ● Walk/wait time ● Reliability ● Cost ● Directness ● More stations ● More accessible stations ● More park-and-ride spaces ● Accentuate pedestrian access ● Minimize headway ● Invest in reliability enhancements <ul style="list-style-type: none"> - Separated ROW - Grade separations - Signal preemption - System maintenance
3. System design should provide:	
4. How will results be used?	Patronage forecasting model will use a transit characteristics factor
5. How many diverted drivers?	Patronage forecasts being prepared using information from Non-User Survey (late August 1989).

3
500 people

May 8, 1989

Results of Survey of Property Owners on Attitude Toward An LRT Station at Plymouth Avenue, Northwest Corridor

Area	Number of Property Owners	Percent of Respondents Answering:		Weighted Number of Property Owners Answering	
		Yes	No	Yes	No
A - Within 1/8th Mile of Station	52	17%	83%	9	43
B - 1/8th to 1/4th Mile of Station	148	37%	63%	55	93
C - 1/4th to 3/8th Mile of Station	269	48%	52%	129	140
D - 3/8th to 1/2 Mile of Station	331	58%	42%	191	140
E - More than 1/2 Mile of Station	175	86%	14%	151	24
F - Outside Study Area	135	79%	21%	107	28
	1,110			642	468

Weighted Percentage Answering Yes: 58%

Weighted Percentage Answering No: 42%

Note: 30.2% of property owners responded. The respondents that had no opinion were not used in the analysis. Respondents in Area F own property within the study area but live outside it.

EMBER D. REICHGOTT

Senator 46th District
Room 24, State Capitol
St. Paul, Minnesota 55155
Phone: 296-2889
and
7701 48th Avenue North
New Hope, Minnesota 55428

Senate
State of Minnesota

May 4, 1989

The Honorable Betty Herbes
Mayor of the City of Crystal
4141 Douglas Drive North
Crystal, Minnesota 55422

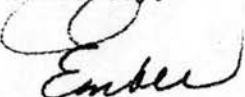
Dear Betty:

Thank you for your letters of March 21 and April 18 regarding tax increment financing (TIF). I appreciated hearing from you.

As I indicated to Jerry Dular, I do not intend to pursue hearings on TIF legislation this year. One of the reasons I want to delay is to have time to study these provisions and discuss them with you and other interested parties. I am looking forward to working with you in this effort.

Thank you again for sharing your thoughts with me. If I can be of further assistance on this or other matters, please do not hesitate to call.

Sincerely,



Ember Reichgott
State Senator

ER/klm

COMMITTEES • Chair, Civil Law Division, Judiciary • Taxes and Tax Laws • Education •
Education Funding Division • Economic Development/Housing
SERVING • Crystal • New Hope • Robbinsdale

MARTIN OLAV SABO
5th District, Minnesota

COMMITTEE ON APPROPRIATIONS

Subcommittees:

Defense Transportation
Treasury - Postal Service - General Government

COMMITTEE ON BUDGET

DEMOCRATIC STUDY GROUP

Chairman

DEPUTY MAJORITY WHIP



Congress of the United States
House of Representatives
Washington, D.C. 20515

2201 Rayburn House Office Building
Washington, D.C. 20515
(202) 225-4755

462 Federal Courts Building
110 South 4th Street
Minneapolis, Minnesota 55401
(612) 348-1649

May 2, 1989

Ms. Betty Herbes
Mayor
City of Crystal
5336 Idaho North
Crystal, Minnesota 55428

Dear Betty:

Thank you for contacting me with your concerns about our nation's air transportation system.

As a member of the Transportation Subcommittee of Appropriations I have always been a strong advocate for modernizing our nation's air transportation system. Federal aviation programs receive higher spending priority than most other domestic programs. Over the past four fiscal years, in a period when virtually all domestic programs have been frozen, Congress has increased FAA funding by nearly 38 percent. This provided funds to increase the number of air traffic controllers by 2,800 and provided funds to expand the number of aviation inspectors by nearly 900. The need for these programs exists and the funding has been there to meet it.

