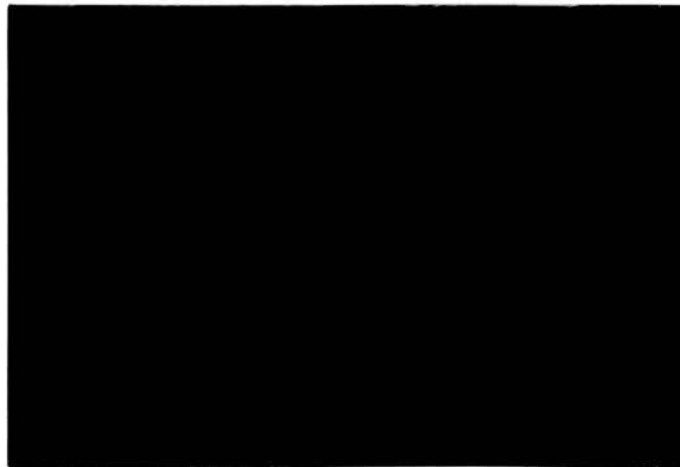




[Crystal \(Minn.\).](#)
[City Council Minutes and Agenda Packets.](#)

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SRF

STRGAR-ROSCOE-FAUSCH, INC.
CONSULTING ENGINEERS

TRANSPORTATION ■ CIVIL ■ STRUCTURAL ■ PARKING ■ LAND SURVEYORS

**PROPOSAL FOR
ENGINEERING SERVICES
FOR THE
CITY OF CRYSTAL**

**36TH AVENUE NORTH
FROM LOUISIANA AVENUE
TO WELCOME AVENUE**

MAY 4, 1990

PREPARED BY

SRF **STRGAR-ROSCOE-FAUSCH, INC.**
CONSULTING ENGINEERS
TRANSPORTATION ■ CIVIL ■ STRUCTURAL ■ PARKING ■ LAND SURVEYORS

Suite 150, One Carlson Parkway North
Minneapolis, Minnesota 55447
612/475-0010
FAX 612/475-2429

SRF

STRGAR-ROSCOE-FAUSCH, INC.
CONSULTING ENGINEERS
TRANSPORTATION ■ CIVIL ■ STRUCTURAL ■ PARKING ■ LAND SURVEYORS

May 4, 1990

Mr. William Monk, P.E.
City Engineer
CITY OF CRYSTAL
4141 Douglas Drive North
Crystal, Minnesota 55422-1696

RE: PROPOSAL FOR ENGINEERING SERVICES FOR
36TH AVENUE NORTH FROM LOUISIANA AVENUE TO WELCOME AVENUE

Dear Mr. Monk:

Strgar-Roscoe-Fausch, Inc. is pleased to submit this proposal to provide professional engineering services to the City of Crystal for the referenced project.

We are a civil engineering firm with considerable experience in municipal, transportation, traffic, structural and environmental engineering. We pride ourselves in being able to provide highly professional services in a timely and cost-effective manner.

We have been involved with numerous projects of a nature similar to the 36th Avenue project and feel we have the expertise and personnel available to accomplish the City's objectives.

This project must respect the existing residents' concerns and the neighborhood environment while providing a safe and effective transportation facility that meets the City's and the State's standards. Accomplishing this requires careful attention to details and a willingness to work openly and honestly with the residents as well as with the staff and City Council. We are prepared to work with the City to meet your goals on this project.

Please accept the attached material which outlines our approach to the project, along with a project timeline, resumes, similar project experience and proposed compensation.

Mr. William Monk, P.E.

- 2 -

May 4, 1990

After you have reviewed this material, we would be happy to answer any questions or meet and discuss our proposal with you in greater detail.

We sincerely appreciate the opportunity to provide you with this proposal and hope we may look forward to working with you on this project.

Very truly yours,

STRGAR-ROSCOE-FAUSCH, INC.



Timothy D. Phenow, P.E.
Principal



Robert B. Roscoe, P.E.
President

TDP:RBR:bba

Attachments

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- METHOD OF COMPENSATION
- MUNICIPAL CLIENTS AND REFERENCES

QUALIFICATIONS/BACKGROUND

QUALIFICATIONS/BACKGROUND

Strgar-Roscoe-Fausch, Inc. is a planning and engineering firm of approximately 80 professional and technical personnel. The firm provides a broad variety of municipal consulting services ranging from complete project planning and feasibility analysis through design and construction management. In addition to engineering design, the firm's capabilities include transportation planning, traffic engineering services, bridge and parking facility planning, as well as, complete environmental analyses and environmental documentation preparation.

Strgar-Roscoe-Fausch, Inc. offices are located in Plymouth, Minnesota in the Carlson Center just west of the I-494 and Carlson Parkway interchange. The firm maintains several in-house computers matched to specialized areas of the practice as well as a full range of technical and office support equipment to enhance the delivery of high quality products at the lowest practical cost. The firm maintains a battery of planning, analysis and design programs.

The firm was organized in 1961 and while experiencing a steady growth, it established a sound reputation for on-time delivery of a quality product. The firm has been recognized officially through local and national awards for "Excellence in Engineering" in conjunction with several transportation engineering projects.

The great majority of the services provided by Strgar-Roscoe-Fausch, Inc. are to state and local governmental agencies. The firm has developed a thorough and intimate knowledge of state, local and federal planning and design procedures, including standards, rules and regulations and other requirements for engineering projects.

The foundation behind the firm's success has been close and responsive communications with clients, a dedication to on-time performance, quality of service, sensitivity to the need for community involvement, a strong belief in consideration of alternatives, and a recognition of when to bring in specialized expertise. Strgar-Roscoe-Fausch, Inc. is an accomplished "team-player" and has participated in many successful projects as project manager and project subconsultant.

PROJECT APPROACH/SCOPE OF SERVICES

PROJECT APPROACH/SCOPE OF SERVICES

Our approach to this and all our projects is to gather as much information and data as is available and understand all of the issues and concerns and then to use that information to analyze the needs and objectives of the project.

This project will require a careful balance of the engineering details and design of a transportation facility with the concerns and needs of the residents along the roadway. Careful planning and design can minimize the impact of a widened roadway in the neighborhood setting.

Along with our engineering expertise and experience, Strgar-Roscoe-Fausch, Inc. also employs landscape architects who can assist in design details to minimize impacts to trees and yards. In addition, plans can be prepared to replace or enhance the landscaping if desired.

A detailed scope of our services follows. If selected, we would be happy to modify our Scope of Services to fit the needs of the City.

**PROPOSED SCOPE OF SERVICES FOR THE CITY OF CRYSTAL
36TH AVENUE NORTH FROM LOUISIANA AVENUE TO WELCOME AVENUE**

I. DATA COLLECTION

- A. Collect and review available aerial mapping, contour mapping, plats, half-sections, as-builts and utility plans.
- B. Review available traffic data and reports from the City, County and State.
- C. Collect and review available soils data.
- D. Review available City Comprehensive Transportation and Utility Plans.
- E. Coordinate additional soils investigation work as necessary.

II. PROJECT SURVEYS

- A. Perform field topographic surveys as necessary to verify and augment existing mapping and record drawings.
- B. Perform total station survey to accurately model the ground surface within and adjacent to the project corridor.
- C. Prepare project basemap at 1" = 50' scale to include:
 - 1. Planimetric features
 - 2. Existing right-of-way and property lines
 - 3. Trees and shrubs
 - 4. Existing utilities
 - 5. Other features as necessary

III. FEASIBILITY STUDY

- A. Prepare feasibility study.
 - 1. Review and discussion of traffic needs and projections.
 - 2. Outline of project and presentation of preliminary plans.

3. Review of existing utilities and discussion of any proposed improvements.
 4. Review and discussion of proposed storm sewer improvements.
 5. Preliminary cost estimate and discussion of funding.
 6. Discussion of permits, reviewing agency requirements, easements and other issues as necessary.
- B. Review Feasibility Study with staff.
 - C. Hold informational meetings to receive public input to preliminary plans.
 - D. Present Feasibility Study to City Council.
 - E. Conduct Public Hearing if necessary.

IV. FINAL DESIGN

- A. Prepare final plans to include:
 1. Roadway construction plans
 2. Profiles
 3. Drainage improvement plans
 4. Utilities
 5. Typical sections, details, tabulations, title sheet and other miscellaneous plans
 6. Cross-sections
 7. Signing and striping plans
 8. Landscape plans
 9. Erosion control plans
- B. Prepare project specifications and special provisions for all construction work.
- C. Prepare engineer's estimate of construction cost.

D. Submit plans for review and approval to:

- . City
- . County
- . State
- . DNR
- . Watershed District
- . Others as required

E. Make revisions as appropriate.

F. Determine easement requirements and prepare legal descriptions.

G. Prepare necessary permit applications and submit through City.

H. Present plans to City Council for approval.

V. CONTRACT BIDDING

A. Advertise for bids.

B. Prepare and distribute bid copies of plans and specifications.

C. Assist the City in receiving bids.

D. Recommend Award of Contract to City Council.

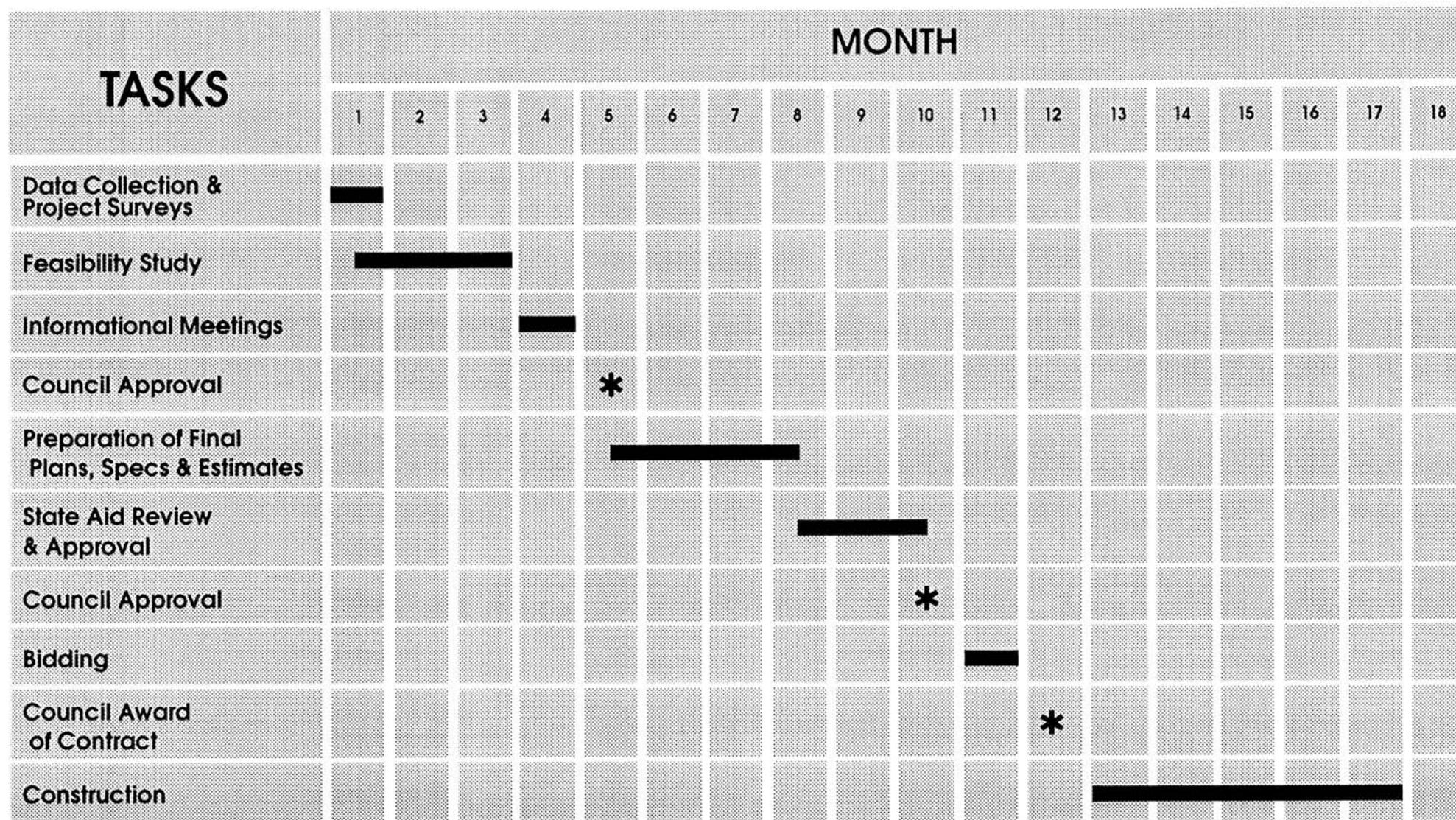
IV. IN-CONSTRUCTION

A. Provide field staking.

B. Provide resident inspection of construction.

C. Assist City in administration of Contract.

PROPOSED PROJECT TIMELINE



Proposed Project Timeline
36th Avenue from Louisiana Avenue to Welcome Avenue
in the City of Crystal

SRF STRGAR-ROSCOE-FAUSCH, INC.

PROJECT EXPERIENCE

101st AVENUE NORTH 89th AVENUE NORTH IN MAPLE GROVE, MINNESOTA

101st Avenue from Zachary Lane to T.H. 52 was an existing two lane rural section, bituminous roadway in a residential area of Maple Grove. Since the areas adjacent to 101st Avenue were now essentially developed the City of Maple Grove requested we study the feasibility of upgrading this roadway to an urban section with concrete curb and gutter.

The existing bituminous surface was in relatively good condition and with the amount of traffic which used the road it was decided to widen the roadway and overlay it rather than completely removing and rebuilding. The mile long roadway was widened 36 feet to 48 feet based on traffic volume projections. As part of the roadway urbanization storm sewer improvements were also included in the project. Strgar-Roscoe-Fausch, Inc. provided in-construction services for the project also.

In another developing area, the City directed us to review the feasibility of upgrading a mile section of 89th Avenue North. This roadway was also a rural section bituminous roadway. 89th Avenue however was different from 101st Avenue as it had deteriorated badly over a number of years apparently due to the much poorer subgrade soils.

The feasibility study presented costs for completely rebuilding and widening 89th Avenue to a 36 foot to 44 foot urbanized section. The study also considered storm sewer and how these improvements could be funded. After the Council approved the study we completed the design of the \$1,020,000 project and assisted the City in the staking, inspection and administration of the construction.

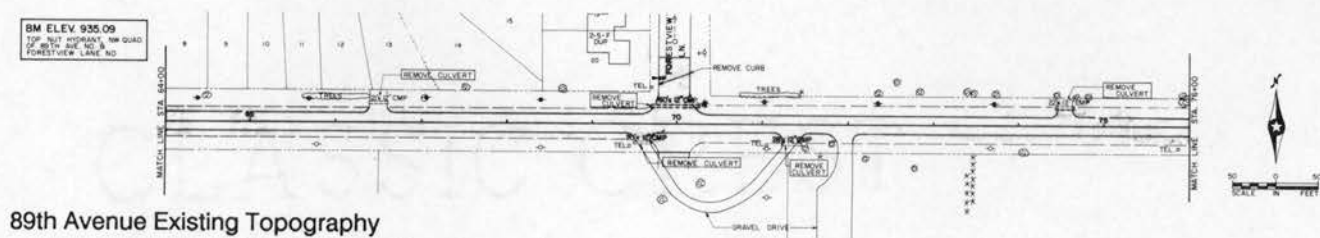
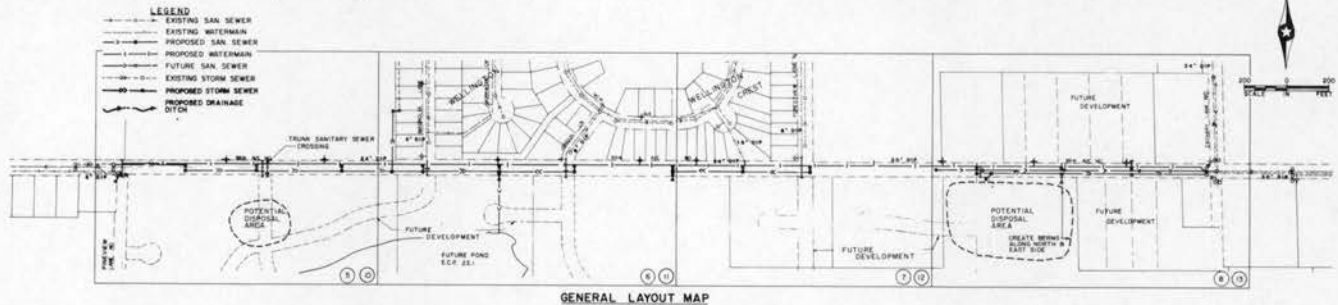


101st Avenue North

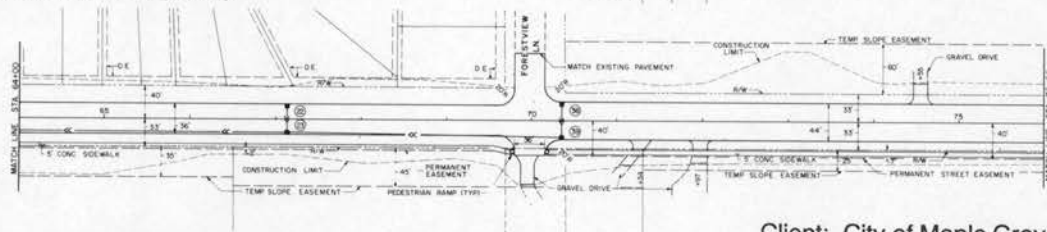


89th Avenue North

89th Avenue General Layout Map



89th Avenue Existing Topography



89th Avenue Proposed Construction

Client: City of Maple Grove



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VICKSBURG LANE NIAGARA LANE IN PLYMOUTH, MINNESOTA

Strgar-Roscoe-Fausch, Inc. provided the City of Plymouth with complete engineering services in the design and construction of two similar roadway facilities.

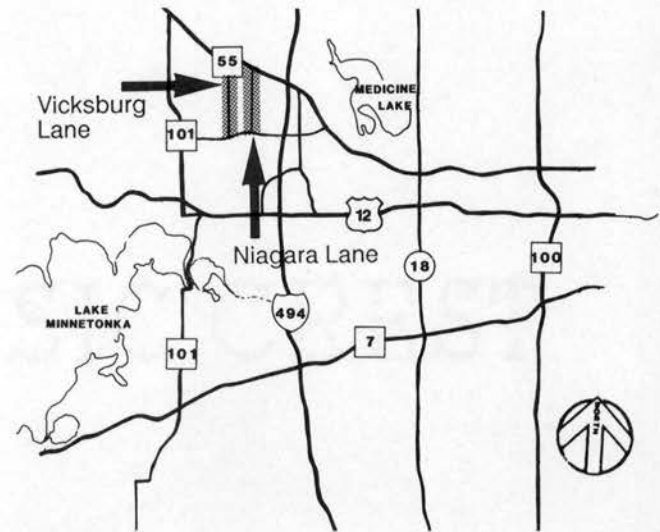
Both Vicksburg Lane and Niagara Lane between County Road 6 and T.H. 55 existed as two lane rural roadways. As development occurred in the area it was the city's desire to improve these roadways to urban sections.

Traffic volume projections indicated the need for 4 lanes of traffic with median and turn lanes near the north end of each of the roadways.

Our responsibilities included preparation of Feasibility Studies, surveying, design of the streets and associated utility improvements and in-construction services.

