No insurance certificate to date! 6-15-90

Received 6-19-90 DG

Receipt #51378 6-7-90

APPLICATION FOR LICENSE

14640

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Dorian Enterprises, Inc. dba The Iron Horse

5630 Lakeland Avenue North

Crystal, MN 55429

Fee, $ 5,500 + bond + ins.

New ..... Renewal X

Telephone 533-2504

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Dorian Enterprises, Inc. dba The Iron Horse hereby make application to

sell liquor on-sale at 5630 Lakeland Avenue North

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 533-2504

Home Phone: 920-9103

1. I, Phillip L. Eder (Name of person making application), as President (Individual owner, officer or partner) for and in behalf of Dorian Enterprises, Inc. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 5630 Lakeland Ave. No. (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: Lot 1 Block 1 Dorian's 2nd Addition

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing July 1, 19 90, and ending June 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 11/3/76; State in which incorporated Minnesota; States in which licensed to do business Minnesota amount of authorized capitalization 25,000; amount of paid in capital 1,000. If a subsidiary of any other corporation, so state _____. Is corporation organized for profit or not? _____. Purpose of corporation Gen. Bus. _____. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME Phillip L. Eder, Pres., ADDRESS 4100 Cedarwood Rd.,St.Louis Pk. MN SHARES HELD 1,000

NAME Susan S. Eder, Secy., ADDRESS 4100 Cedarwood Rd., St.Louis Pk. MN SHARES HELD 1,222

NAME _____ ADDRESS _____ SHARES HELD _____

If incorporated under the laws of another state, is corporation authorized to do business in this State? N/A

Name of certificate of authority. _____

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

THE IRON HORSE
trade name

date of application

7/1/90 - 6/30/91
licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer

2. Phillip L. Eder
name of applicant

(612) 920-9103
phone

3. 4100 Cedarwood Rd.
home address

St. Louis Park
city

MN
state

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.

Phillip L. Eder	1,000 Shares	Voting
Susan S. Eder	1,222 "	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.

   N/A

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

   See Minutes One

   (b) State dates and places of holding meetings.

   Minutes May 31, 1990 Mpls., MN

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

   Minutes

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

   Minutes One

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

   Minutes May 31, 1990 Mpls., MN

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

   Minutes

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, guaradian, 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.

N/A

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.

N/A

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.

N/A

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: State Fund Mutual Inc., Co.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 003450.204

Dates of Coverage: 9-1-89 - 7-1-90

(or)

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

( ) I have no employees covered by the law.

( ) Other (Specify) _____

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

(SIGNATURE)

JA/lc (J) 7/87

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 insuance 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: On Sale

LICENSING AUTHORITY: City of Crystal
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 07/01/90

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

_____
City State Zip Code

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: Dorian Enterprises, Inc., dba The Iron Horse

Business Address: 5630 Lakeland Avenue North

Crystal MN 55429
City State Zip Code

Minnesota Tax Identification No.: 5020292

Federal Tax Identification No.: 41-1285266

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

Frank Cooper President 06/04/90
Signature Position (Officer, Partner, etc.) Date

[illegible]-92

The Iron Horse

02/[illegible]/[illegible]

Restaurant

1	1	Same - Frame - [illegible]

1	1	Building	[illegible]	Special	[illegible]	Incl.
1	1	Contents	[illegible]	Special	[illegible]	Incl.
1	1	Business Income	[illegible]	Special	[illegible]	Incl.

1	1	
1	1	1/4

MORTGAGE [illegible]

1	1	The Bank North 7000 Bass Lake Rd., Crystal, MN 55428

DEDUCTIBLE

$5,000.

FORMS AND ENDORSEMENTS

CF177(7-88),CF1[illegible](7-88),CF130(1-86),CF175(1-86),CF300b(1-87),
CF363A(7-88),CF[illegible](11-85)

PREMIUM FOR THIS COVERAGE PART

[illegible]11,120.