The Airport and Airway Trust Fund finances only a portion of total FAA programs. Only 52 percent of FAA operating expenditures have been paid for by user fees since fiscal year 1980. In fact, the general taxpayers, not the airlines or their customers, are paying for the safety needs of the system including the salaries and training of air traffic controllers, airline inspectors, and equipment maintenance personnel. If the whole Federal Aviation Administration budget were paid for by user taxes, the trust fund would soon go broke.

Current airport capacity problems will not be solved simply by making more federal money available for airport construction. The federal airport grant program has increased steadily over the last seven years from \$750,000,000 to \$1,530,000,000 per year. The real problem is deciding where to build new runways and airports to keep pace with increased demand for air travel in the face of community opposition to possible environmental harm, congestion, and noise.

Thank you again for contacting me. You can be assured that I will continue to work for a safe and efficient air transportation system.

Sincerely,

Martin Olav Sabo

Martin Olav Sabo
Member of Congress

MOS:me



American Red Cross

Greater Minneapolis Area Chapter
11 Dell Place at Groveland Ave.
Minneapolis, Minnesota 55403-3296
(612) 871-7676

May 5, 1989

Dear Mayors,

Congratulations! With your wonderful help and support we raised over \$6000 in this year's Swim-A-Cross Mayors Challenge! That's great -- a 58% improvement over last year. Thank you so very much. You can be assured that the donations will be put to good use -- providing disaster relief, training in CPR and First Aid and other basic Red Cross services.

This is the last of my group letters to you all for this year. We look forward to your support and participation again next year. You can expect a call from us sometime in December or January as we begin the planning.

If you would like a list of the people who donated on behalf of your city, just give the office a call (493-2256) and we will mail one to you. We are sending thank yous to all donors.

Special recognition should go to this year's big winners: Mayor Herbes of Crystal raised \$1995.00, setting a record for the most raised by any one city in any of the years of this competition. Mayor Ladda of Hanover outdid herself, raising 51 cents per capita this year. Four of our cities raised at least 5 cents per capita: Hanover, Dayton, Crystal and Greenfield. The Crystal Lions and the Maple Grove Lions were very generous with their \$1005 and \$1001 donations. Osseo won the certificate for most improved fund raising (376% improved), but Maple Grove at 337% improved and Crystal at 312% improved were close behind. And, John Bolduc of Maple Grove once again won the swimming competition. What a great year for all.

Thank you ever so much for your time, support and good humor. We have great pictures. Stop by the office some time and see them.

Sincerely,

Patti Hague, Manager
Northwest Hennepin Branch

cc: Art Hogenson

March is Red Cross Month!

Anoka County
Branch Office
201 85th Avenue N.W.
Coon Rapids, MN 55433-6099
(612) 785-1557

Northwest Hennepin
Branch Office
7601 Kentucky Avenue N.
Brooklyn Park, MN 55428-1294
(612) 493-2256

Scott County
Branch Office
222 Lewis Street
Shakopee, MN 55379-1495
(612) 445-0155

South Hennepin
Branch Office
7145 Harriet Avenue S.
Richfield, MN 55423-3063
(612) 861-1888

An Equal Opportunity Employer



Partner with United Way

The Bank

EASY PLACE[®] Wayzata

May 2, 1989

Mrs. Betty Herbes
Mayor
City of Crystal
4141 Douglas Drive North
Crystal, Minnesota 55422-1696

Dear Mrs. Herbes:

I want to thank you for all your help and support in helping Crystal achieve its goal in the annual Twin West Chamber of Commerce Membership Blitz.

Your hard work and enthusiasm was greatly appreciated.

There are more and more businesses in Crystal becoming interested in the Chamber, especially the Crystal Business Council. I hope you can help increase this enthusiasm and make Crystal a visible business environment in the northwest suburbs.