In each case extensive storm sewer improvements were required along with minor sanitary sewer and watermain improvements or adjustments. Based on subsurface inspection and testing of the existing pavement it was determined that most of the existing bituminous mat could be left in-place. Street construction consisted of widening the entire length, constructing concrete curb and gutter, adding concrete median and overlaying the entire roadway. Other improvements included signal installation, signing and striping, trail construction, and turf establishment.

● Vicksburg Lane	completed length	1981
	construction cost	\$1,230,000
● Niagara Lane	completed length	1986
	construction cost	\$1,030,000



Project Location



Vicksburg Lane



Niagara Lane Project Layout



Niagara Lane

Client: City of Plymouth



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COUNTY HIGHWAY 61 CORRIDOR STUDY AND FINAL DESIGN IN PLYMOUTH, MINNESOTA

The City of Plymouth recognizes the need for an effective roadway paralleling I-494 to serve the needs of sub-regional travel. The City selected our firm to perform a corridor study to determine the best alignment and necessary geometrics for C.S.A.H. 61 between T.H. 12 and C.S.A.H. 10 in Plymouth and Minnetonka, Minnesota. We were subsequently selected to prepare the final design and manage the construction of Segment One of the project between T.H. 12 in Minnetonka and Xenium Lane in Plymouth. The corridor study included identification of local transportation system needs, sub-regional travel needs, need for access to the regional highway system by performing a traffic forecast, determination of the best alignment for the highway and analysis of the environmental impacts of the alignment.

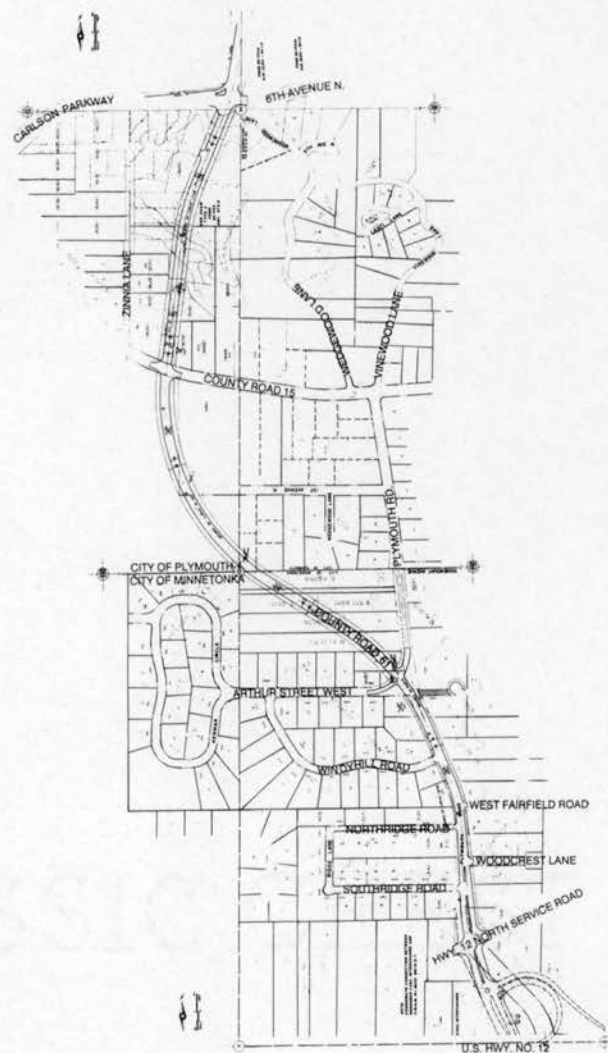
The detailed traffic forecast used the Regional Travel Forecasting Models to determine future travel needs for the corridor for three network alternatives. We modified the network and land use files used in the models to reflect the network alternatives and new land use information available for major planned developments in the corridor. The traffic forecasts from the regional models were then manually adjusted using IRAP to reflect actual travel behavior in the corridor.

The best alignment of the highway within the corridor was then identified. The engineering constraints and environmental impacts of the various alignment alternatives were analyzed prior to selecting the best alternative corridor alignment.

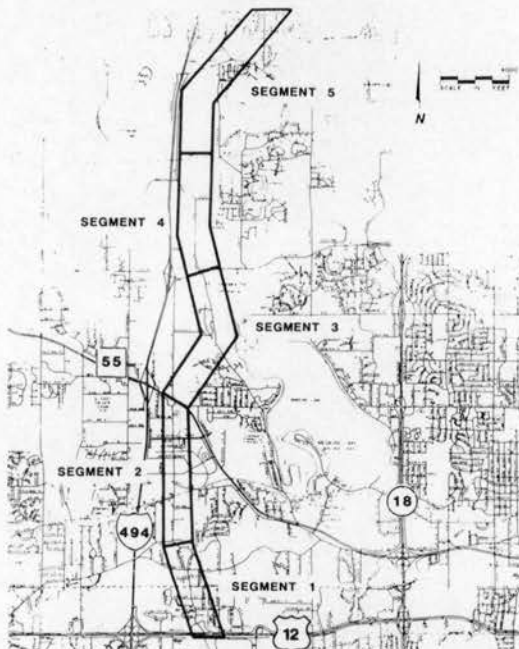
Throughout the corridor study, there was a need to work closely with the various governmental units involved and concerned citizens and neighborhood groups. It involved arriving at a consensus concerning the travel needs and the appropriate mitigation of environmental impacts. Additionally, we had to work closely with the agencies and citizens in the design of Segment One since it required the removal of several homes from the neighborhoods through which it passes and is also adjacent to a wetland. Therefore, the final design of Segment One involved design of the highway to mitigate the traffic and noise impacts on the existing neighborhoods and mitigation of impacts to the wetland.



County Highway 61



Segment 1 Layout



County Highway 61 Corridor

Client: City of Plymouth



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HENNEPIN COUNTY ROAD 10 (I-494 TO T.H. 169) IN MAPLE GROVE AND PLYMOUTH, MINNESOTA

County State Aid Highway 10 is an existing two lane rural roadway which needed upgrading to carry increasing traffic between Trunk Highway 169 on the east and Interstate 494 on the west.

Based on traffic volume projections it was determined a four-lane divided roadway with turn lanes was needed. Hennepin County hired Strgar-Roscoe-Fausch, Inc. to provide complete design services for the 2.3 mile long project.

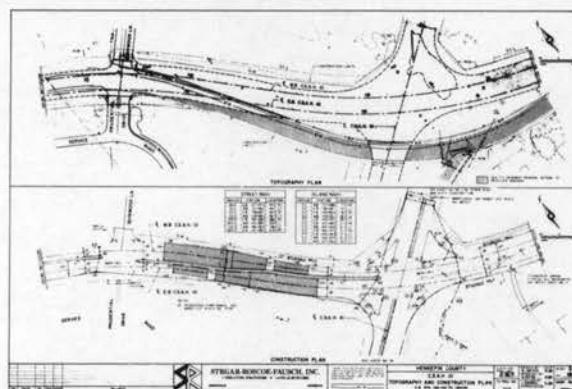
Our responsibilities included:

- Preliminary design layout and cost estimates
- Preparation of an Environmental Assessment Worksheet
- Preparation of a Signal Justification Report for five signals
- Coordination between the County and the Cities of Maple Grove and Plymouth
- Conducted public informational meetings in both cities
- Complete design and preparation of construction plans, specifications and cost estimates for the roadway, storm sewer, utility adjustments, signal systems, trail and construction staging

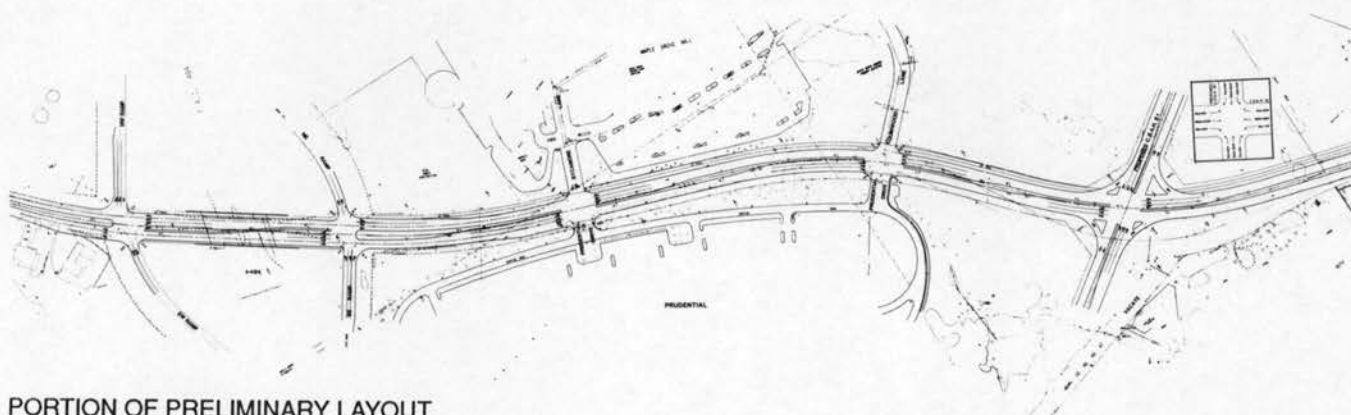
The total estimated construction cost of the project is \$4.8 million. (Anticipated construction 1991).



PROJECT LOCATION MAP



CONSTRUCTION PLAN



PORTION OF PRELIMINARY LAYOUT

Client: Hennepin County



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I-35E PARKWAY IN SAINT PAUL

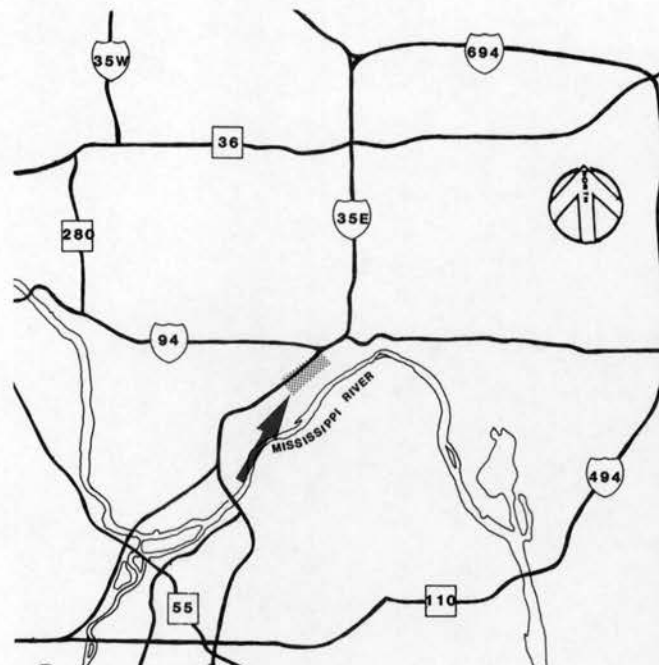
Due to the sensitive nature of the portion of the proposed 35E Parkway between Grand/Ramsey and I-94, the Minnesota Department of Transportation has retained Strgar-Roscoe-Fausch, Inc. to complete the final stages of the project. The 35E Parkway project includes a high degree of public involvement throughout development of alternative design concepts, which were intended to resolve a wide variety of issues and concerns.

The role of Strgar-Roscoe-Fausch, Inc. in this project included the following:

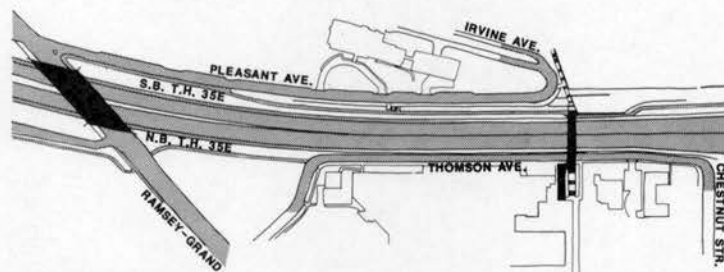
- Project Management for all aspects of final design, including the activities of subconsultants.
- Design Concept Development, including documentation of issues, development and evaluation of alternatives, and final design recommendations.
- Public Involvement throughout the final design process, including coordination of task force activities, preparation of a project fact sheet, presentations, and meetings with property owners.
- Soils and Foundation Investigations
- Bridge and Design Surveys
- Bridge Plans
- Final Road Construction Plans

Several key issues were addressed in the development of a design concept for the 35E Parkway including local access and circulation, traffic volumes, pedestrian and bicycle circulation, noise levels, historic preservation, and aesthetic design. This information was used to develop a project which balanced environmental impacts with the need for transportation facilities in the sensitive, historic corridor.

The project is scheduled for completion in 1990 with two construction stages.



Project Location



35E Parkway Layout



Walnut Street Pedestrian Bridge

Client: Minnesota Department of Transportation



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COUNTY ROAD 6 / I-494 INTERCHANGE AND PAVEMENT REPLACEMENT IN PLYMOUTH, MINNESOTA

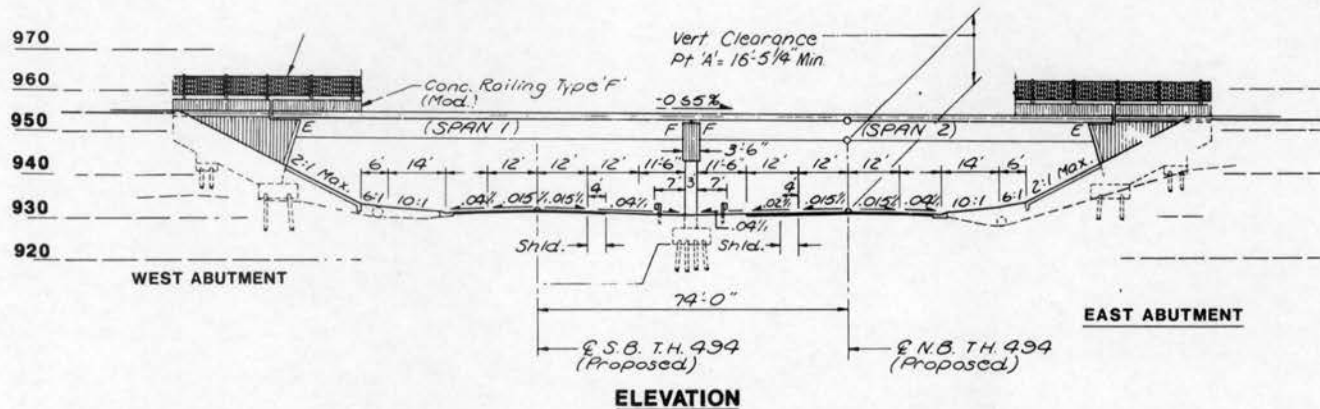
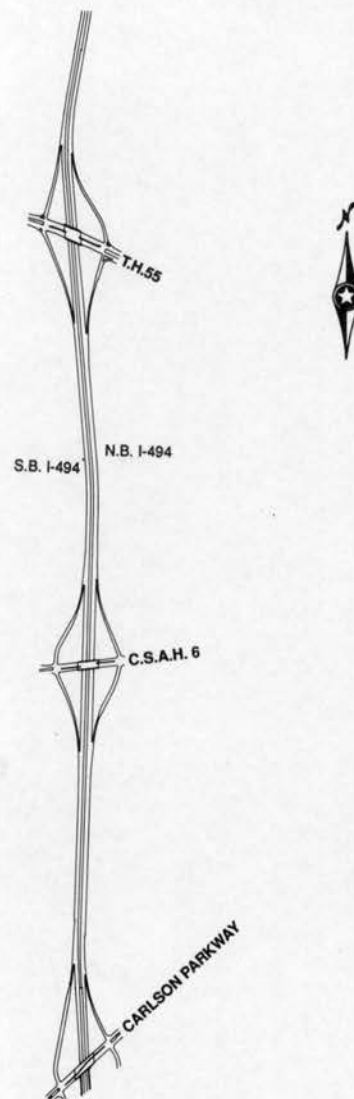
Strgar-Roscoe-Fausch, Inc. provided transportation studies, and preliminary and final design services for Hennepin County Road 6 and I-494 Interchange for the City of Plymouth. The interchange project was undertaken by the City of Plymouth to provide the transportation system access and capacity necessary to support major land development in the area. In addition, the project includes the reconstruction of I-494 from Carlson Parkway to T.H. 55 as part of a Mn/DOT pavement replacement project. Project responsibilities include transportation planning, traffic forecasts, environmental studies, preliminary and final design for the interchange and final design services for the I-494 pavement replacement project. In-construction services were provided for the C.S.A.H. 6 bridge and roadway reconstruction. The project followed a development plan for a moderate level project with Federal funds and required preparation of the following documents: Environmental Assessment Worksheet, Federal Environmental Assessment, Design Study Report and Signal Justification Report.

The traffic forecasts provided the basis for capacity calculations to determine the required roadway geometrics for C.S.A.H. 6 and the modification of I-494. The results indicated the need for construction of auxiliary lanes on I-494 between Carlson Parkway and T.H. 55 in addition to the diamond interchange components. They also indicated the need for signalization of the ramp terminals and an adjacent intersection. The centerline spacing on I-494 was widened to 74 feet to accommodate a future through lane in each direction.

The planning and design phases of this project required close coordination with the City of Plymouth, Hennepin County, Mn/DOT, Metropolitan Council and FHWA. Each phase was also carefully coordinated with the area residents and interested citizen groups to insure that the impacts of the new major interchange were adequately mitigated.

The interchange project included design of a new multiple lane bridge across I-494, the approach roadways on C.S.A.H. 6, the access ramps, the traffic signals for three intersections and mainline/auxiliary lanes on I-494 between Carlson Parkway and T.H. 55.

Construction of the interchange and I-494 is expected to be completed in 1990 with an estimated construction cost of over 12 million dollars.



Client: City of Plymouth



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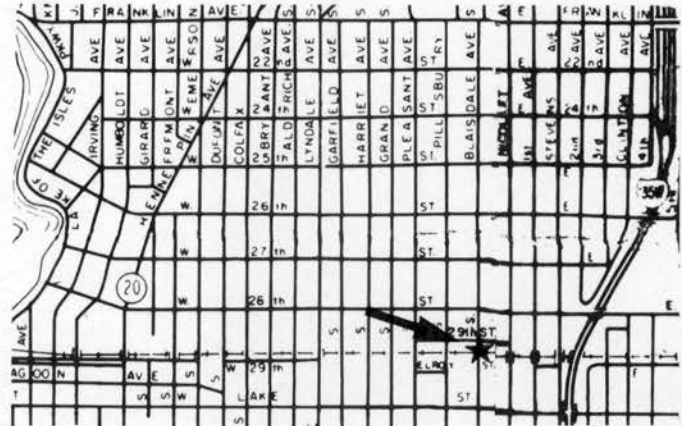
BLAISDELL AVENUE SOUTH OVER SOO LINE RAILROAD BRIDGE NO. 27610 IN MINNEAPOLIS, MINNESOTA

This bridge replaced a cast-in-place concrete tee-beam structure built around 1914 by the railroad company as one of 38 bridges carrying city streets over the railroad depression along 29th Street South.