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003304	CRM DMG PROP	DRAEGER, BRUCE WILLIAM	5630 LAKELAND	SS
89003349	AGG DWI/VIO		5630 LAKELAND	AA
89003439	LV SCENE PD	FAY, KATHERINE LOUISE	5630 LAKELAND	SS
89003781	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	GG
89003904	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
89003945	ALL OTH PUBS		5630 LAKELAND	SS
89003976	MEDICAL	THAYER, CHRISTINA	5630 LAKELAND	SS
89004008	LOCK OUT		5630 LAKELAND	SS
89004054	WARRANT ARR		5630 LAKELAND	AA
89004057	ALL OTH PUBS		5630 LAKELAND	GG
89004157	PUBLIC PEACE		5630 LAKELAND	AA
89004319	LOCK OUT		5630 LAKELAND	SS
89004654	THFT FR AUTO	DAHLE, PAUL ANDREW	5630 LAKELAND	SS
89004646	LOCK OUT		5630 LAKELAND	SS
89004901	ASSAULT	WATTS, CHRISTINE MARIE	5630 LAKELAND	AR
89004971	LOCK OUT		5630 LAKELAND	SS
89005048	PD ACC MV/MV	MARTIN/HARLANDER	5630 LAKELAND	SS
89005665	LIQUOR LAW	IRON HORSE	5630 LAKELAND	AA
89005875	SUSP/INFO		5630 LAKELAND	SS
89005908	ALL OTH PUBS		5630 LAKELAND	SS
89005927	H&R P.D. ACC	ULLMAN, TERESA KAY	5630 LAKELAND	AR
89006185	SUSP/INFO	IRON HORSE	5630 LAKELAND	SS
89006188	ALL OTH PUBS		5630 LAKELAND	SS
89006265	HEALTH/WELFR		5630 LAKELAND	SS
89006387	LOCK OUT		5630 LAKELAND	SS
89006388	FIGHT	IRON HORSE	5630 LAKELAND	SS
89006545	FIRE-VEHICLE	IRON HORSE	5630 LAKELAND	SS
89006577	SUSP/INFO	IRON HORSE	5630 LAKELAND	UU
89006620	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	GG
89006713	NARCOTICS		5630 LAKELAND	SS
89006751	ALL OTH PUBS	BOWMAN, SUSAN MAIRE	5630 LAKELAND	SS
89006788	LOCK OUT		5630 LAKELAND	SS
89007004	ALL OTH PUBS	PRIBYL, LAURIANNE	5630 LAKELAND	SS
89007114	CRM DMG PROP	ANDERSON, SUSAN KAY	5630 LAKELAND	SS
89007142	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
89007383	LARCENY	HAGE, CHRISTOPHER LAWRENCE	5630 LAKELAND	AR
89007448	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
89007526	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
89007653	PARTY/MUSIC		5630 LAKELAND	GG
89007765	PUBLIC PEACE		5630 LAKELAND	TT
89007844	ALL OTH PUBS		5630 LAKELAND	SS
89007845	CRM DMG PROP	CADY, RICK A	5630 LAKELAND	SS
89007915	CNCL HSE CKE	SWANSON	5630 LAKELAND	SS
89007958	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
89007959	VANDALISM	IRON HORSE	5630 LAKELAND	AA
89007968	TASK FORCE	CITY OF CRYSTAL	5630 LAKELAND	TT
89007971	SUSP/INFO	COLBERT, PAMELA CHERYL	5630 LAKELAND	SS
89008035	LOCK OUT		5630 LAKELAND	SS
89008047	WARRANT ARR	IRON HORSE	5630 LAKELAND	AA
89008049	FIGHT		5630 LAKELAND	SS
89008055	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
89008168	LARCENY	BLAMER, KATHERINE ANN	5630 LAKELAND	AR
89008231	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
89008233	LOCK OUT		5630 LAKELAND	SS
89008278	DETOX PICKUP		5630 LAKELAND	SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89008363	FIGHT	IRON HORSE	5630 LAKELAND	GG
89006367	FIRE-VEHICLE		5630 LAKELAND	SS
89008395	OTR MOV VIO		5630 LAKELAND	SS
89008425	ALL OTH(OFF)	IRON HORSE	5630 LAKELAND	SS
89008514	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
89008519	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
89008539	WARRANT ARR	IRON HORSE	5630 LAKELAND	AA
89008676	OBSTRUCTING	IRON HORSE	5630 LAKELAND	AA
89009121	FIGHT	IRON HORSE	5630 LAKELAND	GG