Very Truly Yours,

Peter A. Reichardt

Peter A. Reichardt
Vice President
The Bank Wayzata N.A.

PAR/aa

**MET COUNCIL MEMBERS
IN NORTHERN MAYORS TERRITORY
April 28, 1989**

John Evans
7531 Angeline Drive
New Hope, MN 55428
893-2444
District #10
Brooklyn Center, Brooklyn Park, Crystal,
New Hope

Mary Hauser
616 Hall Avenue
Birchwood, MN 55110
426-2732
District #7
Shoreview, Circle Pines

Ken Kunzmen
15449 South Ham Lake Drive
Ham Lake, MN 55304
786-0600
District #9
Andover, Anoka, Champlin, Dayton,
Maple Grove, Ramsey

Dottie Rietow
1317 Kilmer Avenue South
St. Louis Park, MN 55426
545-5848
District #11
Robbinsdale

Don Stein
11721 Evergreen Circle NW
Coon Rapids, MN 55433
755-3333
District #8
Blaine, Columbia Heights, Fridley
Coon Rapids, Spring Lake Park

James Senden
507 17th Avenue NW
New Brighton, MN 55112
633-3934
District # 6
St. Anthony

PROPOSED SCHEDULE
CRYSTAL COMMUNITY CENTER
May 15, 1989

May 30, 1989	Issue the construction documents for bidding
June 16, 1989	Receive bids
June 20, 1989	Council meeting. Review bids and award contract for construction
June 21-23, 1989	Begin preparation of contracts, issue notice to procede.
June 26, 1989	Pre-Construction Meeting. Contractor mobilization/begin construction City removes fence from west ball field
June 28, 1989	Demolition of west ballfield, begin underground utilities, begin excavation.
July 28, 1989	City removes fence from south ballfield Contractor begins demolition of south ballfield
October 30 - November 10, 1989	Complete the building enclosure. Complete the parking lots and paving.
February 1, 1990	Substantial building completion/occupancy Construction inspection and punch list
Spring 1990	Complete landscape work as weather permits Final inspection and punchlist review.