The role of Strgar-Roscoe-Fausch, Inc. on this project included:

- Project surveys
- Bridge type study
- Preliminary and final design
- In-construction activities support to the City of Minneapolis

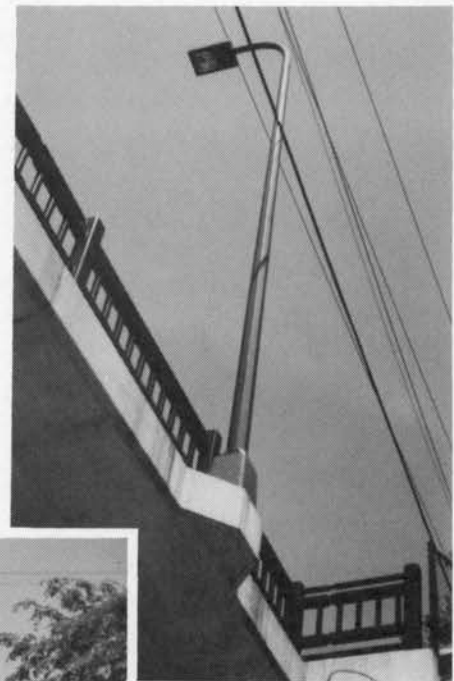
Of particular concern on this project was the impact of construction on adjacent commercial buildings. The inplace bridge had substandard verticle clearance requiring a shallow structure to minimize raising of the profile grade. The selected structure was a shallow 3 span cast-in-place flat slab structure with spans of 18 feet, 52 feet and 18 feet, with special design structural tube traffic railing. The new abutment stems were built in front of the existing abutments to minimize effects from excavation on the adjacent buildings. The project was completed in 1982 at a cost of \$360,000.



Project Location



Blaisdell Avenue South at 29th Street South



Railing and Light Detail



Side View of Bridge

Client: City of Minneapolis



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COUNTY ROAD 42 IN BURNSVILLE, MINNESOTA

This project included planning, traffic studies, field surveys and design for the upgrading of County Road 42 from County Road 5 to Portland Avenue in Burnsville. The project is approximately 1.8 miles in length and consists of a 6 lane urban arterial crossing Interstate 35W and Interstate 35E. Design included widening and replacement of in-place pavement, partial reconstruction of interchange ramps, bridge design and street lighting.

Heavy commercial and retail development exists adjacent to much of the roadway segment. A traffic study was prepared based on adjacent land use assumptions. Forecast traffic volumes indicated the need for a six-lane section with double left turn lanes at intersecting streets and interstate ramp terminals.

Significant segments of the in-place four-lane divided roadway were left in-place with pavement widening and overlays used to achieve the six-lane section.

The project featured design of a new bridge over I-35W in excess of 150 feet in width to accommodate ten lanes of traffic, median and sidewalk.

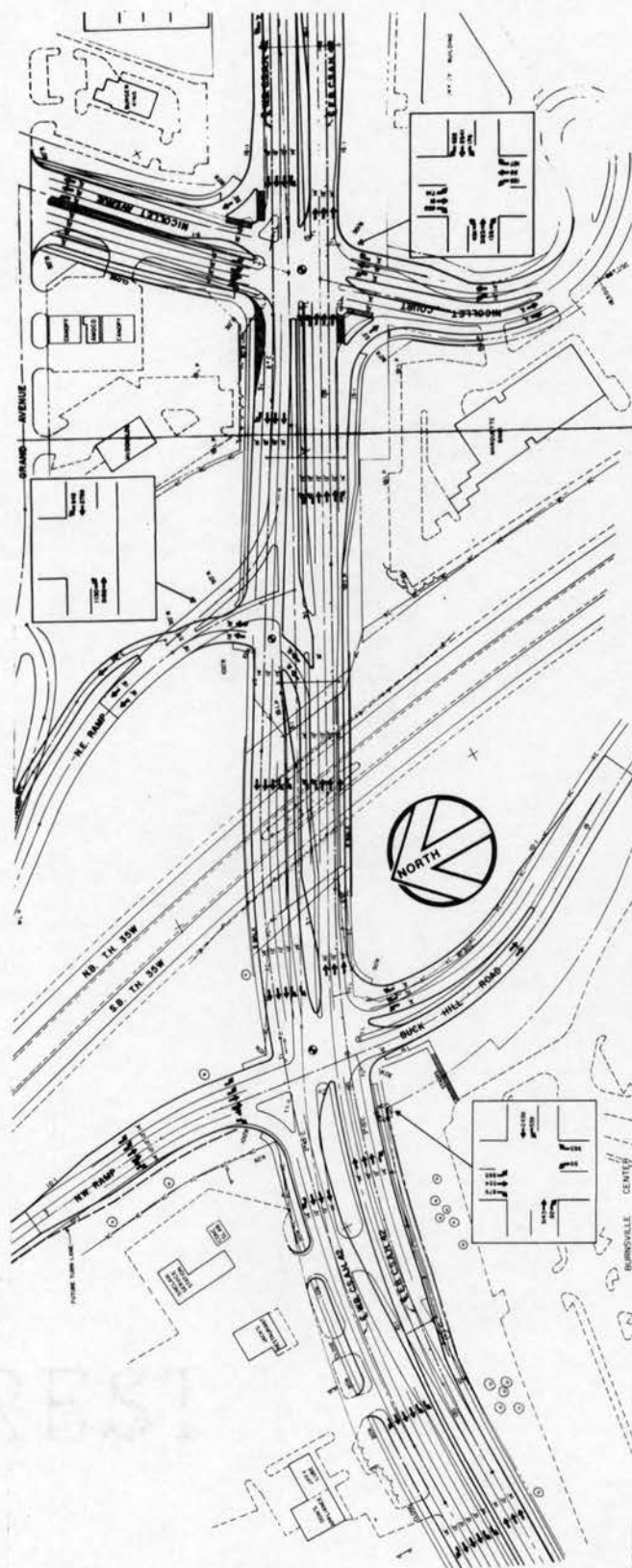
The role of Strgar-Roscoe-Fausch, Inc. on the project included:

- Traffic study and analysis
- Preparation of the preliminary layout and cost estimates
- Providing assistance in obtaining project funding
- Right-of-way, design surveys and platting
- Complete design and preparation of final construction plans, contract special provisions and cost estimate

Estimated project construction cost is 8.7 million dollars. Project completion is projected for 1990.



PROJECT STUDY AREA



Client: Dakota County



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RESUMES

ROBERT B. ROSCOE, P.E.

**President
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Minnesota, B.S., Civil Engineering, 1967
University of Minnesota, M.S., Civil Engineering, 1969

General Experience:

As President and Principal with Strgar-Roscoe-Fausch, Inc. since 1972, responsible for general supervision of all employees and technical responsibility for all engineering projects. Has directly supervised the design and construction supervision of numerous street, highway, bridge and arterial projects throughout Minnesota.

One-half year as Geodetic Engineer for the Minnesota Highway Department in St. Paul. Responsibilities included supervision of first and second order control surveys for photogrammetric mapping and highway design.

Two and one-half years as Assistant and Acting Bituminous Engineer for the Minnesota Highway Department in St. Paul. Responsibilities included design of asphalt pavements, inspection and certification of asphalt paving projects throughout Minnesota.

Four years as a Civil Engineer for the Minnesota Highway Department in Minneapolis. Involved in the design and construction of numerous interstate highway projects including the I-94 Lowry Hill Tunnel in Minneapolis, the Trunk Highway 100 and I-94 interchange in Brooklyn Center, Trunk Highway 100 through Edina, Trunk Highway 12 Trestle and interchange with I-94 in Minneapolis and I-694 through Fridley.

Affiliations:

American Society of Civil Engineers
Institute of Transportation Engineers
Minnesota Land Surveyors Association
Minnesota Section-American Society of
Civil Engineers
Minnesota Surveyors & Engineers Society
North Central Section-I.T.E.
Minnesota Good Roads, Inc.
American Public Works Association
Minnesota Public Works Association

Registrations:

Arizona (P.E.)
Michigan (P.E.)
Minnesota (P.E., R.L.S.)
North Dakota (P.E.)
Wyoming (P.E.)
Montana (P.E.)

TIMOTHY D. PHENOW, P.E.

**Principal
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Minnesota, B.S., Civil Engineering, 1976

General Experience:

As Principal and Project Manager with Strgar-Roscoe-Fausch, Inc., since 1977, responsible for the development of assigned projects from the beginning research and background data acquisition phase through preliminary project reports, design and construction supervision.

Projects include: feasibility studies, design and construction supervision of numerous municipal projects for the City of Maple Grove; design and construction supervision of Carlson Parkway in the Cities of Plymouth and Minnetonka including design of comprehensive stormwater management plan for the 320 acre Carlson Center Development. Design and construction supervision of several state aid facilities including C.S.A.H. 61 in Plymouth and Minnetonka, Pineview Lane and 101st Avenue in Maple Grove, Niagara Lane in Plymouth. Design of street, storm sewer, utility and parking improvements for residential, commercial and industrial developments in several municipalities including Maple Grove, Minnetonka, Plymouth, White Bear Lake, Wayzata, Lakeville and St. Louis Park.

One year as Civil Engineer with the Federal Aviation Administration in Chicago, Illinois. Responsible for project development for airport remote transmitter and receiver sites.

One-half year as a Construction Inspector with Schoell and Madson, Hopkins, Minnesota.

Affiliations:

American Society of Civil Engineers
Minnesota Section-American Society of
Civil Engineers
Minnesota Surveyors and Engineers Society
American Public Works Association
Minnesota Public Works Association

Registrations:

Minnesota (P.E.)

DENNIS R. EYLER, P.E.

**Principal
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Minnesota, Bachelor of Civil Engineering, 1969

General Experience:

Responsible for all phases of various transportation related engineering projects including research and background data, development of geometric layouts and project reports, and final preparation of plans and specifications. One recent project was the I-394 interim HOV facility which included development of the geometric layout and design of all traffic control systems. Current projects include: the Downtown Duluth Signal Project with 28 intersections and central computer control, the traffic operations impacts of various land use scenarios for the communities along the I-394 Corridor and the development of interchange revision concepts for the reconstruction of the I-35W Corridor south of Minneapolis.

Ten years as Assistant District Traffic Engineer with the Minnesota Department of Transportation in the Golden Valley District. Responsibilities included planning, prioritization, project management and design of over 200 projects to install or revise traffic signals. Many of these projects also featured intersection design changes to improve capacity and safety.

Also responsible for the operation of 240 individual signalized intersections, 20 arterial coordination systems, and design of several highway lighting projects.

Prior to this, four years with a variety of experience including highway maintenance operations, traffic studies (accident studies and other traffic data collection and analysis), signal construction, road plan design and preliminary design.

Participated in numerous post graduate short courses including: Signal operations at local intersections and traffic signals on coordinated systems (Georgia Tech); Safety Design for Highways (Texas Transportation Institute); Traffic engineering short course (University of Minnesota); Highway Lighting, Highway engineering Economy and Traffic Systems Management (FHWA); and Value Engineering (Mn/DOT).

Affiliations:

Institute of Transportation Engineers

Registrations:

Minnesota (P.E.)

JAMES R. DVORAK, P.E.

**Associate
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Minnesota, Bachelor of Civil Engineering, 1981

General Experience:

As Project Engineer with Strgar-Roscoe-Fausch, Inc. since 1984, responsible for the development of assigned projects from the research and background data acquisition phase, through feasibility studies, design and details to the final production of plans and specifications and the supervision of construction contracts. Also responsible for project coordination with public agencies such as Minnesota Department of Transportation, Hennepin County Department of Transportation, Minnesota Pollution Control Agency, Minnesota Department of Health, Minnesota Department of Natural Resources, United States Army Corps of Engineers and Watershed Districts. Projects include: design of utilities and street improvements for numerous residential and commercial developments within the cities of Maple Grove and Plymouth.

Two years as an Engineering Specialist IV with the Minneapolis Community Development Agency performing all duties related to the Engineering Department. Acting as contract administrator for survey, soils, consulting, demolition, and construction contracts involving selection of contractors as well as coordination of work and payment control; represent the department and Agency at meetings with public entities, neighborhood groups, developers, contractors and private citizens; prepare cost estimates and coordinate installation of public improvements and soil correction; interpret soil investigation reports, surveys and consultant reports for Agency staff.

Six months as Engineering Intern for the City of Brooklyn Park. Performed inspection of new and existing utilities, prepared daily construction reports, payments and assisted in performing testing and final acceptance of contractor work. Also assisted in drafting, assessments and surveying.

Registrations:

Minnesota (P.E.)

CRAIG M. TWINEM, P.E.

**Senior Engineer
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Wisconsin, B.S., Civil Engineering, 1982

General Experience:

As Senior Engineer with Strgar-Roscoe-Fausch, Inc. since 1987, responsible for preliminary and final design and development of construction plans and specifications for county state aid and interstate highways. Also responsible for project coordination with utility companies and various public agencies, as well as construction supervision on assigned projects.

Five years as Project Engineer and Design Engineer with John West Engineering Company in Hobbs, New Mexico. Responsibilities as Project Engineer included design, contract administration, construction coordination and periodic inspection of urban and rural roadway projects for city, county and state agencies. As Design Engineer, assignments included computations and design of roadway projects, residential and commercial developments, F.H.A. drainage studies, site grading plans and water distribution systems. Additional duties include compiling contract document/specification manuals, estimating project engineering fees and construction costs, performing moisture-density field tests and inspecting a wide variety of projects.

Six months as Design Engineer with Brown, Henderson and Associates in Hobbs, New Mexico. Responsibilities included preliminary design of an urban roadway and drainage improvement project, inspection of street and utility construction, writing and compiling soils reports, drainage studies and contract document/specification manuals.

Affiliations:

American Society of Civil Engineers

Registrations:

Minnesota (P.E.)

S. RICK BROWN, P.E.
Senior Engineer
Strgar-Roscoe-Fausch, Inc.

Education:

University of Minnesota
Bachelor of Civil Engineering with High Distinction, 1985

General Experience:

As Project Engineer with Strgar-Roscoe-Fausch, Inc. since 1985, responsible for all phases of project development including preliminary data acquisition, feasibility studies, preliminary and detail design, preparation of plans and specifications, and supervision of construction contracts.

Also responsible for permit application and project coordination with public agencies at the federal, state, county and municipal levels. Specific experience with requirements of the Minnesota Department of Natural Resources and the U.S. Army Corps of Engineers as they relate to work in protected waters or wetlands, from initial investigation to permit application and documentation to successful design and construction of mitigation areas. Projects include design and construction supervision of utility and street improvements for residential and commercial developments within the cities of Maple Grove, Minnetonka and Plymouth; detail design work and plan preparation for T.H. 35E in St. Paul, Minnesota; and parking and site improvements for private and corporate clients.

Nine months as Engineering Intern and Senior Paraprofessional for Minnesota Department of Transportation. Performed foundation settlement analysis, preliminary design calculations, and redesign of abutments for extensive rehabilitation of a long span steel truss bridge. In another assignment, developed and documented computer software used in geodetic surveying research program.

Affiliations:

American Society of Civil Engineers
Minnesota Section - American
Society of Civil Engineers
Chi Epsilon, Civil Engineering Honor Society

Registrations:

Minnesota (P.E.)

DEAN E. DUSHECK, R.L.S.

Land Surveyor
Strgar-Roscoe-Fausch, Inc.

Education:

Iowa State University, B.S., Engineering Operations (Emphasis in surveying and mapping), 1979

Experience:

As Chief Surveyor with Strgar-Roscoe-Fausch, Inc., responsible for managing and supervising survey operations, including boundary and legal surveys, right of way maps, plats, legal descriptions, topographic and other surveys for plan preparation, construction staking, survey and related computer computations.

Nine years of construction and engineering surveying with C.R. Winden & Associates, Inc., St. Paul, Minnesota. Responsibilities included the design and platting of single and multi-family housing developments throughout the Twin Cities. Additional responsibilities included the preparation of easements for cities and utility companies.

Affiliations:

Minnesota Land Surveyors Association
Metro Chapter 6, Land Surveyors Association

Registrations:

Minnesota (R.L.S.)

THOMAS A. THORSON, ASLA

**Senior Landscape Architect
Strgar-Roscoe-Fausch, Inc.**

Education:

University of Minnesota, Bachelor of Landscape Architecture, 1975

General Experience:

As Senior Landscape Architect for Strgar-Roscoe-Fausch, Inc., responsible for landscape architecture and historical coordination on commercial and public projects. Projects include environmental studies, historic mitigation recommendations, urban design, transportation related structures, parks, parkways and aesthetic issues in transportation planning and design.

Six years with Kerr-Thorson and Company as Principal and Landscape Architect. Duties included project management, design and administration. Commercial and institutional projects included campus planning and design for educational and corporate facilities.

Thirteen years as Landscape Architect with the Minnesota Department of Transportation. Responsibilities in project management and design of transportation related facilities, including major travel information centers, highway rest areas, bridges, retaining walls, noise abatement structures, urban plazas, parks, picnic areas, recreation areas and historic mitigation recommendations.

Project design awards have included the C.U.E. Award from the Minneapolis Committee on Urban Environment, Commendation for Design Excellence from the U.S. Department of Transportation and the National Endowment for the Arts, Merit Award in the Urban House Design Competition from the St. Paul Department of Planning and Economic Development, and Honor and Merit Awards in Design from the Minnesota Chapter of the American Society of Landscape Architects.

Mr. Thorson has been a speaker for historic restoration and preservation seminars with the Minnesota Historical Society, and a professional member of the Minnesota Governor's Residence Council. He has written articles for Landscape Architecture, Architecture Minnesota, and Public Works magazines.

Affiliations:

American Society of Landscape Architects
Minnesota Chapter, ASLA

Registrations:

Minnesota (Landscape Architect)

METHOD OF COMPENSATION

METHOD OF COMPENSATION

We would propose to complete the Feasibility Study, design and bidding of the project (Scope of Services Tasks I, III and IV) on a percent of the actual construction cost of the project using ASCE Curve B (attached).

Field Surveys (Task II) and In-Construction Services (Task V) and additional traffic or environmental studies that may be required would be billed on an hourly basis at a rate of 2.8 times direct labor cost plus out-of-pocket expenses at cost. A range of hourly billing rates by classification is attached.

Engineering fees for similar municipal projects have been as follows:

Design (including Feasibility Study)	4-7% of construction cost
In-Construction	5-8% of construction cost

If we are selected, we would be happy to discuss the method of compensation in greater detail.