89009166	LARCENY	KEGLER, NANCY JOAN	5630 LAKELAND	AR
89009191	CRM DMG PROP	KARELS, CHRISTINE LYNN	5630 LAKELAND	SS
89009268	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
89009308	FIGHT	MCLAUGHLIN, DENNIS	5630 LAKELAND	SS
89009376	ASSAULT	MCLAUGHLIN, DENNIS JON	5630 LAKELAND	AA
89009759	LARCENY	REED, DEBRA RAE	5630 LAKELAND	AA
89009760	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
89009785	DETOX PICKUP	IRON HORSE	5630 LAKELAND	SS
89010114	CRM DMG PROP	TACHENY, PAULA JOAN	5630 LAKELAND	SS
89010170	LARCENY	KEEGAN, THOMAS JOSEPH	5630 LAKELAND	AR
89010171	LARCENY	FARRAND, TERRENCE DAVID	5630 LAKELAND	AR
89010172	LARCENY	PERLICK, JOHN ALBERT	5630 LAKELAND	AR
89010447	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
89010449	LOCK OUT		5630 LAKELAND	SS
89010518	ALL OTH PUBS		5630 LAKELAND	SS
89010519	SUSP/INFO		5630 LAKELAND	SS
89010604	LV SCENE PD	STOLTMAN, KIMBERLY ANN	5630 LAKELAND	SS
89010831	ALL OTH PUBS	HINTZ	5630 LAKELAND	SS
89010867	SUSP/INFO	IRON HORSE	5630 LAKELAND	AR
89010869	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
89010900	CRM DMG PROP	MORGAN, RICHARD ALLEN	5630 LAKELAND	SS
89010902	CRM DMG PROP	MATTHEWS, TIMOTHY	5630 LAKELAND	SS
89010905	CRM DMG PROP	VANCE, BRAD WILLIAM	5630 LAKELAND	SS
89010906	THFT FR AUTO	DAHLE, JOHN DALE	5630 LAKELAND	SS
89010947	ASSAULT	HUUS, TODD ALAN	5630 LAKELAND	AR
89011009	LARCENY	SOLHEIM, ALICE MARIE	5630 LAKELAND	AR
89011097	HEALTH/WELFA	PRESTIDGE, MARY	5630 LAKELAND	SS
89011136	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000125	M/V THEFT	HUGGETT, MARK LANE	5630 LAKELAND	AR
90000126	LV SCENE PD	PAUL, STEPHEN ALLEN	5630 LAKELAND	SS
90000303	LOCK OUT		5630 LAKELAND	SS
90000304	ALL OTH PUBS	IRON HORSE	5630 LAKELAND	SS
90000310	PARTY/MUSIC		5630 LAKELAND	GG
90000529	LOCK OUT		5630 LAKELAND	SS
90000766	LV SCENE PD	MAGNUSON, SHARON CHRISTINE	5630 LAKELAND	SS
90000841	FOUND PROP	HOLMAN, RAY	5630 LAKELAND	AR
90000981	DWI/DUI		5630 LAKELAND	AA
90001010	ALL OTH PUBS	SAXOWSKY, ANNETTE ANN	5630 LAKELAND	SS
90001196	FIRE-VEHICLE		5630 LAKELAND	SS
90001287	LOCK OUT		5630 LAKELAND	SS
90001293	LOCK OUT		5630 LAKELAND	SS
90001670	ALL OTH PUBS		5630 LAKELAND	SS
90001672	LIQUOR LAW		5630 LAKELAND	TT
90001739	PUBLIC PEACE	IRON HORSE	5630 LAKELAND	AA
90001941	THFT FR AUTO	BURKE, STEVEN DANIEL	5630 LAKELAND	SS
90002199	LARCENY	SANTI, LINDA ANNE	5630 LAKELAND	AR
90002222	VANDALISM		5630 LAKELAND	AA
90002261	THFT FR AUTO	THOMPSON, MARK ANDREAS	5630 LAKELAND	SS
90002262	PD ACC MV/MV	FRISBY VS VIELLIEUT	5630 LAKELAND	SS
90002264	LOCK OUT		5630 LAKELAND	SS
90002454	LOCK OUT		5630 LAKELAND	SS
90002465	WARRANT ARR		5630 LAKELAND	AA
90002466	PD ACC MV/MV	SMITH/WEILER	5630 LAKELAND	SS
90002664	LOCK OUT		5630 LAKELAND	SS
90002691	WARRANT ARR		5630 LAKELAND	AA
90002743	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
90002797	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
90002801	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
90002862	REC STOL M/V	PLYMOUTH PD	5630 LAKELAND	SS
90002955	FIGHT		5630 LAKELAND	SS
90003045	FALSE ALARM	IRON HORSE	5630 LAKELAND	FA
90003230	MOTORIST AST		5630 LAKELAND	SS
90003231	LOCK OUT		5630 LAKELAND	SS
90003316	LARCENY	SMITH, STEPHANIE IRENE	5630 LAKELAND	AR