CITY OF CRYSTAL
1989 EXPENDITURE REPORT APRIL 1989
C.ROBBE

NORMAL %=

33.33%

DEPARTMENT	#	BUDGET AMOUNT	PRIOR MONTH YTD EXPENSES	ENCUMBRANCES	CURRENT EXPENDITURES	TOTAL EXPENSES	RATIO	UNENCUMBERED BALANCE
Mayor & Council	10	\$101,800.00	\$45,141.66	\$18.00	\$10,166.97	\$55,308.63	54.3%	\$46,473.37
Administration	11	\$336,977.00	\$84,918.51	\$553.04	\$30,090.50	\$115,009.01	34.3%	\$221,414.95
Assessing	12	\$119,640.00	\$25,313.26		\$8,953.34	\$34,266.60	28.6%	\$85,373.40
Finance	13	\$127,050.00	\$27,656.50	\$116.44	\$9,588.34	\$37,244.84	29.4%	\$89,688.72
City Buildings	14	\$156,565.00	\$41,131.97	\$428.04	\$7,156.16	\$48,288.13	31.1%	\$107,848.83
Police	15	\$1,708,419.00	\$400,153.98	\$11,805.36	\$169,548.99	\$569,702.97	34.0%	\$1,126,910.67
Fire	16	\$238,277.00	\$23,579.81	\$6,190.09	\$21,769.73	\$45,349.54	21.6%	\$186,737.37
Planning & Inspection	17	\$99,975.00	\$23,914.06	\$75.97	\$7,693.28	\$31,607.34	31.7%	\$68,291.69
Civil Defense	18	\$39,672.00	\$6,886.91	\$99.95	\$2,322.33	\$9,209.24	23.5%	\$30,362.81
Engineering	19	\$222,249.00	\$48,784.09	\$91.00	\$19,780.12	\$68,564.21	30.9%	\$153,593.79
Street	20	\$475,296.00	\$115,764.00	\$3,493.25	\$32,225.26	\$147,989.26	31.9%	\$323,813.49
Park Maintenance	21	\$484,270.00	\$92,195.61	\$3,924.68	\$26,055.82	\$118,251.43	25.2%	\$362,093.89
Recycling	22	\$83,923.00	\$0.00			\$0.00	0.0%	\$83,923.00
Recreation	25	\$477,877.00	\$90,830.53	\$18,319.90	\$30,590.26	\$121,420.79	29.2%	\$338,136.31
Health	26	\$131,697.00	\$32,349.13	\$116.42	\$10,525.41	\$42,874.54	32.6%	\$88,706.04
Civil Service	27	\$10,750.00	\$6,296.80		\$2,362.23	\$8,659.03	80.5%	\$2,090.97
Legal	28	\$110,000.00	\$50,334.95		\$5,949.37	\$56,284.32	51.2%	\$53,715.68
Elections	29	\$19,150.00	\$318.33	\$370.49	\$41.55	\$359.88	3.8%	\$18,419.63
Misc Commissions	30	\$1,925.00	\$320.00		\$110.50	\$430.50	22.4%	\$1,494.50
Swimming Pool	31	\$76,505.00	\$864.42	\$43.00	\$3,336.63	\$4,201.05	5.5%	\$72,260.95
Non-Departmental	32	\$912,750.00	\$136,502.68		\$38,140.17	\$174,642.85	19.1%	\$738,107.15
Tree Disease	34	\$52,160.00	\$71.15			\$71.15	0.1%	\$52,088.85
TOTALS		\$5,986,927.00	\$1,253,328.35	\$45,645.63	\$436,406.96	\$1,689,735.31	29.0%	\$4,251,546.06
 Recycling Fund #80		 \$1,180,725.00	 \$14,542.47	 \$67.15	 \$4,001.20	 \$18,543.67	 1.6%	 \$1,162,114.18
 Utility Fund-#81		 \$848,955.00	 \$88,557.26	 \$19,035.50	 \$14,473.26	 \$103,030.52	 14.4%	 \$726,888.98
Water	23	\$848,955.00	\$88,557.26	\$19,035.50	\$14,473.26	\$103,030.52	14.4%	\$726,888.98
Sewer	24	\$1,120,505.00	\$312,731.76	\$195.54	\$85,726.42	\$398,458.18	35.6%	\$721,851.28
TOTALS		\$1,969,460.00	\$401,289.02	\$19,231.04	\$100,199.68	\$501,488.70	26.4%	\$1,448,740.26