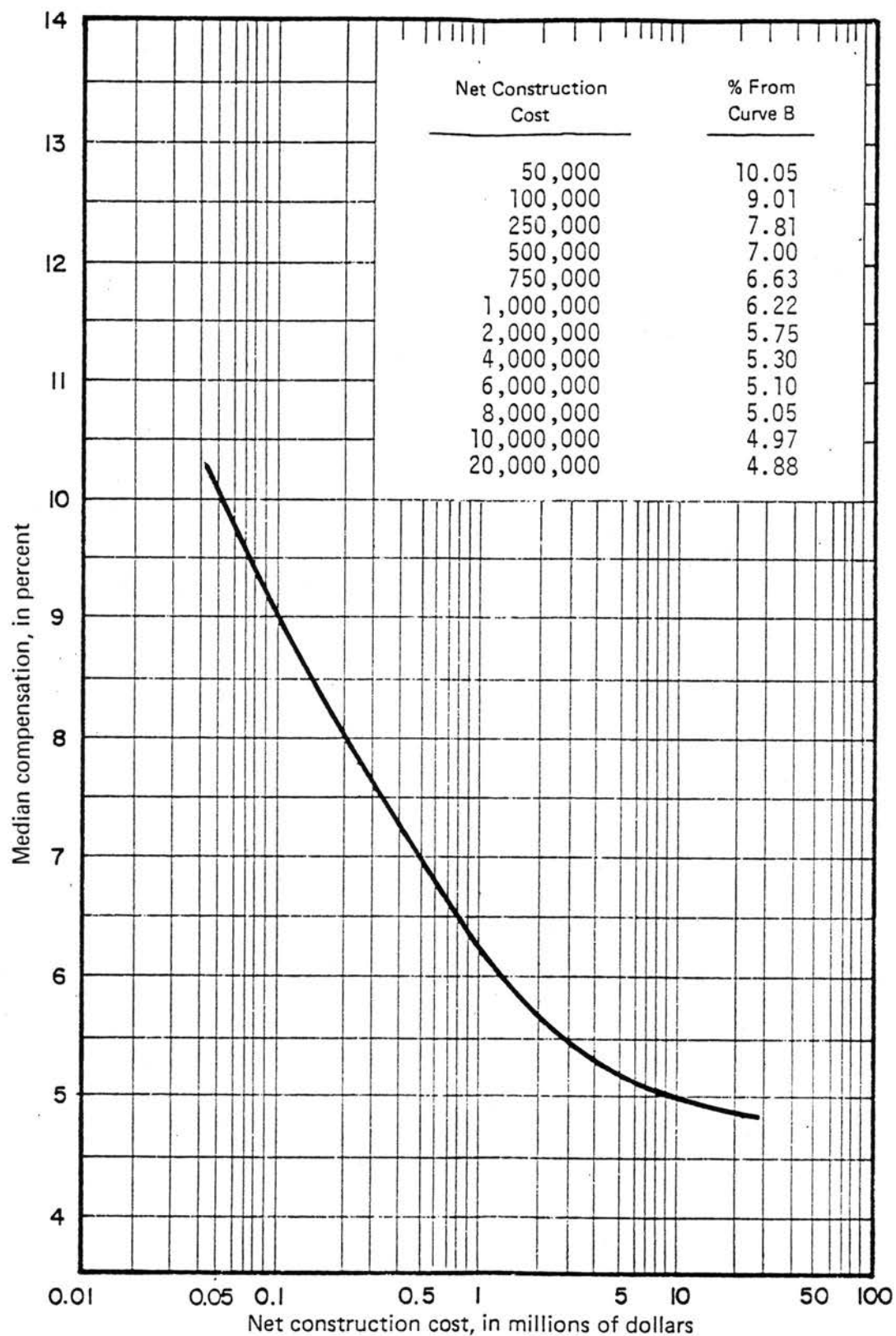


FIG. 2 — CURVE B, MEDIAN COMPENSATION FOR BASIC SERVICES, EXPRESSED AS A PERCENTAGE OF CONSTRUCTION COST FOR PROJECTS OF AVERAGE COMPLEXITY.

STRGAR-ROSCOE-FAUSCH, INC.
HOURLY BILLING RATES
APRIL 1, 1990 TO APRIL 1, 1991

<u>Classification</u>	<u>Range of Hourly Rates</u>
Principal	\$74.00 - \$80.00 maximum
Associate	\$60.00 - \$75.00
Senior Engineer	\$50.00 - \$65.00
Engineer	\$35.00 - \$50.00
Land Surveyor-Registered	\$50.00 - \$60.00
Senior Landscape Architect	\$45.00 - \$65.00
Landscape Architect	\$30.00 - \$45.00
Senior Technician Supervisor (Party Chief, Senior Inspector)	\$42.00 - \$53.00
Senior Technician	\$35.00 - \$47.00
Technician	\$24.00 - \$35.00
Clerical/Word Processor	\$22.00 - \$32.00

MUNICIPAL CLIENTS AND REFERENCES

MUNICIPAL CLIENTS AND REFERENCES

Douglas E. Differt, P.E.
Deputy Commissioner
MINNESOTA D.O.T.
413 Transportation Building
St. Paul, Minnesota 55155
(612) 296-8532

Gordon M. Fay, P.E.
Director-Office of State Aid
MINNESOTA D.O.T.
820 Transportation Building
St. Paul, Minnesota 55155
(612) 296-9872

William M. Crawford, P.E.
Metro District Engineer
MINNESOTA D.O.T.
2055 North Lilac Drive
Minneapolis, Minnesota 55422
(612) 545-3761

Patrick Murphy, P.E.
Director of Public Works
HENNEPIN COUNTY D.O.T.
320 Washington Avenue South
Hopkins, Minnesota 55343
(612) 935-3381

Marvin Hoshaw
Acting Director of Public Works
CITY OF MINNEAPOLIS
203 City Hall
Minneapolis, Minnesota 55415
(612) 348-2443

Tom Eggum
Director of Public Works
CITY OF ST. PAUL
City Hall
St. Paul, Minnesota 55102
(612) 298-401

James Miller
City Manager
CITY OF MINNETONKA
14600 Minnetonka Boulevard
Minnetonka, Minnesota 55345
(612) 939-8200

Bank
Dale Harris
FIRSTAR SHELARD BANK, N.A.
400 South Shelard Plaza
St. Louis Park, Minnesota 55426
(612) 546-6811

David L. Everds, P.E.
County Engineer
DAKOTA COUNTY HIGHWAY DEPARTMENT
7300 West 147th Street - Suite 402
Apple Valley, Minnesota 55124
(612) 431-1150

James G. Willis
City Manager
CITY OF PLYMOUTH
3400 Plymouth Boulevard
Plymouth, Minnesota 55447
(612) 559-2800

David Sonnenberg, P.E.
Director of Engineering
CITY OF MINNETONKA
14600 Minnetonka Boulevard
Minnetonka, Minnesota 55345
(612) 939-8200

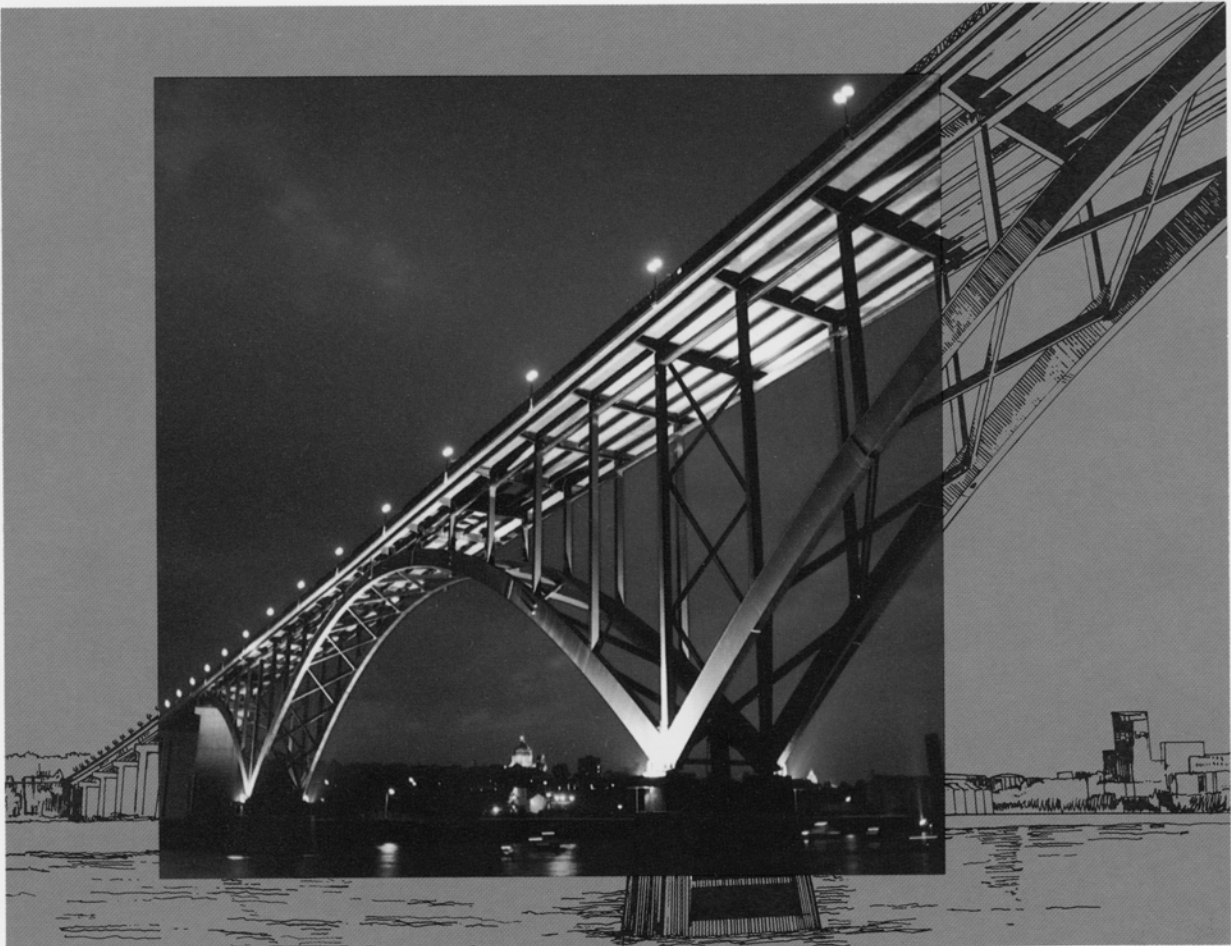
David Jessup
Director of Public Works
CITY OF WOODBURY
8301 Valley Creek Road
Woodbury, Minnesota 55125
(612) 739-5972

Peggy Reichert
Deputy Director of Planning
CITY OF ST. PAUL
25 West Fourth Street
St. Paul, Minnesota 55102
(612) 298-4509

Gerald E. Butcher, P.E.
Director of Public Works
CITY OF MAPLE GROVE
9410 Fernbrook Lane
Maple Grove, Minnesota 55369
(612) 420-4000

Fred G. Moore, P.E.
Director of Public Works
CITY OF PLYMOUTH
3400 Plymouth Boulevard
Plymouth, Minnesota 55447
(612) 559-2800

SRF



STRGAR-ROSCOE-FAUSCH, INC.
CONSULTING ENGINEERS

STRGAR-ROSCOE-FAUSCH, INC.

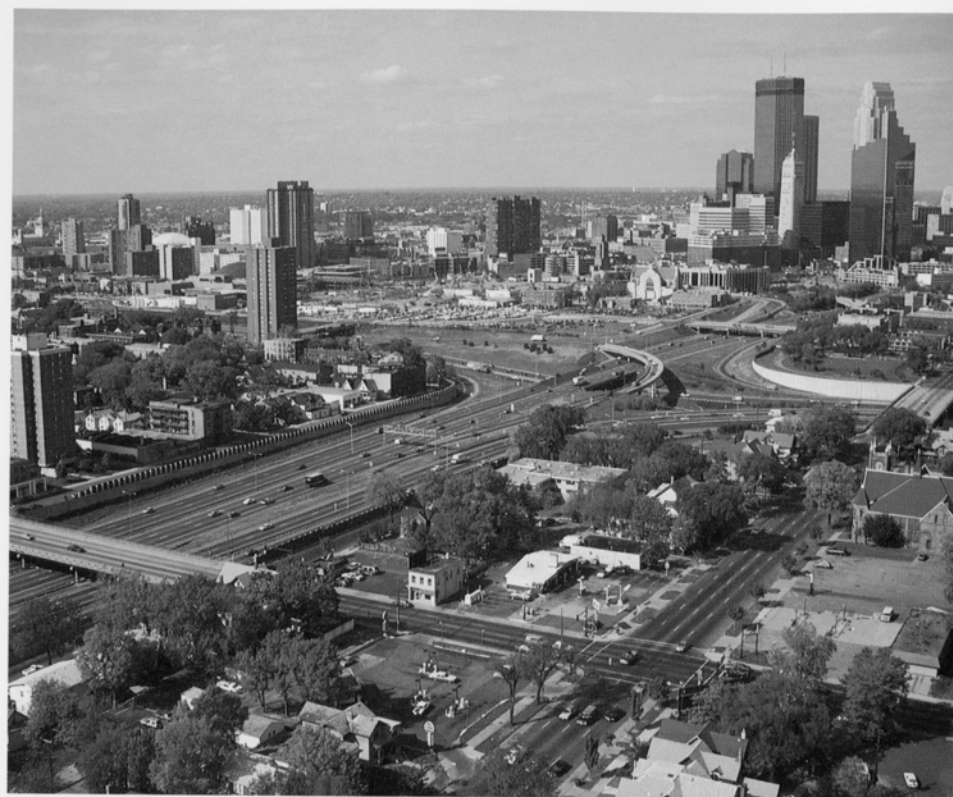
is a multi-disciplinary consulting engineering firm providing services in transportation planning; environmental studies; civil, structural and traffic engineering; land surveying and landscape architecture. SRF's expertise encompasses all aspects of a project from planning and design, through feasibility studies, to in-construction services. With a thorough knowledge of governmental standards and requirements, SRF is able to offer design solutions that meet the needs of clients and fit the parameters set by local, state and federal agencies.

Strgar-Roscoe-Fausch, Inc. is owned and operated by the company's principals. The current management has been in effect since 1970, giving clients the benefit of continuity and the strength of a proven track record for quality and on-time performance. The professional and technical staff has a strong commitment to professional integrity, teamwork and excellence. The company's efforts have been recognized by awards at the state and national levels, building SRF's reputation as a unique and innovative engineering firm.

TRANSPORTATION AND TRANSIT PLANNING

SRF has a long and successful history of providing transportation and transit planning services to public agencies. As transportation issues become increasingly important in this country, SRF is committed to staying on the cutting edge of new transportation concepts that integrate highways, high occupancy vehicle facilities, parking facilities, light rail transit and bus service systems for a total approach to today's rapidly changing transportation needs.

The transportation staff enjoys the use of advanced technical support for analysis of current transportation systems and planning for future transportation needs. Management skills are used to guide public agencies and interest groups toward unique solutions to complex transportation challenges.



ENVIRONMENTAL SERVICES

SRF is involved in a variety of projects which require the careful balancing of project objectives with the need to preserve and enhance the human and natural environment. The company regards the environment as an essential element of a project rather than as a regulation to be met or overcome. By recognizing this early in the process, a project can proceed more smoothly, efficiently and with higher quality results.

Environmental services available include environmental analysis and document preparation, air quality analysis, water quality analysis, visual and aesthetic impact analysis, floodplain/hydraulic studies and noise monitoring and modeling.



TRAFFIC ENGINEERING

Optimizing the capacity, safety and efficiency of highway and street systems is the goal of the traffic engineering group. Practical field experience, as well as, in-house computing capabilities allow SRF's expert staff to generate innovative answers to problems in such areas as geometric design, signing, signal systems, pavement markings, transportation systems management, system optimization and capacity analysis.



PARKING

Successful parking design requires a careful blend of function and aesthetics. Traffic patterns and parking demand are analyzed for each proposed parking site. Factors considered before a parking plan is finalized include operating efficiency, exterior appearance, security, safety, cost-benefits, scheduling and long term durability. By employing new advances in materials technology, SRF is able to provide functional, aesthetically pleasing parking facilities with low life-cycle costs.

MUNICIPAL & SITE ENGINEERING & LAND SURVEYING

Aspects of the infrastructure such as streets, sanitary sewers, watermains and drainage systems are fundamental components of modern life. SRF has expertise in dealing with every aspect of municipal projects from concept to construction including: preparation of preliminary investigations and surveys, feasibility and traffic studies, assessments, permit acquisition, bidding, in-construction services, inspection and staking. The land surveying staff utilizes electronic surveying systems to provide right-of-way, boundary and topographic surveys. With these services, SRF works closely with municipal planning and engineering staffs to complete quality projects on schedule and within budget.



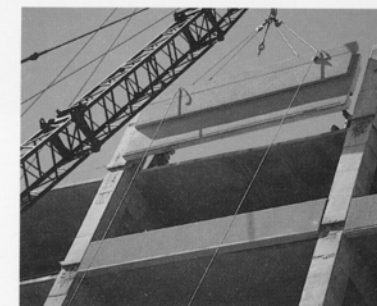
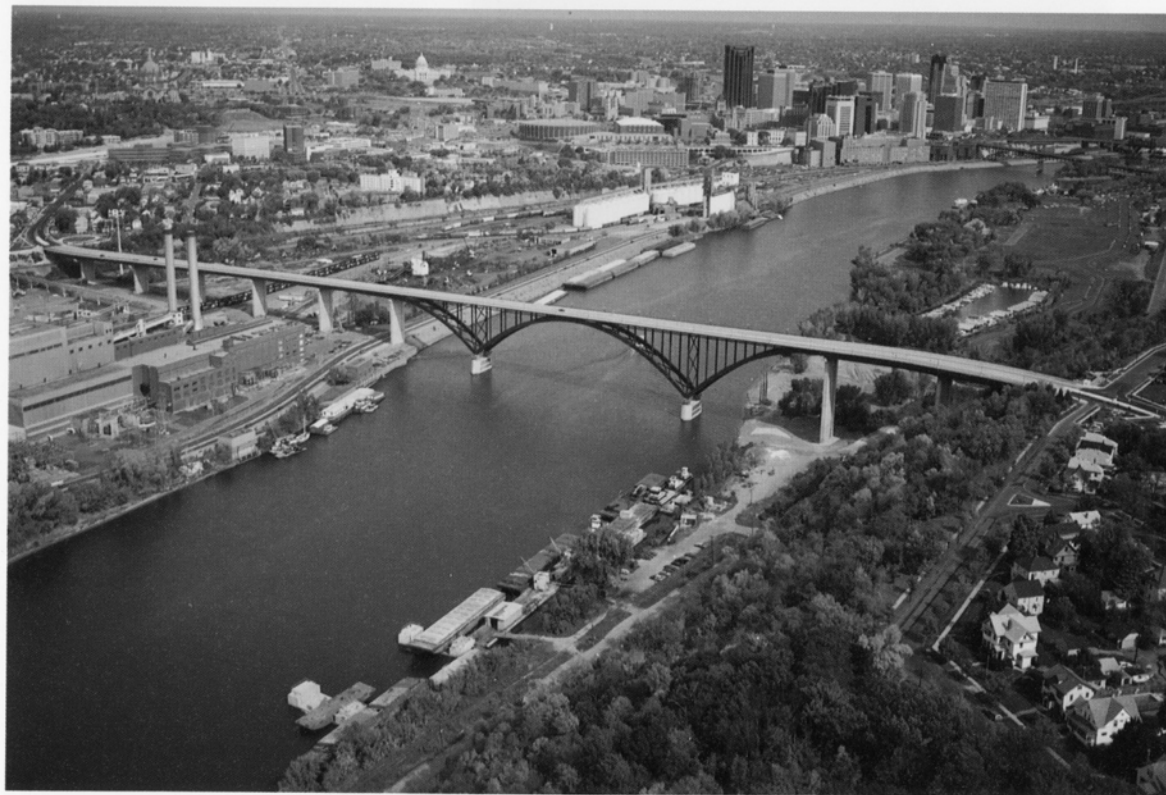
STREET & HIGHWAY DESIGN

Design of streets and highways requires good technical skills and effective communication. By evaluating all possible alternatives and listening carefully to the concerns of the public, SRF develops solutions which address the issues without compromising the integrity of the project. SRF has highly skilled technical experts who utilize computer-aided design and drafting (CADD) and employ the latest materials and technology to design highway and street systems that are safe, efficient, economical and environmentally compatible.

BRIDGE DESIGN

SRF bridge designs are highly functional, innovative and compatible with the environment. Recognizing the impact that a bridge can have on a community and the natural environment, SRF carefully evaluates all social, economic and environmental concerns. Design alternatives are then developed to mitigate potential adverse impacts.

SRF's experience has included design of landmark structures as well as more routine structures such as railway bridges, river and stream crossings, pedestrian bridges, highway overpasses and tunnels.