Receipt #51410

APPLICATION FOR LICENSE

14631

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE The Nicklow Corporation dba Nicklow's

3516 Lilac Drive

Crystal, MN 55422

Fee, $ 5,500 + bond + Ins.

New ..... Renewal X

Telephone 529-7751

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

The Nicklow Corporation dba Nicklow's hereby make application to

sell liquor on-sale at 3516 Lilac Drive

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

William A Nicklow

Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 529-7751

Home Phone: 935-2712

1. I, William A. Nicklow (Name of person making application), as President (Individual owner, officer or partner) for and in behalf of Nicklow Corporation (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 3516 No. Lilac Dr. (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: West 180 feet of Tract E Survey No. 860

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing July 1, 19 90, and ending June 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME N/A ADDRESS

NAME ADDRESS

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 4/27/76; State in which incorporated Minnesota; States in which licensed to do business Minnesota amount of authorized capitalization 25,000.-; amount of paid in capital 1,000.-. If a subsidiary of any other corporation, so state N/A. Is corporation organized for profit or not? Yes. Purpose of corporation Business Purposes. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
William A. Nicklow	5721 DeVille Dr. Edina, Mn. 55436	50 %
Anthony A. Nicklow	1150 Heritage Dr. Orono	50 %

If incorporated under the laws of another state, is corporation authorized to do business in this State? —

Name of certificate of authority. —

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

Nicklow's
trade name

6/11/90
date of application

July 1, 1990 - June 30, 1991
licensing period

1. Type of Application: ☐ New ☑ Renewal ☐ Transfer
2. William A. Nicklow — 935-2712
name of applicant — phone
3. 5721 DeVille Dr — Edina — Mn.
home address — city — state
4. — Thisve, Greece
date of birth — place of birth
5. 3516 No. Lilac, Crystal
address of business location
6. W 180 Feet of Tract E Survey # 860
legal description
7. List owners of building or premise to be licensed: William A + Anthony A. Nicklow
8. Corporation
corporate or partnership title
9. 3516 No. Lilac Dr
corporate or partnership address
10. List all partners, officers or directors, if corporation:

LADONNA M. KOHLS
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Oct. 18, 1991

CITY OF CRYSTAL

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

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

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

N/A

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.

From James A. Nicklow 33 1/3% to William A & Anthony A. Nicklow

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

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

(a) How many stockholder's meetings were held during the past license year? 12

(b) State dates and places of holding meetings.
First Monday of each Month - Nicklow's Restaurant

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

(a) How many directors' meetings were held during the past license year?
6

(b) State the dates and places of holding each meeting.
First Tuesday of every other Month - Nicklow's Restaurant

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

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

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

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

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.

N/A

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.

N/A

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

N/A

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.

N/A

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

N/A

SCHEDULE A

Item No. 7

Residence of Officers and Directors for Past 10 Years

William A. Nicklow	5721 Deville Drive, Edina, Minnesota	1979-Present
	7410 Minnetonka Blvd, Mpls, Minnesota	1970-1979
James A. Nicklow	4608 Moorland, Mpls, Minnesota	1985-Present
	1622 Yosemite Ave. N. Mpls, Minnesota	1974-1985
Anthony A. Nicklow	1150 Heritage Lane, Orono, Minnesota	1985-Present
	3918 Haven Rd, St. Louis Park, Minnesota	1978-1985
	450 Ford Road, Minnetonka, Minnesota	1974-1978

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
6/14/90

PRODUCER

CORPORATE 4 INSURANCE AGENCY, INC.
7220 Metro Boulevard
Edina, Minnesota 55439
612-893-9218

CODE SUB-CODE

INSURED

NICKLOW CORPORATION DBA:
NICKLOW'S
3516 North Lilac Drive
Crystal, Minnesota 55422