CITY OF CRYSTAL
C.ROBBESUMMARY OF REVENUES AS OF APRIL 30, 1989
NORMAL PERCENT=

33.33%

GENERAL FUND 01	ESTIMATED REVENUE	PRIOR MONTH YEAR TO DATE	RECEIPTS CURRENT MO	RECEIPTS YEAR TO DATE	PERCENTAGE RECEIVED
ACCT # TAXES					
3011 Current Ad Valorem Taxes	\$2,096,538.00	\$0.00	\$23,004.60	\$23,004.60	1.1%
3012 Delinq Ad Valorem Taxes	\$0.00	\$0.00	\$5,447.60	\$5,447.60	
3013 Penalties & Interest	\$10,000.00	\$0.00	\$1,828.69	\$1,828.69	18.3%
3014 Forfeited Tax Sale	\$0.00	\$0.00	\$221.75	\$221.75	
3015 Prepaid Special Assessments	\$0.00	\$0.00		\$0.00	
Sub Total	\$2,106,538.00	\$0.00	\$30,502.64	\$30,502.64	1.4%
LICENSES & PERMITS					
3111 Liquor License On Sale 06/30	\$49,500.00	\$0.00	\$0.00	\$0.00	0.0%
3112 Liquor Licenses Off Sale 06/30	\$1,600.00	(\$16.67)	\$800.00	\$783.33	49.0%
3113 Beer & Tavern Licenses 06/30	\$5,000.00	\$2,792.00	\$126.00	\$2,918.00	58.4%
3114 Club Licenses 06/30	\$2,000.00	\$50.01	\$1,286.00	\$1,336.01	66.8%
3115 Garbage & Refuse License 06/30	\$1,600.00	\$0.00	\$0.00	\$0.00	0.0%
3116 Taxi Cab Licenses	\$75.00	\$0.00	\$0.00	\$0.00	0.0%
3117 Music Box-Misc Amusements	\$9,000.00	\$3,822.00	\$0.00	\$3,822.00	42.5%
3118 Food Handling Licenses	\$19,000.00	\$4,102.13	\$1,960.00	\$6,062.13	31.9%
3119 Gas Pump & Station Licenses	\$1,700.00	\$322.26	\$0.00	\$322.26	19.0%
3121 Bowling Alley Licenses	\$600.00	\$336.00	\$0.00	\$336.00	56.0%
3123 Cigarette Licenses	\$850.00	\$135.00	\$0.00	\$135.00	15.9%
3124 Misc Licenses	\$1,500.00	\$424.82	\$73.00	\$497.82	33.2%
3125 Billboard-Sign Hangers License	\$1,000.00	\$132.00	\$330.00	\$462.00	46.2%
3126 Plumbing-Gas Licenses & Cards	\$5,000.00	\$1,560.75	\$156.25	\$1,717.00	34.3%
3127 Sign Licenses 05/15	\$9,500.00	\$7,220.03	\$30.00	\$7,250.03	76.3%
3128 Tree Trim Licenses	\$600.00	\$220.00	\$110.00	\$330.00	55.0%
3150 Dog Licenses & Impound Fees	\$6,300.00	\$778.50	\$390.50	\$1,169.00	18.6%
3151 Building Permits	\$60,000.00	\$5,195.73	\$6,028.20	\$11,223.93	18.7%
3153 Plumbing Permits	\$4,000.00	\$681.00	\$536.00	\$1,217.00	30.4%
3154 Sewer Permits	\$500.00	\$35.00	\$105.00	\$140.00	28.0%
3155 Water Permits	\$700.00	\$72.50	\$70.00	\$142.50	20.4%
3157 Driveway Permits	\$450.00	\$0.00	\$0.00	\$0.00	0.0%
3158 Street Excavation Permits	\$600.00	\$0.00	\$105.50	\$105.50	17.6%
3159 Misc Permits	\$0.00	\$0.00	\$0.00	\$0.00	
3161 Gas Permits	\$3,000.00	\$921.00	\$437.50	\$1,358.50	45.3%
3162 Burglar Alarm Permits 05/15	\$1,000.00	\$0.00	\$0.00	\$0.00	0.0%
3163 Mechanical Permits	\$10,000.00	\$1,554.64	\$996.38	\$2,551.02	25.5%
3164 Sign Permits	\$2,800.00	\$584.20	\$205.00	\$789.20	28.2%
3165 Parking Permits	\$0.00	\$0.00	\$20.00	\$20.00	
3166 Restaurant Hoods	\$1,300.00	\$325.00	\$325.00	\$650.00	50.0%
Sub Total	\$199,175.00	\$31,247.90	\$14,090.33	\$45,338.23	22.8%