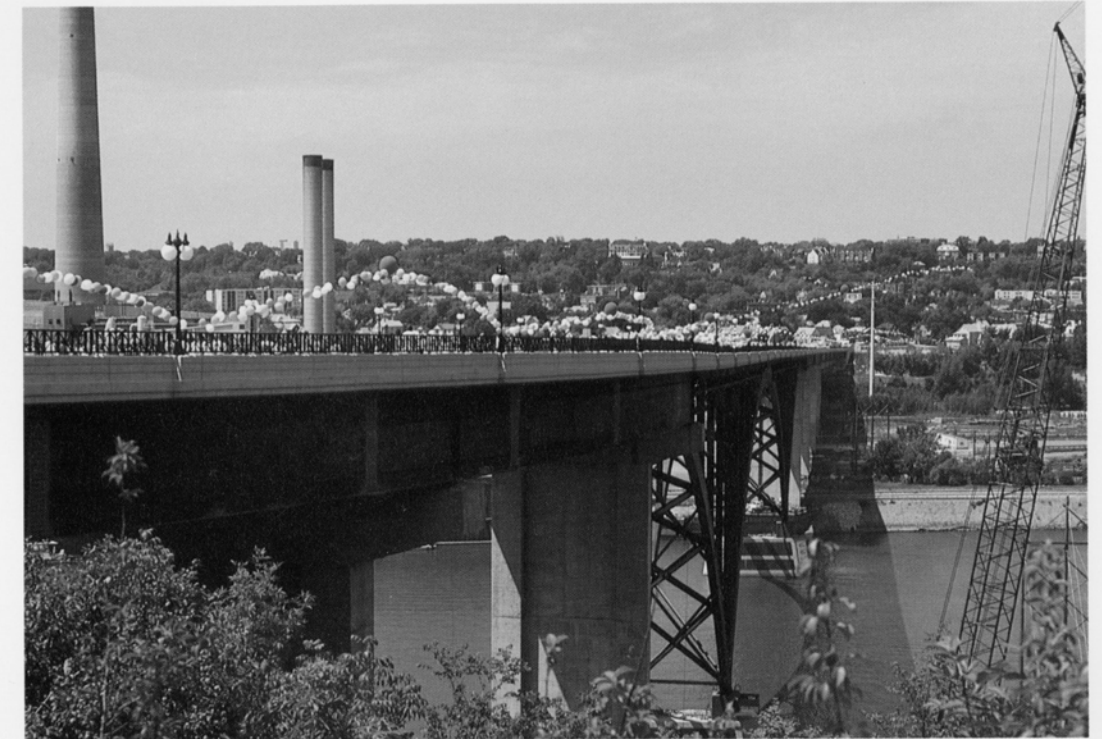


STRUCTURAL ENGINEERING

SRF's structural engineering staff designs parking garages as well as residential, commercial, industrial and institutional buildings. Extensive use of computer-aided design and drafting (CADD) during the design stage produces high quality and economical design solutions. SRF is also well acquainted with special considerations for cold climate construction, advances in building materials, specifics of building codes and long term structural performance. The company's objective is to engineer structures that are safe, functional, economically feasible and visually appealing.

LANDSCAPE ARCHITECTURE

Successful planning, design and management of the built and natural landscape are emphasized by SRF. Staff landscape architects are part of the SRF team involved with planning, urban and site design, and detail design of structures. Highly functional solutions that are aesthetically and environmentally compatible are an important feature of SRF projects.



PUBLIC PARTICIPATION/ PUBLIC RELATIONS

Sensitive public relations is a key element of many of the complex projects undertaken by SRF. Through a program of public hearings, task forces and neighborhood meetings, SRF is able to provide forums in which ideas and concerns can be exchanged and discussed. This exchange helps to develop workable solutions that are amenable to all parties involved.

SERVICE CAPABILITIES

TRANSPORTATION & TRANSIT PLANNING

Travel Forecasting
Short & Long Range, Multi-Modal Urban &
Regional Transportation Planning
Thoroughfare Plans Development
Transportation System Management Plans
Travel Demand Management
Impact Studies and Design
Preliminary Design Studies
Transit Planning
Light Rail Transit Planning

ENVIRONMENTAL SERVICES

Environmental Analysis
Environmental Document Preparation
Air Quality Studies
Noise Monitoring and Modeling
Water Quality Analysis
Visual Impact Evaluation
Floodplain/Hydraulic Studies
Historic Mitigation Analysis and Coordination

TRAFFIC ENGINEERING

Traffic Operations Analysis
Signal & Lighting Design
Signal System Timing and Coordination
Traffic Signs and Marking
Geometric Design and Capacity Studies
Traffic Impact Studies

PARKING

Parking Studies
Feasibility Studies
Economic Analysis
Functional Layout Design
In-Construction Services

MUNICIPAL & SITE ENGINEERING

Preliminary Design Studies
Feasibility Studies
Street Design
Sanitary Sewer Design
Watermain Design
Drainage & Storm Sewer Design
Site Plans
Permit Acquisition
In-Construction Services
Inspection

STREET & HIGHWAY DESIGN

Streets & Highways
Interchanges
In-Construction Services

LAND SURVEYING

Design Surveys
Topographic Surveys
Right of Way & Boundary Surveys
Plotting
Construction Staking

BRIDGE DESIGN

Long Span & Unusual Bridges
Pedestrian Bridges
Roadway Bridges
Railroad Bridges
Tunnels
In-Construction Services

STRUCTURAL ENGINEERING

Parking Garages
Office Buildings
Other Structures
In-Construction Services

LANDSCAPE ARCHITECTURE

Environmental Studies & Planning
Aesthetic Review/Recommendations
Physical Planning
Site Design
Urban Design

PUBLIC PARTICIPATION/ PUBLIC RELATIONS

Public Involvement & Awareness Programs
Negotiations
Public Hearings
Task Forces
Neighborhood Groups

SRF

STRGAR-ROSCOE-FAUSCH, INC.
CONSULTING ENGINEERS

One Carlson Parkway
Suite 150
Minneapolis, Minnesota 55447

(612) 475-0010
FAX (612) 475-2429



Knights of Columbus

FATHER WILLIAM BLUM COUNCIL, No. 3656

4947 West Broadway

Crystal, Minnesota 55429

May 1, 1990

Department of Revenue - Gaming Division
Mail Station 3315
St. Paul, MN 55146-3315

*For Council 5-8-90
information. The
attached letter
contains the
current house bingo
is conducted at K of C.
Barlowe*

Dear Sir/Madam:

This letter is to inform your office that effective June 1, 1990, this organization will no longer be conducting bingo on Tuesday evenings.

Our new schedule will be as follows:

<u>Days</u>	
Sunday Evenings	- 6:15 p.m. to 8:10 p.m.
Wednesday Evenings	- 6:15 p.m. to 8:10 p.m.
Sunday Evenings	- 8:30 p.m. to 10:15 p.m.
Wednesday Evenings	- 8:30 p.m. to 10:15 p.m.
Sunday Afternoons	- 12:15 p.m. to 2:10 p.m.
Sunday Afternoons	- 2:30 p.m. to 4:15 p.m.

Please inform us if further information is necessary.

Yours very truly,

KNIGHTS OF COLUMBUS

George Haasken

By George Haasken
Gambling Manager

cc: City of Crystal



Knights of Columbus

FATHER WILLIAM BLUM COUNCIL, No. 3656

4947 West Broadway

Crystal, Minnesota 55429

January 25, 1990

Department of Revenue - Gaming Division
Mail Station 3315
St. Paul, MN 55146-3315

This letter is to inform your office that the times of bingo will be changed for License No. 00200--Knights of Columbus 3656.

These changes will be effective Sunday February 4, 1990.

<u>Days</u>	<u>Times</u>
Sundays	6:15 p.m. to 8:00 p.m.
Tuesdays	6:15 p.m. to 8:00 p.m.
Sundays	8:30 p.m. to 10:15 p.m.
Tuesdays	8:30 p.m. to 10:15 p.m.
One Sunday per year	12:15 p.m. to 2:45 p.m.
One Sunday per year	3:00 p.m. to 5:00 p.m.

Please inform us if further information is necessary.

Yours very truly,

KNIGHTS OF COLUMBUS

By George Haasken
Gambling Manager

HOLMES & GRAVEN

CHARTERED

Attorneys at Law

ROBERT A. ALSOP
PAUL D. BAERTSCHI
RONALD H. BATTY
MARY J. BRENDEN
STEPHEN J. BUBUL
ROBERT C. CARLSON
CHRISTINE M. CHALE
ROBERT L. DAVIDSON
JOHN B. DEAN
ROBERT J. DEIKE
MARY G. DOBBINS
JEFFREY ENG
STEFANIE N. GALEY
DAVID L. GRAVEN
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JAMES S. HOLMES

470 Pillsbury Center, Minneapolis, Minnesota 55402

(612) 337-9300

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BARBARA L. PORTWOOD
MARY FRANCES SKALA
JAMES M. STROMMEN
STEVEN M. TALLEN
JAMES J. THOMSON, JR.
LARRY M. WERTHEIM
BONNIE L. WILKINS

May 2, 1990

SUMMARY OF ARTICLE 7 1990 MINNESOTA TAX ACT TAX INCREMENT FINANCING

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HOLMES & GRAVEN

CHARTERED

470 Pillsbury Center, Minneapolis, Minnesota 55402

(612) 337-9300

SECTION BY SECTION SUMMARY OF ARTICLE 7 1990 MINNESOTA TAX ACT TAX INCREMENT FINANCING

Section 1. STATE AID OFFSETS. Historically, the Legislature has recognized that tax value growth (previously assessed value; now tax capacity) within tax increment financing districts is dedicated, through the tax increment process, to repayment of public development costs associated with the district. Therefore, since this growth is not available to the municipality, the county or the school district, it should not be counted when determining local taxing capacity for purposes of state aid payments to them.

Section 1 of Article 7 of the 1990 Minnesota Tax Act (the "Amendments") significantly changes this historical position as it relates to tax increment districts created after April 30, 1990. The change is somewhat different for different types of districts in that the impact is phased for redevelopment, housing, hazardous substance and renewal and renovation districts, but is immediate for economic development and soils condition districts.

The concept adopted by the Amendments is to calculate the amount by which state aid payments would decline if all growth in tax increment districts would have occurred without the existence of the tax increment districts and to then deduct this make-believe amount from the sponsoring city's local government aid ("LGA") and homestead and agricultural credit aid ("HACA") payments.

New terminology is introduced, including "qualifying captured tax capacity," "reduction in state tax increment financing aid" and "equalization factor." The mechanics work as follows:

(1) Determine qualifying captured tax capacity ("QCTC") for post April 30, 1990 districts. This is an amount equal to:

(a) 100 percent of the captured tax capacity of economic development and soils condition districts;

(b) For renewal and renovation districts, none of the captured tax capacity in years 1 through 5, then phasing in at a rate of 12-1/2 percent per year in years 6 through 13.

(c) For redevelopment districts, housing districts, hazardous substance districts, none of the capture tax capacity in years 1 through 5, then phasing in at a rate of 6-1/4 percent per year in years 6 through 21.

(2) Calculate the "reduction in state tax increment financing aid" ("RISTIFA") as follows:

(a) Determine a make-believe state school aid amount assuming QCTC within the school district (divided by the applicable sales ratio) was available to the school district and, therefore, would be included in its tax capacity for purposes of determining state school aid payments;

(b) Subtract this make-believe state aid amount from the real state aid amount.

(3) Equalize RISTIFA as follows:

(a) Divide the municipality's total tax capacity by the applicable sales ratios;

(b) Multiply the adjusted total tax capacity by 5 percent;

(c) If RISTIFA exceeds this amount, multiply the excess by 75 percent and subtract the result from RISTIFA.

(4) Add QCTC to the municipality's taxing capacity for purposes of calculating its next year's LGA.

Section 2. REDEVELOPMENT COMPANIES. This is a special provision extending tax abatement treatment of "redevelopment companies" created under the housing and redevelopment authority act to private, successor companies so long as their earnings are limited. In reality, this is a special provision for St. Paul's Galtier Plaza.

Section 3. POOLED REFUNDING BONDS. A provision in the municipal development district law (Minnesota Statutes, Section 469.129, Subd. 2) has permitted the refunding of general obligation tax increment bonds with tax increment revenue bonds and the pledge of increment to the refunding bonds from all districts participating in the refunding. This permitted limited pooling, since districts with healthy cash flows could be used to pay debt service on the refunding bonds, thus freeing increment within other participating districts. This amendment revokes this authority after April 30, 1990.

Section 4. HAZARDOUS SUBSTANCE DISTRICTS. This is a technical correction to the hazardous substance district provisions of the tax increment law which makes it clear that it is the authority which creates the district or subdistrict which enters into agreements for removal or remedial actions.

Section 5. REDEVELOPMENT DISTRICTS. Two substantive changes are made in the definition of "redevelopment districts." First, the definition which authorized qualification of a district as a redevelopment district if parcels comprising 70 percent of the area were occupied, 20 percent of the buildings were structurally substandard and 30 percent of the buildings required renovation was eliminated. Therefore, a redevelopment district can now be created only if the area meets the 50 percent substandard test or if it consists of underutilized railroad property.

Secondly, a new limitation was added with regard to determining whether a building is substandard. A substandard condition cannot be found if (1) the building is in compliance with the relevant building code, or (2) it is not in compliance, but would be at a cost of less than 15 percent of replacement cost. This determination can be based upon reasonably available evidence and does not require interior inspection or independent, expert appraisal.

Section 6. RENEWAL AND RENOVATION DISTRICTS. The 30 percent substandard and 20 percent renovation test which was eliminated from the definition of "redevelopment district" by Section 5 is added as a separate definition of "renewal and renovation districts." The legislature has tended to separate and increase the number of district types so that they can be given different treatment for other purposes of the tax increment act.

Section 7. HOUSING DISTRICTS. The percentage of fair market value of a housing development which can constitute non-low and moderate income housing uses and still have the development qualify as a "housing district" is reduced from 30 percent to 20 percent.

Section 8. ECONOMIC DEVELOPMENT DISTRICTS. Since its original enactment in 1979, the tax increment law authorized the creation of "economic development districts" if one of three findings could be made:

- (1) That it will discourage commerce from moving to another state;
- (2) That it will increase employment in the municipality; or
- (3) That it will preserve or enhance the city's tax base.

The amendment expands finding (1) to include movement to another city as well as state, but limits findings (2) and (3) to increasing employment and tax base in the state. This means a city can create an economic development district in order to prevent one of its businesses from moving to another city in Minnesota, but can do so to attract businesses only from outside the state, unless attracting businesses from within the state is found to meet new findings (2) and (3).

Section 9. CREDIT ENHANCED BONDS. Added to the definition section of the tax increment act is the definition of "credit enhanced bonds." They are bonds which are:

- (1) Payable primarily from tax increment which is:
 - (a) Derived from a tax increment district within which at least 75 percent of the bond proceeds are expended on "activities", as defined in Section 21 set forth below; and
 - (b) Estimated to be adequate to pay debt service on the bonds;
- (2) Further secured by tax increment:
 - (a) Derived from other tax increment districts; and

(b) Determined by the issuer to be necessary in order to market the bonds.

Section 10. COUNTY ROAD COSTS. The cost of road improvements, which in the opinion of the county are needed because of development within soils condition tax increment districts, under prior law could be required to be paid from district tax increment. The Amendments broaden this requirement to include road costs precipitated by any type of tax increment district. In order for the county to conclude that the costs would not be required "but for" the existence of the tax increment district, the road improvement must not be scheduled for at least 5 years under existing county plans.

Section 11. RENEWAL AND RENOVATION DISTRICTS - MUNICIPAL APPROVAL. This amendment adds "renewal or renovation districts" to district types which the city must describe in its approving resolution.

Section 12. RENEWAL AND RENOVATION DISTRICTS - MODIFICATION. This amendment adds "renewal or renovation districts" to the district types for which findings supporting enlargement must be made by the City in its approving resolution.

Section 13. HAZARDOUS SUBSTANCE DISTRICTS. Under prior law hazardous substance subdistricts could consist of parcels containing hazardous substances and contiguous parcels separated only by rights-of-way. The Amendments expand this to include contiguous parcels whether or not separated by rights-of-way.

Section 14. DEBT SERVICE ON CREDIT ENHANCEMENT BONDS. This authorizes the expenditure of tax increment from any tax increment district for debt service on credit enhanced bonds. The district from which the increment is derived need not be located within the same project as the project within which the proceeds of the bonds are expended.

Section 15. RENEWAL AND RENOVATION DISTRICT - DURATION. The durational limit for a "renewal or renovation district" is 15 years from receipt of the first increment.

Section 16. EXCESS INCREMENT. The Amendments provide that excess increment distributed to the city or county must be deducted from their levy limits for the following year. For purposes of calculating the city or county levy limit base for later years, the excess increment payment is to be treated as if it was a LGA payment.

Section 17. LIMITATION ON ADMINISTRATIVE EXPENSES. The administrative expense definition and percentage limitation has been changed several times, each time with separate effective dates. With the Amendments, districts are subject to the following limitations:

<u>Date of District Certification</u>	<u>Definition</u>	<u>% Limitation</u>
Pre August 1, 1979 or Post June 30, 1982	"Administrative expenses" means all expenditures of an authority other than amounts paid for the purchase of land or amounts paid to contractors or others providing materials and services, including architectural and engineering services, directly connected with the physical development of the real property in the district, relocation benefits paid to or services provided for persons residing or businesses located in the district, or amounts used to pay interest on, fund a reserve for, or sell at a discount bonds issued pursuant to section 469.178. "Administrative expenses" includes amounts paid for services provided by bond counsel, fiscal consultants, and planning or economic development consultants.	10%
August 1, 1979- June 30, 1982	"Administrative expenses" means all expenditures of an authority other than amounts paid for the purchase of land or amounts paid to contractors or others providing materials and services, including architectural and engineering services, directly connected with the physical development of the real property in the district, relocation benefits paid to or services provided for persons residing or businesses located in the district, or amounts used to pay interest on, fund a reserve for, or sell at a discount bonds issued pursuant to section 469.178.	5%

Section 18. ECONOMIC DEVELOPMENT DISTRICTS. This amendment evidences a further whittling away at the authority to carry out economic

development tax increment districts. As of May 1, 1990 no more than 10 percent (by square footage) of an assisted facility can be used for purposes other than:

- (1) Manufacturing or production of tangible personal property, including processing resulting in the change in condition of the property:
- (2) Warehousing, storage and distribution, excluding retail sales:
- (3) Research and development and telemarketing; and
- (4) Tourism outside the seven-county metropolitan area, if the tourism facility is intended "primarily to serve individuals outside of the development region."

This section permits the 10 percent to be increased to 25 percent for otherwise non-qualifying uses "directly related and in support of" the qualifying use; provides that exceeding the non-qualifying limit requires developer repayment of 90% of the "benefit" received from the tax increment expenditures; and excludes up to 5,000 square feet of commercial and retail space in cities of 5,000 or less population.

Section 19. REDEVELOPMENT DISTRICTS. The Amendments include "renovation and renewal districts" with redevelopment districts in the requirement that 90 percent of revenues derived from tax increment be used to finance the cost of correcting those conditions "that allowed designation" of the district in the first instance.

Section 20. COUNTY ADMINISTRATIVE AND ROAD COSTS. Under separate provisions of the tax increment act, the county within which tax increment districts are located can require that the district pay for county road improvements (Section 469.175, subd. 1a) or county administrative costs (Section 469.176, subd. 4b). The Amendments authorize either party to submit disputes to binding arbitration.