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 EMPIRE FIRE & MARINE

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

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				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY
					$ (EACH ACCIDENT)
					$ (DISEASE—POLICY LIMIT)
					$ (DISEASE—EACH EMPLOYEE)
	OTHER				
A	LIQUOR LIABILITY	NICBinder	7/1/90	7/1/91	See Limits Below

$300,000 Each Common Cause
$300,000 Annual Aggregate

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

CERTIFICATE HOLDER

CITY OF CRYSTAL (Additional Insured)
4141 Douglas Drive
Crystal, Minnesota 55422

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Gary Hoving

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 Insurance Co.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0310-00-104878

Dates of Coverage: 12/23/89 to 12/23/90

(or)

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

( ) I have no employees covered by the law.

( ) Other (Specify) _____

_____

_____

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

William A. Nubbe
(SIGNATURE)

JA/lc (J) 7/87

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 insuance 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

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

LICENSE RENEWAL DATE: July 1, 1990

PERSONAL INFORMATION (if applicable):

Applicant's Name: William A. Nicklaus

Applicant's Address: 5721 DeVille Dr.
Edina Minn. 55436
City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: Nicklaus

Business Address: 3516 No. Lilac Dr
Crystal Mn. 55422
City State Zip Code

Minnesota Tax Identification No.: 5085506

Federal Tax Identification No.: 41-1274938

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

William A. Nicklaus Pres 6-11-90
Signature Position (Officer, Partner, etc.) Date

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89004122	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
89005224	SUSP/INFO	NICKLOW'S	3516 LILAC DR	SS
89006075	H&R P.D. ACC	PRINKKILA, TOM JOHN	3516 LILAC DR	AR
89007078	FALSE ALARM	NICKLOWS	3516 LILAC DR	FA
89007267	DWI/ACCIDENT	FLAHERTY	3516 LILAC DR	AA
89007553	PD ACC MV/MV	TETON VS BENEDICT	3516 LILAC DR	SS
89008269	SUSP/INFO		3516 LILAC DR	GG
89008491	LOCK OUT		3516 LILAC DR	SS
89008640	LOCK OUT		3516 LILAC DR	SS
89008857	LOCK OUT		3516 LILAC DR	SS
89008965	M/V THEFT	SUCHAR, PETER VICTOR	3516 LILAC DR	AR
89009425	LOCK OUT		3516 LILAC DR	SS
89009433	DETOX PICKUP	ZEMLICKA, KEVIN	3516 LILAC DR	SS
89009658	ALL OTH PUBS	NICKLOWS	3516 LILAC DR	GG
89009704	PUBLIC PEACE	KRAMER, JAMES CLIFFORD	3516 LILAC DR	AR
89010166	ASSAULT		3516 LILAC DR	AA
89010391	FALSE ALARM	NICKLOWS	3516 LILAC DR	FA
89010558	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
89010741	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
89010746	FALSE ALARM	NICKLOWS	3516 LILAC DR	FA
89011134	THFT ALL OTH	N W COMMUNICATION TV	3516 LILAC DR	SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000311	AST OT AGENC		3516 LILAC DR	
90000437	THFT FR AUTO	MENDOZO, MANUEL	3516 LILAC DR	SS
90000438	THFT FR AUTO	SCHERPING, LAWBERT BERNARD	3516 LILAC DR	SS
90000467	CRM DMG PROP	BOGUCKI, JOHN STANLEY	3516 LILAC DR	SS
90000612	LOCK OUT		3516 LILAC DR	SS
90000657	ASSAULT	ABDEHAFEEZ, GAMAL M	3516 LILAC DR	AR
90001203	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
90001265	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
90001478	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
90001549	ASSAULT	SHAVER, RICHARD	3516 LILAC DR	AA
90001726	MEDICAL	BIAS, MICHELLE 12/27/64	3516 LILAC DR	SS
90001733	LARCENY	KEOGAN, EILEEN	3516 LILAC DR	AR
90001987	LOCK OUT		3516 LILAC DR	SS
90002401	LOCK OUT		3516 LILAC DR	SS
90002557	MEDICAL	CONDO, JERRY P.	3516 LILAC DR	SS
90002843	LOCK OUT		3516 LILAC DR	SS
90003060	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA
90003061	OPEN DOOR	NICKLOW'S	3516 LILAC DR	SS
90003165	FALSE ALARM	NICKLOW'S	3516 LILAC DR	FA

Receipt # 51380
6-9-90

APPLICATION FOR LICENSE

14638

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Norman Burling dba Burling Tally Ho Restaurant

5216 West Broadway

Crystal, MN 55429

Fee, $ 5,500 + bond + ins.