16-May-89

	ESTIMATED REVENUE	PRIOR MONTH YEAR TO DATE	RECEIPTS CURRENT MO	RECEIPTS YEAR TO DATE	PERCENTAGE RECEIVED
STATE SHARED TAXES					
3350 Local Government Aid	\$2,232,614.00	\$0.00	\$0.00	\$0.00	0.0%
3351 State Aid Streets	\$9,206.00	\$113,141.50	\$0.00	\$113,141.50	1229.0%
3352 Machinery Tax Replacements	\$0.00	\$0.00	\$0.00	\$0.00	
Sub Total	\$2,241,820.00	\$113,141.50	\$0.00	\$113,141.50	5.0%
OTHER SERVICES					
3500 Misc Receipts	\$5,000.00	\$702.39	\$274.64	\$977.03	19.5%
3501 NWSCC and CAC	\$3,000.00	\$129.81	(\$720.04)	(\$590.23)	-19.7%
3503 Bicycle License	\$0.00	\$27.00	\$77.00	\$104.00	
3504 Northern Mayors Assn	\$0.00	413.56	(\$692.32)	(\$278.76)	
3511 Spec Rezoning App Charge	\$4,500.00	\$900.00	\$300.00	\$1,200.00	26.7%
3512 Sale of Maps-Documents etc	\$200.00	\$98.40	\$36.65	\$135.05	67.5%
3513 Engineering & Clerical Fees	\$55,000.00	\$0.00	\$0.00	\$0.00	0.0%
3514 Weed Cutting Charges	\$1,500.00	\$0.00	\$0.00	\$0.00	0.0%
3515 Filing Fees	\$0.00	\$0.00	\$0.00	\$0.00	
3516 License Investigations	\$500.00	\$1,755.68	\$400.00	\$2,155.68	431.1%
3517 Jail & Breathalyzer Tests	\$4,000.00	\$0.00	\$0.00	\$0.00	0.0%
3568 Accident Reports	\$1,500.00	\$440.50	\$94.50	\$535.00	35.7%
3569 Special Assessment Searches	\$6,000.00	\$540.00	\$170.00	\$710.00	11.8%
3570 Sanitarian Costs & Reimburse	\$83,097.00	(\$9,135.00)	\$9,135.00	\$0.00	0.0%
3571 Confiscated Funds	\$0.00	\$0.00	\$0.00	\$0.00	
3580 Recreation Program Receipts	\$137,407.00	\$19,763.57	\$35,203.55	\$54,967.12	40.0%
3581 Crystal Facilities Used	\$200.00	\$0.00	\$0.00	\$0.00	0.0%
3582 Non-Budget Account	\$0.00	\$451.85	\$768.00	\$1,219.85	
3586 Water Tests	\$500.00	\$0.00	(\$22.00)	(\$22.00)	
3587 Swimming Pool Receipts	\$42,490.00	\$0.00	\$0.00	\$0.00	0.0%
3590 Refunds & Reimbursements	\$73,000.00	\$0.00	\$4,121.65	\$4,121.65	5.6%
3591 Insurance Refunds	\$25,000.00	\$0.00	\$0.00	\$0.00	
3592 Misc Land & Equip Sales	\$25,000.00	\$0.00	\$721.50	\$721.50	2.9%
3593 Misc Transfers	\$0.00	\$0.00	\$0.00	\$0.00	
3594 Building Sub-Rental	\$0.00	\$0.00	\$90.00	\$90.00	
3595 Waste Oil Revenues	\$1,500.00	\$239.08	\$226.00	\$465.08	31.0%
3596 Leased Properties	\$0.00	\$5,500.00	\$0.00	\$5,500.00	
3599 Interest Earned	\$140,000.00	\$0.00	\$0.00	\$0.00	0.0%
3610 Court Fines	\$230,000.00	\$30,998.83	\$17,771.44	\$48,770.27	21.2%
3611 Alarm Charges	\$0.00	\$65.66	\$50.00	\$115.66	
3612 Alarm Penalties	\$0.00	\$0.50	\$7.89	\$8.39	
3630 Forfeited Bail	\$0.00	\$100.00	\$415.00	\$515.00	
3772 Donations		\$634.84	(\$175.00)	\$459.84	
Previous Yr Fund Balance	\$600,000.00	\$600,000.00		\$600,000.00	100.0%
Sub Total	\$1,439,394.00	\$653,626.67	\$68,253.46	\$721,880.13	50.2%
TOTAL	\$5,986,927.00	\$1,929,693.14	\$112,846.43	\$910,862.50	15.2%