Section 21. POOLING RESTRICTIONS; FIVE-YEAR RULE. Since the enactment of amendments to the tax increment act in 1982, increment generated from a tax increment district could be expended anywhere within the "project area" which underlies the district and, which in many cases, is considerably larger than the district. The Amendments require that after May 1, 1990, 75 percent of the revenue derived from tax increment districts must either be spent in the district or to pay debt service on bonds the proceeds of which are spent in the district. Debt service on "credit enhanced bonds" is exempted from this rule. The Legislature also for the first time defines the activity upon which tax increment or bond proceeds can be spent in order to qualify under the 75 percent rule. "Activities" is defined to mean:

"...acquisition of property, clearing of land, site preparation, soils correction, removal of hazardous waste or pollution, installation of utilities, construction of public or private improvements, and other similar activities, but only to the extent that tax increment revenues may be spent for such purposes under other law. Activities do not include allocated administrative expenses, but do include engineering,

architectural, and similar costs of the improvements in the district.

In addition, housing project expenditures authorized by the tax increment act in Section 469.174, subd. 11 qualify as "activities within the district" even if located outside the district. Finally, county road and administrative costs are at best neutral, being deducted before calculating the 75/25 percent split.

The Amendments also mandate that the qualifying expenditures be made in the first 5 years of a district or that they thereafter be limited to payment of obligations incurred during the first 5 years. Accordingly, expenditures on "activities" will qualify only if the expenditure:

- (1) Is made to a "third person" (other than the developer or authority) within 5 years of certification; or
- (2) Is for debt service on bonds issued to a third person within 5 years of certification; or
- (3) Is to pay obligations arising from contracts executed within 5 years of certification; or
- (4) Is to reimburse a party (note: not a "third party") for eligible tax increment costs incurred within 5 years of certification.

Beginning in year 6 following certification, 75 percent of the revenue derived from tax increment that remains after bond and contract payments must be used to prepay bonds or contracts, so that the 25% expenditures outside the district becomes substantially less after the first five years. For example, assume that a district which is smaller than a project area is certified in 1990 and in each year beginning in 1992 produces \$1,000,000 in increment, 75%, or \$750,000 must be spent on qualifying activities within the district in 1992, 1993, 1994 and 1995 and in each of those years \$250,000 can be expended outside the district but within the project area. In year 6, or 1996, assume \$500,000 is paid on bond debt service and \$100,000 on contract obligations. This leaves \$400,000 in increment, 75% or \$300,000 of which must be used to prepay the bonds and contracts, leaving only \$100,000 to be expended outside the district. When the bonds and contracts are defeased, the district is decertified.

Section 22. ASSESSMENT AGREEMENTS. Under prior law, assessment agreements were authorized only upon entering into a development agreement. The Amendments remove the qualifier, thus authorizing assessment agreements with developers whether or not development agreements exist.

Section 23. EXCESS INCREMENT. Excess increment returned to a school district must now be allocated between state equalized and unequalized levies. Only the excess which represents unequalized levies is then deducted from the school district's levy limits and state aid payments.

Section 24. SCHOOL REFERENDA LEVIES. There had been some question about whether an authority and school district could agree to payment to the school district of referenda levies in cases other than where mandated under Section 469.177, subd. 10. The Amendments authorize this.

Section 25. PENALTIES. With respect to any tax increment district, regardless of when formed, the Amendments mandate that the Commissioner of Revenue enforce the provisions of the tax increment act; that any taxpayer can sue and recover cost, including attorneys fees; and that the State Auditor carry out financial and compliance auditing. Penalties include:

(1) For including or retaining parcels that do not qualify, the parcel must be eliminated and the authority must repay to the county auditor all increment collected from it.

(2) For making unauthorized expenditures under the act, the authority must repay the unauthorized amounts to the county auditor.

If the authority does not have adequate funds to repay these amounts, the city must do so from whatever source, including tax levies. Amounts paid to the county auditor are to be distributed as "excess increment," except not to the city which approved the tax increment district.

Sections 26, 27, 29. NEIGHBORHOOD REVITALIZATION PROGRAM. This section validates a city of Minneapolis 1990 tax increment refunding bond issue, subject to the limitation it contains. It has no other known application.

Section 28. COUNTY ADMINISTRATIVE COSTS - PRE-1979 DISTRICTS. Through amendment to the effective date section of the 1988 tax increment amendments, the Amendments apply the county administrative cost recovery provisions for costs incurred on or after May 1, 1990 to pre August 1, 1979 districts.

Section 30. TRANSITION RULES. Under this section various cities are given exemption from such new limitations as anti-pooling, the 5-year rule, the economic development district definitions and the new durational periods.

Section 31. EFFECTIVE DATES.

(1) Each section of the Amendments is effective as follows:

<u>Section</u>	<u>Effective Date</u>
Section 1	School year and taxes payable 1991
Sections 2,3,4,13,17,20,22,24, 26,27,28,29,30	May 1, 1990
Sections 5,6,7,8,9,10,11,12,14, 15, 18, 19, 21	Certification after April 30, 1990
Sections 16, 23	Excess distributions after December 31, 1990
Section 25	Violations after December 31, 1990

(2) If a district is certified during April, 1990, the Section 1, 5-12, 14, 15, 18, 19 and 21 limits apply, unless by June 1, 1991:

- (a) The authority enters into a development agreement for at least one site in the district;
- (b) Bonds are issued to finance projects costs; or
- (c) Property in the district is acquired by the authority after April 1, 1990.

Memorandum

DATE: May 10, 1990
TO: Mayor & Councilmembers
FROM: Jerry Dulgar, City Manager
SUBJECT: Goals & Objectives - Department Heads

Attached are copies of the 1990 Goals & Objectives each department had set for themselves and the list of goals that I have set for each department.

Also attached is a copy of my goals and objectives for 1990. I request that the Council review my goals and bring your comments to the next Council meeting so we can set several goals for me to complete in 1990.

Goals and objectives set by myself and department heads are to be realistic and fit within the 1990 time frame and budget. I will meet with department heads at year end to discuss their progress with goals and any changes that were made.

If you have any questions concerning the various goals and objectives, feel free to talk to me about them.

js

Jerry Dolgar

GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Improve internal communications i.e. among department staff by means of meetings, memos.
2. Improve administration department communication with other City staff, newsletter, meetings, memos.
3. Improve recycling effort for office paper, efficiency in use of paper, other supplies.
4. Balance the budget.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Shorten council meetings by better preparing agenda i.e. consent agenda, supporting data, etc.
2. Complete process regarding housing code.
3. Complete reorganization of departments, Community Development.
4. Complete space needs study process.
5. Begin work on ethics ordinance for City.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Make sure City Clerk gets to Management Delegation class, Police Chief to Effective Management class, Nancy Deno to personnel classes, Joan Schmidt to take charge - secretarial classes, Kelli Granlund to computer training.
2. In house session regarding communication, team building.
3. Team building for Finance, Community Development departments.
4. Seminar for department/division heads i.e. writing, management skills, labor relations, etc.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Communications seminar(s) i.e. writing, speaking, etc.
2. Follow up to effective management program.
3. Enroll in University of Minnesota or similar mini-MBA or Masters Lecture Program subject to finances or enroll in Effective Management follow-up program.

This section will be completed by Council. This section will contain several goals set by you, the Council, to be completed by me in 1990.

1.

2.

3.

****You are encouraged to set realistic goals that fit within the**
1990 time frame and budget.**

MILES JOHNSON
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Maintain a day-to-day balancing of cash.
2. Keep the current records system for Police and Fire pension funds, interest up to date. Audit cards of Police & Fire for interest delays.
3. Follow up of Bond & Stock Certificates which have not been received.
4. Maintain a bi-weekly reporting to Finance Director of Cash Balances for Police and Fire Funds.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Install fixed assets in our financial accounting system.
2. Daily cash balancing of revenue from Pool, Water Slide, and Community Center funds.
3. Monitor flow of additional cash from Water Slide, cash register through bank depositing.
4. Complete necessary work to submit a request to GFOA for a "Certificate of Conformance in Financial Accounting."

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Continue to encourage evening school classes in course-related studies.
2. Train assistant in basic problems of Corporate Bond and Stock Purchases.
3. Require staff to develop better understanding of payroll system--train staff to back up payroll system in case one gets "hit by the beer truck."
4. Encourage staff to attend advanced educational seminars in fundamental accounting and payroll.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Develop a better understanding of 1990 laws on Cafeteria Plans.
2. Take time to study quarterly reports by our professional money managers.
3. Research the quality of outside money managers for future Police and Fire funds.
4. Regulate closer regulation of short-term investing of City funds.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Work out a formal financial plan for handling all cash or financial transactions at the Community Center. This includes the pool and water slide operation. This goal is to be accomplished by working with Ed Brandeen to develop the plan. .
2. Take a management problem solving or team building class (Miles).
3. Develop policy re confidentiality in personnel matters.

DARLENE GEORGE
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. More closely monitor the supporting data for Council meetings.
2. More closely monitor expenditures of Council (conferences, etc.)
3. Enhance and maintain good communication within the department.
4. Strive continuously to improve efficiency in the routine operation of the department. Concentrate on eliminating paperwork (excessive).

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Initiate and complete procedures for minimum compliance of the MN Government Data Privacy Act.
2. Initiate and follow-up a yearly clean-out near year end based on the Record Retention Schedule.
3. Seek judges for training to conduct testing of the 12 Optech III-P's prior to elections.

List 3 to 5 goals to achieve in 1990 concerning professional development, encourage and improvement of your staff.

1. Include them and encourage them to learn as much of the election process as possible, especially, new regulations, procedures, etc.
2. Strive to live up to Item #2 in the Department of Administration Mission Statement.
3. Look for schools for staff and send or encourage them to attend.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of yourself.

1. Attend conferences provided for City Clerks (League of Minnesota Cities).
2. Work on leadership skills, influence, delegation and developing subordinates as a continuation of the Effective Management Program.
3. Read at least one book provided in our library.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Attend class on management/problem solving techniques.
2. Continue to work on delegation.
3. Attend a stress management program or class.

KEVIN MCGINTY
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. RESPONSE: Have one fire vehicle with appropriate personnel in service within five minutes 90 percent of the time.
2. TRAINING: Certify all regular fire fighters to Fire Fighter I level during 1990 (Minnesota Fire Certification Board).
3. ADMINISTRATION: Update current pre-plan/run books.
4. INSPECTIONS: Organize fire inspection tracking via computer.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. INSPECTIONS: Update City ordinance regarding fire code.
2. ADMINISTRATION: Clean up City ordinance language regarding Fire Department.
3. Increase day fire fighters availability by five fire fighters.
4. ADMINISTRATION: Develop and publish critical operating guidelines (S.O.P.'s).

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Develop minimum fire officer requirements and training.
2. Provide special "internal" training for all five officers in fire ground command.
3. Provide opportunity for special "outside" training for 25% of department annually.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Achieve recertification on the "Uniform Fire Code."
2. Attend one basic fire investigation class (get back of basics on investigations).
3. Participate in fitness program a minimum of three times weekly.
4. Survive 1990.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Coordinate and hold staff training on employee Assistance Program.
2. Regular fire prevention training for non-fire personnel in the City.
3. Work on above goals.
4. Survive 1990.

BILL MONK
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Make public aware of maintenance work and basic City services.
2. Maintain an open relationship with all departmental personnel and involve them in work-related decisions.
3. Develop a more formal policy and program as regards Infrastructure Maintenance.
4. Hold regular staff meetings with Public Works supervisors to coordinate activities and improve efficiency.
5. Work to develop a Building Maintenance division of Public Works.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Rewrite Sewer and Water Ordinance sections of City Code.
2. Develop a standard specification manual.
3. Develop a service oriented outlook among all Public Works employees.
4. Coordinate activities with Community Development Department.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Continue to delegate work duties in a manner that defines the lines of departmental responsibility and accountability.
2. Offer schooling/seminar opportunities.
3. Encourage participation in professional organizations.
4. Make clear my expectations to department supervisors.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of yourself.

1. Read and attend local courses/seminars as means to stay current on work-related issues and developments.
2. Apply "Effective Management" methodology.
3. Question the status quo.
4. Maintain a healthy outlook on work.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Participate in professional organization meetings or groups.
2. Train supervisors in management skills/techniques.
3. Participate in one of the following committees: employee, newsletter, or safety.
4. Determine if we should continue to use Vehicle Management System.

ED BRANDEEN
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Install apparatus and equipment at three park areas (North Lions, Skyway, North Bass Lake).
2. Install park name signs at 3-4 areas as well as identification signs.
3. Improve maintenance of all athletic fields.
4. Institute system of record keeping with fewer errors (part-time help training; registration error improvement).

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Smooth transition of operations from City Hall to Community Center.
2. Make municipal slide operation a profitable venture. Develop a plan to show income and payback of slide to P.I.R., adjust plan yearly as needed.
3. R.F.P.'s for golf course and nature interpretative center. This goal was requested to be put on hold til further discussion (late fall) due to possible additional '90 budget cuts.
4. Development of policy manual for all part-time employees.
5. Develop Community Center into viable image of programming for entire City.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Encourage Park Maintenance Department to attend "Green Expo," safety meetings, or other meetings to pick up maintenance skills.
2. Stimulate senior programming by having J. Fackler attend senior conference in Milwaukee.
3. Send program staff to state conference and IPD (Institute of Professional Development).
4. Plan workshop at Community Center for WILS & MAPRA for professional growth.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Attend conferences, seminars, etc., to improve professional skills.
2. Continue activities in professional organizations to promote professional growth.
3. Tour various cities in suburbs and core city to solicit new ideas in field.
4. Send Director to community center workshop to improve Community Center operation.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Work with Finance Department to develop a financial plan for cash handling for Community Center, pool and slide.
2. Continue developing team building skills, hold a team building session for Park Maintenance this fall if the budget allows for training.
3. Ed - Improve delegation skills. Go to course on delegation. Proper delegation means giving work assignments to appropriate staff and giving them "elbow room" and responsibility to complete the assignment without interference.

JOHN OLSON
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Consolidate services, functions and revise office layout of various departments in the Community Development area.
2. Plan and design road layout for County Road 81 and Bass Lake Road area.
3. Revise Comprehensive Plan of the City.
4. Begin to revise the Zoning Code.
5. Organize secretarial duties.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Find sources of funds for land purchases.
2. Develop a local LRT plan with Brooklyn Park, Robbinsdale and Golden Valley.
3. Seek a moratorium on building permits in targeted areas of City to facilitate planning.
4. Seek out new housing areas and ideas.
5. Hold regular preview meeting with secretarial staff (5-10 minutes).

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Conduct a team building session.
2. Seek out ways to promote departmental unity and cohesiveness.
3. Encourage participation in training programs.
4. Conduct staff information session which provides members with information about the different divisions in the department (staff meetings).
5. Keep various staff members up to date on the rules and laws and new ideas in their area of work.
6. Provide incentives to staff for good work.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Learn more about zoning, planning and community development.
2. Familiarize myself with operations of each of the divisions.
3. Participate in more planning seminars.
4. Be more active in the business community (Twin West - Ambassadors Group).
5. Help staff achieve personal goals as set forth at the beginning of the year.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Develop a measuring technique on productivity.
2. Training for secretarial staff.
3. Participate in follow-up on Effective Management Program.

JAMES MOSSEY
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Direct enforcement based on community need.
2. Emphasize problem-solving policing.
3. Improve communication with the community.
4. Increase positive involvement with the community.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Initiate philosophic changes in our policing style (problem solving/prevention).
2. Increase services through cooperative efforts with community members and neighboring departments.
3. Continue to lead movement toward inter-agency cooperative efforts.
4. Improve employee job satisfaction.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Expose staff to professional organizations and leaders within the law-enforcement field..
2. Provide opportunities for staff to interact with leaders and peers from other agencies.
3. Provide a work environment which increases job satisfaction and encourage leadership growth.
4. Provide educational opportunities which will stimulate professional growth.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. I have the same goals to achieve for myself as I hope to accomplish for my staff. See the four above goals.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Enroll in effective management program.
2. Hold regular staff meetings.
3. Provide stress training for officers.
4. Involve dispatchers in new computer system.

NANCY GOHMAN
GOALS AND OBJECTIVES 1990

List 3 to 5 goals to achieve in 1990 regarding the normal (routine) operation of your department for 1990.

1. Survive with my change and increase of job duties in 1990.
2. Keep spending in line with budget amounts.
3. Continue department staff meetings.
4. Delegate work in appropriate manner.

List 3 to 5 goals to achieve in 1990 that are above and beyond your normal (routine) operation of your department for 1990.

1. Implement performance evaluation system for city.
2. Determine how and which firm to use for Comp. Worth plan update in 1991.
3. Publish newsletter every other month starting Jan. 1, 1991.
4. Update and rewrite employee handbook.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your staff.

1. Send Joan Schmidt to personnel classes to obtain background.
2. Send Kelli to cable meetings and delegate all cable TV functions.
3. Ask each adm. staff member where they want or see a need for self training. Decide on training area, and let them select and attend course.

List 3 to 5 goals to achieve in 1990 concerning professional development, encouragement and improvement of your self.

1. Obtain training in personnel.
2. Work on listening and not interrupting others.
3. Go to a class on Labor Relations/Arbitration at U of MN.

This section will be completed by City Manager. This section will contain several goals set by the Manager to be completed by you and your department in 1990.

1. Begin putting together a pay plan.
2. Put together a career plan including education and future.
3. Develop a 5 year MIS plan for city.
4. Develop regular training programs for employees.



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt # 50770

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

- ☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2078 Crystal

OFSL

Handy Superette Inc.
Adair Liquor Store #1
6001 42nd Ave N
Crystal, MN 55422

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) Handy Superette, Inc		Trade Name or DBA Adair Liquor #1			
	License Location (Street Address Lot & Block No.) 6001 42nd Ave N		License Period From July 1 90 To June 30 91		Applicant's Home Phone 612 537-9421	
	Municipality Crystal		County Hennepin	State Mn	Zip Code 55422	
	Name of Store Manager David G. Schwappach		Business Phone Number 612-537-9421		Date of Birth (Individual Applicant)	
	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.					
SECTION 2	Partner Officer	David G. Schwappach	DOB	Address 1901 44th Ave n	City Mpls	Title Shares 250(all)
	Partner Officer		DOB	Address	City	Title Shares
	Partner Officer		DOB	Address	City	Title Shares
	Partner Officer		DOB	Address	City	Title Shares

1. If a corporation, date of incorporation 9-27-69, state incorporated in MN amount of authorized capitalization \$25,000.00, amount of paid in capital \$1,000.00, if a subsidiary of any other corporation, so state N/A give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____
Entire Building or if entire building, so state _____

3. Is establishment located near any state university, state hospital, training school, reformatory or prison?
No, state approximate distance _____

4. State name and address of owner of building Handy Superette, Inc 6001 42nd ave n Crystal
has owner of building any connection, directly or indirectly, with applicant? Yes

5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? No. If so in what capacity _____

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. No

7. 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 Handy Superette, Inc Operates Adair Liquor #2 7910 Bass Lake Rd New Hope MN

SECTION 2 CONTINUED

8. 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
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? YES
10. If a drug store, state length of time the store has been in operation _____
11. 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
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License No
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____

SECTION 3

1. 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
2. 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
3. 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
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

[Signature]
Signature of Applicant

5-7-90

Date

REPORT 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 follows NONE

Police Department

Crystal PD

Title

Chief of Police

Signature

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

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.

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)

1. 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

2. 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

3. (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.

David G. Schwappach 100% 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.

None

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

One

(b) State dates and places of holding meetings.

April 16, 1990 6001 42nd Ave N Crystal, MN

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

David G. Schwappach 1901 44th Ave N Mpls

5. (a) How many directors' meetings were held during the past license year?

one

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

April 16, 1990 6001 42nd Ave N Crystal Mn

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

David G. Schwappach 1901 44th Ave N Mpls.