New X Renewal

Telephone W 535-1411
H 535-3026

enclose the sum of THIRTEEN HUNDRED SEVENTY FIVE and 02/100 (pro-rated) DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Norman Burling, dba Burlings Tally Ho Restaurant hereby make application to

sell liquor on-sale at 5216 West Broadway

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 535-1411

Home Phone: 535-8026

1. I, Norman G. Burling, as OWNER for and in behalf of
(Name of person making application) (Individual owner, officer or partner)

MYSELF hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor
(myself, names of partners, name of corporation)

to be located at 5216 - W. Broadway ; Legal Description of premises to be used for the sale of such liquors:
(street address and/or block number)

TALLY HO CAFE

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing _____, 19 ____, and ending _____, 19 ____

2. If a partnership, state name and address of each member of partnership, including silent partners.

N/A

NAME ADDRESS

NAME ADDRESS

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation N/A; State in which incorporated _____;
States in which licensed to do business _____ amount of authorized capitalization _____;
amount of paid in capital _____. If a subsidiary of any other corporation, so state _____
_____. Is corporation organized for profit or not? _____. Purpose of corporation _____
_____. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

If incorporated under the laws of another state, is corporation authorized to do business in this State? _____.
Name of certificate of authority. _____

4. What is date, place of birth and citizenship status of applicant and manager; if partnership, each partner; if corporation, each officer and director?

NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

5. Are all of the above and their spouses registered voters in the County of Hennepin? _____

6. If any person is naturalized, state date and place of naturalization. _____

7. List residence for the past 10 years of applicant and manager; if partnership, each partner, if corporation, all officers, directors and managers:

NAME	ADDRESS
Norman G. Bowling	5631 - Rhode Island Rd.

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

Burling's Tally Ho
trade name

6/3/90
date of application

6-31-90 - 12-31-90
licensing period

1. Type of Application: ☐ New ☐ ~~Renewal~~ ☐ Transfer

2. Norman G. Burling
name of applicant

535-3026
phone

3. 5631-Rhode Island No.
home address

Crystal
city

MN.
state

SET TAB STOPS AT ARROWS

acord CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 06/11/90

PRODUCER

REVISED

Blackburn, Nickels & Smith, Inc.
PO Box 367
Minnetonka, MN 55343

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	Acceptance Indemnity Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Norman G Burling
TALLY HO CAFE
5216 West Broadway
Crystal, MN 55428

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY				BODILY INJURY	$	$
	COMPREHENSIVE FORM				PROPERTY DAMAGE	$	$
	PREMISES/OPERATIONS				BI & PD COMBINED	$	$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		$
	PRODUCTS/COMPLETED OPERATIONS						
	CONTRACTUAL						
	INDEPENDENT CONTRACTORS						
	BROAD FORM PROPERTY DAMAGE						
	PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	$	
	ANY AUTO				BODILY INJURY (PER ACCIDENT)	$	
	ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	$	
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	$	$
	UMBRELLA FORM						
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						$	(EACH ACCIDENT)
						$	(DISEASE-POLICY LIMIT)
						$	(DISEASE-EACH EMPLOYEE)
	OTHER						
A	Liquor Liability	IL 381652	06/30/90	06/30/91	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Restaurant - Renewal of IL 350795

CERTIFICATE HOLDER

ADDITIONAL INSURED:

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

AUTHORIZED REPRESENTATIVE

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 Ins. Co
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 03 105 165 TA

Dates of Coverage: 1/25/90 1/25/91

(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: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 insuance 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: ON SALE - LIQUOR

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

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name: Norman Burling

Applicant's Address: 5631 - Rhode Island Ave.
Crystal MN. 55429
City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: Burlings Tally Ho