16-May-89

	ESTIMATED REVENUE	PRIOR MONTH YEAR TO DATE	RECEIPTS CURRENT MO	RECEIPTS YEAR TO DATE	PERCENTAGE RECEIVED
FUND #80 RECYCLING					
3330 County Grants		\$17,028.01	\$0.00	\$17,028.01	
		\$0.00		\$0.00	
		\$0.00		\$0.00	
		\$0.00		\$0.00	
		\$0.00		\$0.00	
		\$0.00		\$0.00	
		\$0.00		\$0.00	
TOTAL	\$0.00	\$17,028.01	\$0.00	\$17,028.01	
FUND #81 UTILITY FUND					
3500 Miscellaneous Receipts			\$0.00		
3599 Interest Earned	\$35,000.00		\$0.00		
3739 Misc Income-Water	\$2,000.00	\$124.30	\$920.23	\$1,044.53	
3740 Water Sales	\$885,000.00	\$163,590.54	\$44,426.71	\$208,017.25	
3741 Penalties Earned-Water	\$17,500.00	\$3,018.01	\$1,190.73	\$4,208.74	
3742 Sales of Meters-Horns	\$2,000.00	\$17.07	\$542.00	\$559.07	
3743 Joint Water Comm Reimb	\$15,000.00	\$2,305.10	\$0.00	\$2,305.10	
3744 Metro Waste Reimburse	\$5,200.00	\$0.00	\$0.00	\$0.00	
3759 Misc Income-Sewer	\$500.00	(\$616.10)	\$0.00	(\$616.10)	
3760 Sewer Service Revenue	\$995,000.00	\$245,221.34	\$59,982.34	\$305,203.68	
3761 Penalties Earned-Sewer	\$18,500.00	\$4,525.63	\$1,797.14	\$6,322.77	
TOTAL	\$1,975,700.00	\$418,185.89	\$108,859.15	\$527,045.04	
FUND #82 STREET LIGHTING					
3764 Street Lighting Revenue	\$102,560.00	\$91,839.31		\$91,839.31	89.5%
3765 Penalties Earned	\$2,000.00	\$485.47		\$485.47	24.3%
TOTAL	\$104,560.00	\$92,324.78	\$0.00	\$92,324.78	88.3%

SCATTERED SITE ACQUISITION SITE TOUR

DATE: May 16, 1989

MEMO TO: Crystal Planning Commission Members
Crystal City Council Members

FROM: Crystal Housing and Redevelopment Authority

SUBJECT: A Tour of the HRA's Scattered Site Acquisition
Projects

You are invited to attend a bus tour of several HRA Scattered Site Housing Projects at the following time and place:

Date: Thursday, May 25, 1989
Time: 6:30 p.m.
Place:- Crystal City Hall

Information regarding the sites will be handed out before the tour begins.

The HRA is planning on applying for an allotment of Minnesota Housing Finance Agency (MHFA) First-Time-Homebuyer Mortgage funds for the City of Crystal when a new MHFA program begins this summer. The HRA currently owns three suitable building lots to construct homes for use with this program. However, they intent to purchase more properties as more scattered site acquisition funds become available.

Many of the properties you will view on the tour are properties which the HRA will be considering for future acquisition. The HRA is interested in receiving your suggestions and comments regarding this program.

kg

Memorandum

DATE: May 9, 1989
TO: All Department Heads
FROM: Jerry Dulgar, City Manager
SUBJECT: 1989 Expenditures

Because of changes being proposed by the Legislature in cities' ability to fund city operations, we must take steps to cut costs. Because of the uncertainty of the situation but the apparent inevitability of real cuts and/or constraints on our ability to finance our operations, we must begin to take action immediately.

By May 31, 1989, I want a recommendation from you regarding how to cut your 1989 budget by 5 percent. If no recommendation is forthcoming, we will make the cuts without your input.

Thank you very much for your effort.