6. (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.

7. (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



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS

ISSUE DATE (MM/DD/YY)

05/08/90

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

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
	GENERAL LIABILITY <input type="checkbox"/> COMPREHENSIVE FORM <input type="checkbox"/> PREMISES/OPERATIONS <input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD <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				BODILY INJURY	\$	\$
					PROPERTY DAMAGE	\$	\$
					BI & PD COMBINED	\$	\$
					PERSONAL INJURY		\$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.) <input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				BODILY INJURY (PER PERSON)	\$	
					BODILY INJURY (PER ACCIDENT)	\$	
					PROPERTY DAMAGE	\$	
					BI & PD COMBINED	\$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				BI & PD COMBINED	\$	\$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					\$	(EACH ACCIDENT)	
					\$	(DISEASE-POLICY LIMIT)	
					\$	(DISEASE-EACH EMPLOYEE)	
	OTHER						
A	Liquor Liability	B006613352	07/01/90	06/30/91	Limit of Liability 500,000		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

6001 42nd Avenue N.
Crystal, Mn 55422

Additional Insured: City of Crystal

CERTIFICATE HOLDER

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 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY ON ANY PARTY UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

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: 04-023011-2

Dates of Coverage: July 1, 1990 thru June 30, 1990

(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)

05/08/90

'89 ADAIR LIQUORS

PAGE 04

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89005038	ALARM/OTHER	ADAIR LIQUOR	6001 42ND	FC
89008536	ALARM/OTHER	ADAIR LIQUOR	6001 42ND	FC
89010779	SUSP/INFO	ADAIR LIQUOR	6001 42ND	SS
89011103	ALL OTH PUBS	ADAIR LIQUORS	6001 42ND	SS

*No calls
in 1990*

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: Handy Superette Inc

LICENSING AUTHORITY:

Crystal

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

LICENSE RENEWAL DATE:

July 1, 1990

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 Adair Liquor #1

Business Address:

6001 42nd Ave Crystal, MN 55422

City

State

Zip Code

Minnesota Tax Identification No.:

7428982

Federal Tax Identification No.:

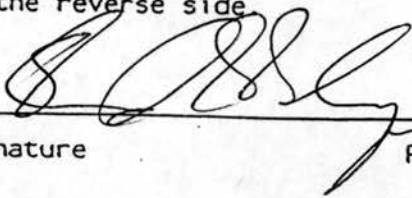
41-0954941 021609

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

Signature

Position (Officer, Partner, etc.)

Date



PKS

5-1-90



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt
50674

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2085 Crystal

OFSL

LAMA Corp.
MGM Liquor Warehouse
355 Willow Bend
Crystal, MN 55428

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership)		Trade Name or DBA	
	LAMA Corporation		M.G.M. Liquor Warehouse	
	License Location (Street Address Lot & Block No.)		License Period	
	355 Willow Bend		From 7-1-90 To 6-30-91	
	Municipality		County	State
	City of Crystal		Hennepin	MN
	Name of Store Manager		Zip Code	
	Tim Praska		55422	
	Business Phone Number		Date of Birth (Individual Applicant)	
	612-537-0082			
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		DOB	Address	City
John Jay Lanners			11772 Valley Creek Rd.	Woodbury
Partner Officer		DOB	Address	City
Michael Gerard Maglich			2725 Sunset Blvd.	Minneapolis
Partner Officer		DOB	Address	City
Partner Officer		DOB	Address	City

SECTION 2	1. If a corporation, date of incorporation _____, state incorporated in _____ amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? _____, state approximate distance _____
	4. State name and address of owner of building _____ has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? _____ Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE _____.
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____.
10. If a drug store, state length of time the store has been in operation _____.
11. 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 _____.
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License _____.
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____.

SECTION 3

1. 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 _____
2. 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 _____
3. 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 _____
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

John J. Lammers
Signature of Applicant

April 30th, 1990

Date

REPORT 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 follows NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James F. Hossy

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.



1124 Larpenteur Ave. W., St. Paul, MN 55113
(612) 487-1006
FAX: (612) 487-2115

May 8th, 1990

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

Dear Ms. George:

Per your telephone conversation with Jackie Jorgensen of our office, the officers of LAMA Corporation will remain as follows:

John J. Lanners - President/Treasurer	1,200 stock shares
Michael G. Maglich - Vice President/ Secretary	0 stock shares

No changes in stockholders or number of shares has been executed.

Very truly yours,
FOR: LAMA CORPORATION


John J. Lanners
President

JJL:jj

ACORD CERTIFICATE OF INSURANCE (ACORD 255 - 03/88)

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.

St. Paul, MN

55110

COMPANIES AFFORDING COVERAGE:

COMPANY A: ST. PAUL COMPANY

COMPANY B:

COMPANY C:

COMPANY D:

COMPANY E:

NAME AND ADDRESS OF INSURED:

LAMA Corporation

dba: MGM Liquors

1124 Larpenteur Avenue

St. Paul, MN

55113

CODE:

SUB CODE:

===== 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:

[illegible]

TO

WORKERS COMPENSATION
AND
EMPLOYERS' LIABILITY

TO

STATUTORY

EACH ACCIDENT:
DISEASE POLICY LIMIT:
DISEASE EACH EMPLOYEE:

A OTHER
Liquor
Liability

B006678933
04/01/90 TO 04/01/91

TOTAL : \$ 1,000
LIMIT :

Location: 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 MAIL 30 DAYS WRITTEN NOTICE TO THE BELOW NAMED CERTIFICATE HOLDER, XXXXXXXXXXXXXXXXXX
NOTIFY XXXXXXXXXXXXXXXXXX OF XXXXXXXXXXXXXXXXXX
THE COMPANY XXXXXXXXXXXXXXXXXXXX

CERTIFICATE HOLDER

City of Crystal
4141 North Douglas Drive
Crystal
Minnesota 55422

DATE ISSUED: 05/09/90

~~AUTHORIZED REPRESENTATIVE~~

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.

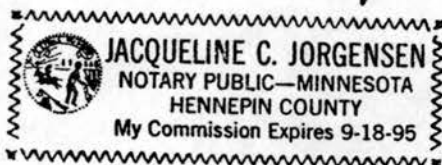
LAMA Corporation dba M.G.M. Liquor Warehouse
Name of Business

John J. Larmer
By (Signature)

President
Title

1124 Larpenteur Ave. St. Paul, MN 55113
Business Address

Subscribed to and sworn to before me, a Notary Public, on
this 30th day of April, 1990.



Jacqueline C. Jorgensen
Notary Public, Hennepin County

My Commission expires on 9-18-95.

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
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0901660

Dates of Coverage: 2-15-90 to 2-15-91

(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: Renewed

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

LICENSE RENEWAL DATE: July 1st, 1990

PERSONAL INFORMATION (if applicable):

Applicant's Name: John Jay Lanners

Applicant's Address: 11772 Valley Creek Road
Woodbury, MN 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: 1124 Larpenteur Ave. W.
St. Paul, MN 55113

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 4-30-90
Signature Position (Officer, Partner, etc.) Date

05/08/90

'89 LIQUOR WAREHOUSE

PAGE 06

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003531	FOUND BIKE		355 WILLOW BEND	BC
89003544	ALL OTH PUBS	LIQUOR WAREHOUSE	355 WILLOW BEND	SS
89003575	LOCK OUT		355 WILLOW BEND	SS
89003896	LOCK OUT		355 WILLOW BEND	SS
89005075	ROBBERY	SCHUTTE, KIMBERLY MARIE	355 WILLOW BEND	JR
89006279	FOUND BIKE		355 WILLOW BEND	SS
89006963	FALSE ALARM	MGM LIQUOR WAREHOUSE	355 WILLOW BEND	FA
89007861	LOCK OUT		355 WILLOW BEND	SS
89009503	ROBBERY	CARSON, LORRAINE	355 WILLOW BEND	AR
89010058	ALL OTH PUBS	MGM WAREHOUSE	355 WILLOW BEND	SS
89010702	LOCK OUT		355 WILLOW BEND	SS

[REDACTED]

05/10/90

PAGE 01

INCIDENT NO	ACTIVITY CD	LOCATION	COMPL NAME	DISPOSITION
90000435	SUSP/INFO	355 WILLOW BEND		UU
90000858	LOCK OUT	355 WILLOW BEND		SS
90000923	FORGERY&COUN	355 WILLOW BEND	MGM WAREHOUSE	AR
90001567	ALL OTH PUBS	355 WILLOW BEND		SS
90001767	ALL OTH PUBS	355 WILLOW BEND	MGM LIQUOR	GG



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt # 50736

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

Louie's Liquors Inc.
4920 West Broadway
Crystal MN
55429

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership)		Trade Name or DBA	
	Louie's Liquors Inc		Louie's Liquors Inc	
	License Location (Street Address Lot & Block No.)		License Period	Applicant's Home Phone
	4920 West Broadway		From July 1 1990 To June 30 1991	(612) 529-1986
	Municipality	County	State	Zip Code
	Crystal MN 55429	Hennepin	MN	55422
	Name of Store Manager		Business Phone Number	Date of Birth (Individual Applicant)
	Gary R Paulsen		(612) 537-5945	
	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	DOB	Address	City
Gary R Paulsen		2045 Unity Ave N	Golden Valley	President 100%
Partner Officer	DOB	Address	City	Title Shares
Tanice L Paulsen		2045 Unity Ave N	Golden Valley	Sec. 0%
Partner Officer	DOB	Address	City	Title Shares
Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation _____, state incorporated in _____ amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? _____, state approximate distance _____
	4. State name and address of owner of building _____; has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? _____ Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE _____
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____
10. If a drug store, state length of time the store has been in operation _____
11. 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 _____
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License _____
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____

SECTION 3

1. 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
2. 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
3. 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
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Harry R. Paulsen Pres
Signature of Applicant

5/4/90
Date

REPORT 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 follows NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James F. Mossey

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/12/90-at

PRODUCER

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 Company

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

CODE

SUB-CODE

INSURED

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

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 XX	GENERAL LIABILITY	B006641945	7/1/90	7/1/91	GENERAL AGGREGATE \$ 2,000,
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE \$ 1,000,
	CLAIMS MADE XX OCCUR.				PERSONAL & ADVERTISING INJURY \$ included
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 1,000,
					FIRE DAMAGE (Any one fire) \$ included
					MEDICAL EXPENSE (Any one person) \$ 5,
	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 \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY
					\$ (EACH ACCIDENT)
					\$ (DISEASE—POLICY LIMIT)
					\$ (DISEASE—EACH EMPLOYEE)
A	OTHER Liquor Liability	B006641945	7/1/90	7/1/91	\$1,000,000. Bodily Injury & Property Damage \$1,000,000. General Aggregate

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

Certificate Holder is Additional Insured.

- * 10 day notice for non-payment of premium
 - * 60 day notice for non-renewal
 - * 30 day notice for other reasons
- As per Minnesota Statute.

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~~ MAIL *10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON~~ ~~DATE OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

Emory F. Gilbert

MURPHY INSURANCE AGENCY

©ACORD CORPORATION 1988

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4/12/90-at

PRODUCER

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	

CODE SUB-CODE

INSURED

Louie's Liquors, Inc.
4920 West Broadway
Crystal, MN 55429

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 OCCUR.				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	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	001015.206	7/1/90	7/1/91	STATUTORY	
					\$ 100,	(EACH ACCIDENT)
					\$ 500,	DISEASE —POLICY LIMIT)
					\$ 100,	(DISEASE—EACH EMPLOYEE)
	OTHER					

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

- * 10 day notice for non-payment of premium
- * 60 day notice for non-renewal
- * 30 day notice for other reasons

As Per Minnesota statute

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 ~~SEND BY MAIL~~ MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION ON LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

Ernest F. Gilbert

MURPHY INSURANCE AGENCY

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:

001015.206

Dates of Coverage:

7/1/90

7/1/91

(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.

Gary A. Parker
(SIGNATURE)

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:

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

Crystal Dept of Public Safety

LICENSE RENEWAL DATE:

July 1 1990

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.

Ray Paulsen

Signature

Pres

Position (Officer, Partner, etc.)

5/4/90

Date

'90 LOUIE'S LIQUORS

05/08/90

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90001656	FALSE ALARM	LOUIE'S LIQUORS	4920 W BDWY	FA

'89 LOUIE'S LIQUOR

05/08/90

PAGE 00

INCIDENT NO	ACTIVITY CD	LOCATION
89011052	BURGLARY	4920 W BDWY

COMPL NAME
LOUIE'S LIQUOR

DISPOSITION
AR



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt # 50703

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2073 Crystal

OFSL

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

Chalet Liquors Inc.
5301 36th Ave N
Crystal, MN 55422

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership)		Trade Name or DBA		
	CHALET LIQUOR INC.				
	License Location (Street Address Lot & Block No.)		License Period		
	5301 36th Ave. North		From 7-1-90 To 6-30-91		
	Municipality		County		
	Crystal		Henn.		
	State		Zip Code		
	MN		55422		
	Name of Store Manager		Business Phone Number		
	Kurt K Karner		612 589-9491		
Date of Birth (Individual Applicant)					
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		DOB	Address	City	Title Shares
William J Bartram			11834 Tapestry Lane	Minnetonka	125 Pres.
Partner Officer		DOB	Address	City	Title Shares
William Barbush			3131 Excelsior Blvd.	Minneapolis	125 V.Pres
Partner Officer		DOB	Address	City	Title Shares
Partner Officer		DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation <u>10-07-85</u> , state incorporated in <u>MN</u> amount of authorized capitalization <u>\$25,000.00</u> , amount of paid in capital <u>\$25,000.00</u> , if a subsidiary of any other corporation, so state <u>none</u> give purpose of corporation <u>own. & Operate offSale liquor store</u> if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? <u>N/A</u> Number of certificate of authority <u>N/A</u>
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) <u>65,000 single story</u> or if entire building, so state <u>N/A</u>
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? <u>no</u> , state approximate distance <u>N/A</u>
	4. State name and address of owner of building <u>ANTHONY SHOPPING CENTER</u> <u>5311 36 th Ave. No Crystal MN 55422</u> ; has owner of building any connection, directly or indirectly, with applicant? <u>no</u>
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? <u>no</u> If so in what capacity <u>n/a</u>
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. <u>none</u>
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? <u>Yes</u> Give name and address of such establishment <u>Chalet Liquor of Maple Grove 13572 80th Circle North Maple Grove MN 55369</u>

SECTION 2 CONTINUED

8. 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
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? yes
10. If a drug store, state length of time the store has been in operation n/a
11. 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
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License no
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality n/a

SECTION 3

1. 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
2. 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
3. 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 Employee AT MAPLE GROVE STORE SOLD LIQUOR TO MINOR PERSON under 21 years of age - JAN 26, 1990, 9:55 pm, Employee Thomas Gordon.
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

William J. Brash
Signature of Applicant

4-17-90
Date

REPORT 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 follows NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James F. Mossey

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

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)

1. 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

2. 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

3. (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.

unchanged from original license application

- (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

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

ONE

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

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

5. (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.

6. (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.

NONE

7. (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 spocial) 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.

NONE.

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

NONE.

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

Amended

5-2-90

PRODUCER

Twin City Group
4500 Park Glen Road
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 BCOMPANY
LETTER CCOMPANY
LETTER DCOMPANY
LETTER E

CODE

SUB-CODE

INSURED

Chalet Liquors, Inc.
5301 36th Avenue North
Crystal, MN 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.				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 \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE—POLICY LIMIT) \$ (DISEASE—EACH EMPLOYEE)
	OTHER				
A	Liquor Liability	MN LL 900 253	7-1-90	7-1-91	\$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.

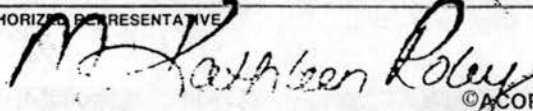
CERTIFICATE HOLDER

Additional Insured:
City of Crystal
4141 North Douglas Drive
Crystal, MN 55422

CANCELLATION

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

AUTHORIZED REPRESENTATIVE



CERTIFICATE OF INSURANCE

DATE: 04/13/90

PRODUCER

Norwest Insurance Minnesota
Bloomington Office
7900 Xerxes Avenue South
Bloomington, MN 55431
(612) 830-7110

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

COMPANIES AFFORDING COVERAGE

COMPANY A Western National Mutual Insurance Company
LETTER

COMPANY B
LETTER

COMPANY C
LETTER

COMPANY D
LETTER

COMPANY E
LETTER

INSURED

Chalet Liquors, Inc.
5301 - 36th Avenue North
Minneapolis, 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	POLICY EXPIRATION DATE	LIABILITY LIMITS IN 1000'S
					EACH OCCUR. AGGREGATE
	GENERAL LIABILITY				
	[] COMPREHENSIVE FORM				BODILY INJURY \$ \$
	[] PREMISES/OPERATIONS				PROPERTY DAMAGE \$ \$
	[] UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED \$ \$
	[] PRODUCTS/COMP. OPERATIONS				
	[] CONTRACTUAL				PERSONAL INJURY \$
	[] INDEPENDENT CONTRACTORS				
	[] BROAD FORM PROPERTY DAMAGE				
	[] PERSONAL INJURY				
	[]				
	AUTOMOBILE LIABILITY				
	[] ANY AUTO				BOD INJ. (PERSON) \$
	[] ALL OWNED AUTOS (PRIV. PASS)				BOD INJ. ACCIDENT \$
	[] ALL OWNED AUTOS (OTHER THAN PRIV. PASS)				PROPERTY DAMAGE \$
	[] HIRED AUTOS				BI & PD COMBINED \$
	[] NON-OWNED AUTOS				
	[] GARAGE LIABILITY				
	[]				
	EXCESS LIABILITY				
	[] UMBRELLA FORM				BI & PD COMBINED \$ \$
	[] OTHER THAN UMBRELLA				
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC130969-5	04/01/90	04/01/91	STATUTORY 1
					\$ (EACH ACCIDENT)
					\$ (DISEASE-POLICY)
					\$ (DISEASE-EA EMP)
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER

City of Crystal
4141 Douglas Drive
Crystal, MN 54222

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 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

Pamela S. Peric

Form SP-C:
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: Liquor License

LICENSING AUTHORITY: CITY OF CRYSTAL
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 7-1-90 to 6-30-91

PERSONAL INFORMATION (if applicable):

Applicant's Name: WILLIAM J BARTRAM
Applicant's Address: 11834 Tapestry Lane
Minnetonka MN 55345
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: CHALET LIQUOR 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 4-17-90
Signature Position (Officer, Partner, etc.) Date

05/08/90

'89 CHALET LIQUORS

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89006609	FOUND BIKE	CHALET LIQUOR	5301 36TH	BC
89007410	ALL OTH PUBS	CHALET LIQUORS	5301 36TH	SS
89009552	FALSE ALARM	CHALET LIQUOR	5301 36TH	FA

05/08/90

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90001391	SUSP/INFO	CHALET LIQUOR	5924 W BOWY	SS
90001403	FORGERY&COUN	CHALET LIQUOR	5301 36TH	AR



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt
50534

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2088 Crystal

OFSL

Lamplighter Liq Barrel Inc.
Liquor Barrel
2728 N Douglas Dr
Crystal, MN 55422

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <i>Lamplighter Liquor Barrel, Inc.</i>		Trade Name or DBA <i>Lamplighter Liquor Barrel</i>		
	License Location (Street Address Lot & Block No.) <i>2728 N. Douglas Dr.</i>		License Period From <i>July 1, 1990</i> to <i>June 30, 1991</i>	Applicant's Home Phone <i>(612) 831-5228</i>	
	Municipality <i>Crystal</i>	County	State	Zip Code	
	Name of Store Manager <i>Anthony C. Smith</i>	Business Phone Number <i>612-541-0004</i>	Date of Birth (Individual Applicant)		
	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.				
SECTION 1	Partner Officer <i>Melvyn D. Henry</i>	DOB [REDACTED]	Address <i>10208 Nesbitt</i>	City <i>Bloomington</i>	Title Shares <i>50%</i>
	Partner Officer <i>Cynthia S. Henry</i>	DOB	Address <i>10208 Nesbitt</i>	City <i>Bloomington</i>	Title Shares <i>50%</i>
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation _____, state incorporated in _____ amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state _____.
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? _____, state approximate distance _____.
	4. State name and address of owner of building _____; has owner of building any connection, directly or indirectly, with applicant? _____.
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? _____. Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE _____.
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____.
10. If a drug store, state length of time the store has been in operation _____.
11. 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 _____.
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License _____.
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____.

SECTION 3

1. 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
2. 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
3. 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
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Meloynd. Henry - Pres.
 Signature of Applicant

4-13-90
 Date

REPORT 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 follows NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James R. Henry

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

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)

1. 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.

No change

2. 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.

No change

3. (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.

No change

(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.

No change

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

One

(b) State dates and places of holding meetings.

3-19-90 10208 Nesbitt, Bloomington, Mn. 55437

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

*Melvin D. Henry 10208 Nesbitt - Pres
Cynthia S. Henry Bloomington, Mn. 55437 - V Pres*

5. (a) How many directors' meetings were held during the past license year?

One

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

3-19-90 10208 Nesbitt, Bloomington, Mn. 55437

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

*Melvin D. Henry
Cynthia S. Henry*

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

All

(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.

*Melvin D. Henry - 50%
Cynthia S. Henry - 50%*

7. (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.

No change

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.

No change

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

No change

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.

None



CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS
ISSUE DATE MM/DD/YY
4-17-90

PRODUCER
☐ CORDES AGENCY
ROGER A. BLESSUM & ASSOC
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 FIRE & MARINE INS CO.
COMPANY LETTER **B** WAUSAU
COMPANY LETTER **C**
COMPANY LETTER **D**
COMPANY LETTER **E**

INSURED
LAMPLIGHTER LIQUOR BARREL INC.
2728 DOUGLAS DRIVE NORTH
CRYSTAL MN 55442

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	B006678972	7-1-90	7-1-91	BODILY INJURY	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PC 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 & PC COMBINED	\$
	<input type="checkbox"/> HIRED AUTOS					
	EXCESS LIABILITY				BI & PC COMBINED	\$
	<input type="checkbox"/> UMBRELLA FORM					
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	0311 00 088559	6-5-90	6-5-91	STATUTORY	
					\$ 100, (EACH ACCIDENT)	
					\$ 500, (DISEASE-POLICY LIMIT)	
A	OTHER	B006678972	7-1-90	7-1-91	\$ 100, (DISEASE-EACH EMPLOYEE)	
	LIQUOR LIABILITY				* LIMITS BELOW	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

** 50,000., PER PERSON, 100,000., MORE THAN ONE PERSON, 10,000., PROPERTY DESTRUCTION
50,000., 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.

AUTHORIZED REPRESENTATIVE

Deane Clowe

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

LICENSE RENEWAL DATE: July 1, 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: Lamp Lighter Liquor Barrel, Inc.

Business Address: 2728 N. Douglas Dr.
Crystal, Mn. 55427
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. 4-13-90
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: 0311 00 088559

Dates of Coverage: 6-5-90 THRU 6-5-91

(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.

Meloynd Henry
(SIGNATURE)

05/08/90

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89004539	FRAUD	LAMPLIGHTER LIQUOR BARRELL	2728 DOUGLAS DR	AR
89004951	FORGERY&COUN	LIQUOR BARREL	2728 DOUGLAS DR	AR
89005036	ALARM/OTHER	CRYSTAL LIQUOR BARRELL	2728 DOUGLAS DR	FC
89011041	FALSE ALARM	LIQUOR BARREL	2728 DOUGLAS DR	FA

05/08/90

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90002802	FALSE ALARM	LIQUOR BARREL	2728 DOUGLAS DR	FA
90003006	FALSE ALARM	LIQUOR BARREL	2728 DOUGLAS DR	SS



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt
#50739

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2082 Crystal

OFSL

Rom-C Inc.
Crystal Liquors
5924 W Broadway
Crystal, MN 55428

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) ROM-C Inc. Richard Marsolais Crystal Liquors		Trade Name or DBA Richard Marsolais Crystal Liquors		
	License Location (Street Address Lot & Block No.) 5924 W. Broadway		License Period From 6-30-90 To 6-30-91		
	Municipality Crystal		County Henn	State Mn	
	Name of Store Manager Richard Marsolais		Business Phone Number 535-5583	Applicant's Home Phone (612) 535-5583	
			Date of Birth (Individual Applicant) [REDACTED]	Zip Code 55428	
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	DOB	Address	City	Title Shares
	Richard Marsolais	[REDACTED]	5924 W. Broadway	Crystal	100
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation <u>11-88</u> , state incorporated in <u>Mn</u> amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) <u>Entire</u> or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? <u>No</u> , state approximate distance _____
	4. State name and address of owner of building <u>Cambridge Apts. 370 Edgewood Ave</u> <u>Golden Valley 55427</u> has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? <u>No</u> Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE_____.
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____.
10. If a drug store, state length of time the store has been in operation_____.
11. 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_____.
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License_____.
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____.

SECTION 3

1. 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 _____
2. 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
_____ Sale to minor - ~~11-3-88~~ 11-3-88
closed ONE DAY _____
3. 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 _____
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Richard Massolais
Signature of Applicant4-26-90
Date

REPORT 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 follows SALE TO MINOR NOV '88

Police Department

CRYSTAL P.D.

Title

Chief of Police

Signature

James T. Mossey

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

DATE: 05/01/90

Michael K. Ahl

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: 6/30/90

PERSONAL INFORMATION (if applicable):

Applicant's Name: Richard G. Marsolais
Applicant's Address: 5924 W. Broadway
Crystal Mn 55428
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: Crystal Liquors
Business Address: 5924 W. Broadway
Crystal Mn 55428
City State Zip Code

Minnesota Tax Identification No.: 24 03 606

Federal Tax Identification No.: 41-1623848

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

Richard G. Marsolais PRESIDENT 4/19/90
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: EBA
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04-044029 1922777

Dates of Coverage: 11-2-89 11-2-90

(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.

Richard S. Marshall
(SIGNATURE)

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*89 CRYSTAL LIQUORS

05/06/90

PAGE 01

INCIDENT NO	ACTIVITY CD	COMPL NAME
89004828	ALL OTH PUBS	CRYSTAL LIQUORS

LOCATION
5924 W BDWY

DISPOSITION
SS

05/08/90

190 CRYSTAL LIQUORS

PAGE 04

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000149	ALL OTH PUBS	CRYSTAL LIQUORS	5924 W BDWY	SS
90001391	SUSP/INFO	<i>CRISTAL</i> CRYSTAL LIQUOR	5924 W BDWY	CC
90001545	SUSP/INFO	CRYSTAL LIQUORS	5924 W BDWY	SS



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt #50702

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

- ☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☐ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2074 Crystal

OFSL

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

D.A.S. Inc.
United Liquors #3
3530 Douglas Dr N
Crystal, MN 55422

06/30/90
\$ 200.00
\$ 0.00
\$ 0.00

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

SECTION 1	Applicant's Name (Individual, <u>Corporation</u> , Partnership)		Trade Name or DBA		
	DAS, INC.		UNITED LIQUORS #3		
	License Location (Street Address Lot & Block No.)		License Period		
	3530 DOUGLAS DRIVE		From 7/1/90 To 6/30/91		
	Municipality		County	State	Applicant's Home Phone
	CRYSTAL	HENNEPIN	MN	()	
	Name of Store Manager		Business Phone Number	Zip Code	
	DUANE OFTELIE		612 535 5724	55422	
	Date of Birth (Individual Applicant)				
	[REDACTED]				
	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	DOB	Address	City	Title Shares
	MAX KRAUSE	[REDACTED]	2221 YOUNG MAN APT 302	ST. PAUL	100%
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation _____, state incorporated in _____ amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? _____, state approximate distance _____
	4. State name and address of owner of building _____; has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the _____ municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? _____ Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE_____.
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____.
10. If a drug store, state length of time the store has been in operation_____.
11. 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_____.
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License_____.
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality_____.

SECTION 3

1. 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.
2. 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
3. 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
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Mark Rouse
Signature of Applicant

5/2/90
Date

REPORT 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 follows

NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James H. Massey

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4-24-90

PRODUCER

Bloom Insurance Agency
Griggs-Midway Building #496
1821 University Avenue
St. Paul, MN 55104

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

The St. Paul Companies

COMPANY LETTER B

American States Ins. Companies.

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

CODE

SUB-CODE

INSURED

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

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 OCCUR.				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				
B	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	WC 134129-3	11-15-89	11-15-90	STATUTORY \$ 100, \$ 500, \$ 100, (EACH ACCIDENT) (DISEASE—POLICY LIMIT) (DISEASE—EACH EMPLOYEE)
A	OTHER Liquor Liability	Pending	7-1-90	7-1-91	\$ 1,000, Each Event Limit

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

Location: 3530 North Douglas Road
Crystal, MN 55422

**10 days notice of cancellation for non-payment; 30 days notice of cancellation for any other reason

CERTIFICATE HOLDER

City of Crystal
City Hall
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 ENDEAVOR TO MAIL ** DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~IF FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY ON THE COMPANY OR ITS AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE

[Signature]

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 INS. CO.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 134129-3

Dates of Coverage: 11/15/89 - 11/15/90

(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.

X 
(SIGNATURE)

Form SP101
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: CRYSTAL HENNEPIN CO.
(name of city, county or state agency issuing license)

LICENSE RENEWAL DATE: 7/1/90 - 6/30/91

PERSONAL INFORMATION (if applicable):

Applicant's Name: MAX KRAUSE

Applicant's Address: 2221 YOUNGMAN APT #302
ST. PAUL, MN. 55106
City State Zip Code

Social Security Number: [REDACTED]

BUSINESS INFORMATION (if applicable):

Business Name: DAS INC. DBA UNITED LIQUORS #3

Business Address: 3530 DOUGLAS DRIVE
CRYSTAL, MN. 55422
City State Zip Code

Minnesota Tax Identification No.: 6977916

Federal Tax Identification No.: 41-0943475

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

X [Signature] 5/2/90
Signature Position (Officer, Partner, etc.) Date

05/08/90

'89 UNITED LIQUORS

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89007781	FALSE ALARM	UNITED LIQUORS	3530 DOUGLAS DR	FA
89009954	SUSP/INFO	GINDELE, J,	3530 DOUGLAS DR	SS

05/06/90

UNITED LIQUORS

PAGE 00

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000917	LOCK OUT		3500 DOUGLAS DR	SS
90002314	ROBBERY	UNITED LIQUOR	3500 DOUGLAS DR	AR



MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
ROOM 440 333 SIBLEY STREET
ST. PAUL, MN 55101
PHONE 612-296-6159

PS 9136 (11/89)

Receipt # 50701

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE
OR THE RENEWAL OF AN OFF-SALE INTOXICATING LIQUOR LICENSE

APPLICATION TYPE
CHECK ONE

☐ NEW OR TRANSFER COMPLETE SECTIONS 1, 2 and 4
☒ RENEWAL — COMPLETE SECTIONS 1, 3 and 4

2071	Crystal	CMBS
Palace Inn Pizza Inc.		06/30/90
5607 W Broadway		\$ 200.00
Crystal, MN 55428		\$ 5,500.00
		\$ 200.00

IF NAME AND ADDRESS SHOWN ARE
NOT CORRECT, MAKE CHANGES IN
SPACES BELOW.

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership)		Trade Name or DBA	
	STANLEY JAMES WODZIAK		PALACE INN PIZZA INC.	
	License Location (Street Address Lot & Block No.)		License Period	
	5607 W. BROADWAY		From 7-1-90 To 6-30-91	
	Municipality		County	
	CRYSTAL		HENN	
	State		Zip Code	
	MN		55428	
	Name of Store Manager		Business Phone Number	
	JIM WODZIAK		535-5010	
Date of Birth (Individual Applicant)				
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	DOB	Address	City	Title Shares
STANLEY J. WODZIAK		12170 MISS. DR.	CHAMPLIN	
Partner Officer	DOB	Address	City	Title Shares
GERALD F. BATHKIEWICZ		11581 ZACHARY LN.	DAYTON	
Partner Officer	DOB	Address	City	Title Shares
Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation _____, state incorporated in _____ amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? _____, state approximate distance _____
	4. State name and address of owner of building _____; has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? _____ Give name and address of such establishment _____

SECTION 2 CONTINUED

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE _____.
9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? _____.
10. If a drug store, state length of time the store has been in operation _____.
11. 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 _____.
12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License _____.
13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality _____.

SECTION 3

1. 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
2. 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
3. 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
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

- ☐ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- OR
- ☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.
- OR
- ☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having market value of \$100,000 or \$100,000 in cash or securities.

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

Stanley James Waples

Signature of Applicant

5-2-90

Date

REPORT 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 follows NONE

Police Department

Crystal P.D.

Title

Chief of Police

Signature

James P. Massey

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST HAVE A CURRENT FEDERAL SPECIAL OCCUPATIONAL STAMP. THIS STAMP IS ISSUED BY THE BUREAU OF ALCOHOL, TOBACCO AND FIREARMS. FOR INFORMATION CALL 612-290-3496.

CERTIFICATE OF INSURANCE

ISSUE DATE
5/7/90 lmb

INSURED Palace Inn Pizza, Inc. 5607 West Broadway Crystal, MN 55428	PRODUCER JOHN H. CROWTHER, INC./ SWETT AND CRAWFORD 3600 MULTIFOODS TOWER 33 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402 <div style="text-align: right; font-family: cursive;">333-0361</div>
COMPANY AFFORDING COVERAGE TRANSCONTINENTAL INSURANCE COMPANY	TYPE OF INSURANCE LIQUOR LIABILITY

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS 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 POLICY DESCRIBED THEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS OF SUCH POLICY. 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 POLICY BELOW.

POLICY NUMBER	EFFECTIVE DATE	EXPIRATION DATE	LOCATION(S) OF INSURED
Renewal of LLP 169 34 03	7/1/90	7/1/91	Location - Same

LIMITS OF LIABILITY (check only one limit)

<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input checked="" type="checkbox"/> 300,000	<input type="checkbox"/> 500,000	<input type="checkbox"/> 1,000,000	BODILY INJURY EACH PERSON
100,000	100,000	300,000	500,000	1,000,000	BODILY INJURY EACH OCCURRENCE
10,000	100,000	300,000	500,000	1,000,000	PROPERTY DAMAGE EACH OCCURRENCE
50,000	100,000	300,000	500,000	1,000,000	LOSS OF MEANS OF SUPPORT EACH PERSON
100,000	100,000	300,000	500,000	1,000,000	LOSS OF MEANS OF SUPPORT EACH OCCURRENCE
300,000	300,000	300,000	500,000	1,000,000	POLICY AGGREGATE

CERTIFICATE HOLDER

City of Crystal
 4141 N. Douglas Dr.
 Crystal, MN 55428

CANCELLATION

IN THE EVENT OF CANCELLATION OF THE ABOVE DESCRIBED POLICY BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS WRITTEN CANCELLATION NOTICE IF FOR NON PAYMENT AND 30 DAYS WRITTEN CANCELLATION NOTICE IF FOR ANY OTHER REASON.

Edward D. Whistler
 AUTHORIZED REPRESENTATIVE

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 PIZZA INC.
Name of Business

Stanley James Wojcik
By (Signature)

President
Title

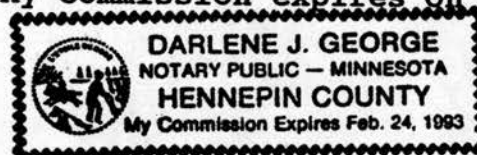
5607-W. Broadway Crystal
Business Address

Subscribed to and sworn to before me, a Notary Public, on
this 2nd day of May, 1990.

Darlene J. George
Notary Public, Hennepin County

My Commission expires on 2-24-93.

Form B



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, ON SALE
LICENSING AUTHORITY: CRYSTAL, MN. HEWN Co
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 7-1-90 - 6-30-91

PERSONAL INFORMATION (if applicable):

Applicant's Name: STANLEY J. WODZINSKI
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 James Wodzin Officer 4-29-90
Signature Position (Officer, Partner, etc.) Date

05/08/90

'90 PALACE INN

PAGE 001

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000105	THFT FR AUTO	SMOTHERS, ROLLAND	5607 W BDWY	SS
90000334	ALL OTH PUBS	PALACE	5607 W BDWY	SS
90000737	SUSP/INFO		5607 W BDWY	AR
90001006	SUSP/INFO	HANSON	5607 W BDWY	GG
90002095	VANDALISM	BOHLER, JOHN DAVID	5607 W BDWY	AR
90002197	MOTORIST AST		5607 W BDWY	SP
90002225	CRM DMG PROP	WIDSTROM, KATHLEEN SARAH	5607 W BDWY	SS

*no calls
in 1989*

189 Palace

05/10/90

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INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89003705 MEDICAL 051489 5607 W BDWY

COMPL NAME
WEINANDT, KATHY

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89004384 SUSP/INFO 060389 5607 W BDWY

COMPL NAME
ANDERSON, SANDRA

DISPOSITION
GG

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89004405 ALL OTH PUBS 060489 5607 W BDWY

COMPL NAME
PALACE INN

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89005119 ALL OTH PUBS 062389 5607 W BDWY

COMPL NAME

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89005312 LV SCENE PD 062989 5607 W BDWY

COMPL NAME
SMOTHERS, ROLLIE

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89005315 LARCENY 062989 5607 W BDWY

COMPL NAME
LIONS CLUB OF CRYSTAL

DISPOSITION
AR

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89005864 H&R P,D, ACC 071489 5607 W BDWY

COMPL NAME
BOESL, DAVID JAMES

DISPOSITION
AR

05/10/90

PAGE 04

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89006366 LOCK OUT 072989 5607 W BDWY

COMPL NAME

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89006574 DOMESTIC 080489 5607 W BDWY

COMPL NAME

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89007588 PUBLIC PEACE 090389 5607 W BDWY

COMPL NAME
PALACE INN

DISPOSITION
AA

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89008830 FIGHT 101189 5607 W BDWY

COMPL NAME

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89008879 DWI/DUI 101389 5607 W BDWY

COMPL NAME

DISPOSITION
AA

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89009168 ASSAULT 102289 5607 W BDWY

COMPL NAME

DISPOSITION
AA

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89009400 LV SCENE PD 102989 5607 W BDWY

COMPL NAME
EARLEY, FRANCIS ALEXANDER

DISPOSITION
SS

05/10/90

PAGE 01

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89010390 MEDICAL 120389 5607 W BDWY

COMPL NAME
KRUG, PHILIP JOHN

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89010756 FIGHT 121789 5607 W BDWY

COMPL NAME

DISPOSITION
SS

INCIDENT NO ACTIVITY CD DATE REPORT LOCATION
89010892 M/V THEFT 122189 5607 W BDWY

COMPL NAME
BATKIEWICZ, STANLEY GERALD

DISPOSITION
AR