Business Address: 5216 - W. BROADWAY
Crystal MN. 55429
City State Zip Code

Minnesota Tax Identification No.: 5643173

Federal Tax Identification No.: 41-1356117

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

Signature Position (Officer, Partner, etc.) Date

'90 Tally Ho

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003474	SUSP/INFO	BENNIG, JAY	5216 W BDWY	AR
89003639	ASSAULT	MITHUN, TEDI ALYNE	5216 W BDWY	AR
89004538	ANIMAL DET,		5216 W BDWY	SS
89004955	MEDICAL		5216 W BDWY	SS
89005685	MEDICAL	STULL, RITA AGE 56	5216 W BDWY	SS
89005778	LOCK OUT		5216 W BDWY	SS
89006163	MEDICAL		5216 W BDWY	SS
89006810	ALL OTH PUBS	TALLY HO	5216 W BDWY	SS
89006908	MEDICAL	LORENZ, JOSEPH MICHAEL	5216 W BDWY	SS
89007534	LOCK OUT		5216 W BDWY	SS
89010428	LOCK OUT		5216 W BDWY	SS
89010477	MEDICAL	BALDWIN, BERLE	5216 W BDWY	SS
89010935	LOCK OUT		5216 W BDWY	SS
89011126	PUBLIC PEACE		5216 W BDWY	AA
90001194	DETOX PICKUP	GALLAGHER, JAMES MATTHEW	5216 W BDWY	SS
90001411	HEALTH/WELFA		5216 W BDWY	SS
90001576	LOCK OUT		5216 W BDWY	SS
90002068	LOCK OUT		5216 W BDWY	SS
90002170	LARCENY	ROBBINSDALE LIONS CLUB	5216 W BDWY	AR
90002291	SUSP/INFO		5216 W BDWY	SS
90002922	LOCK OUT		5216 W BDWY	SS
90003118	LOCK OUT		5216 W BDWY	SS
90003234	LARCENY	TALLY HO	5216 W BDWY	AR

Receipt
50944

APPLICATION FOR LICENSE

14636

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I Doyles Bowling & Lounge, Inc. dba
WE Doyles Bowling & Lounge, Inc.

Fee, $ 5,500 + ins. + bond

5000 West Broadway

New ..... Renewal X

Crystal, MN 55429

Telephone 537-8148

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Doyles Bowling & Lounge, Inc. hereby make application to

sell liquor on-sale at 5000 West Broadway

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

DOYLES BOWLING & LOUNGE, INC.

Doyle L. Steinhaus pres

Signature of Applicant President

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: _____

Home Phone: _____

1. I, Doyle A. Steinhaus (Name of person making application), as President (Individual owner, officer or partner) for and in behalf of Doyles Bowling & Lounge, Inc. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 5000 West Broadway (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: Lot 1, Block 1, Lois 6th Addition

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing July 1, 19 90, and ending June 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 2-6-75; State in which incorporated Minnesota; States in which licensed to do business Minnesota amount of authorized capitalization $25,000.00; amount of paid in capital $36,450.49. If a subsidiary of any other corporation, so state No _____. Is corporation organized for profit or not? Yes. Purpose of corporation Business Purposes. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
Doyle A. Steinhaus	7008 35th Avenue North, Crystal, MN	80 shares
John P. Jacklitch	4305 Oakview Lane, Plymouth, MN	60 shares

If incorporated under the laws of another state, is corporation authorized to do business in this State? N/A

Name of certificate of authority. N/A

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

Doyles Bowling & Lounge, Inc.
trade name

May , 1990
date of application

July 1, 1990 - June 30, 1991
licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer
2. Doyles Bowling & Lounge, Inc. — name of applicant
   537-1655 — phone
3. 5000 West Broadway — home address
   Crystal — city
   Minnesota — state
4. _____ — date of birth
   _____ — place of birth
5. 5000 West Broadway, Crystal, Minnesota — address of business location
6. Lot 1, Block 1, Lois 6th Addition — legal description
7. List owners of building or premise to be licensed: Doyle A. Steinhaus, Joanne M. Steinhaus, John P. Jacklitch and Patricia A. Jacklitch (Contract for Deed Vendees)
8. Doyles Bowling & Lounge, Inc. — corporate or partnership title
9. 5000 West Broadway, Crystal, Minnesota — corporate or partnership address
10. List all partners, officers or directors, if corporation:

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.
Doyle A. Steinhaus 80 shares voting; John P. Jacklitch 60 shares 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 by consent (no formal meeting)

(b) State dates and places of holding meetings.
December 9, 1988 (MSA 302A.441)
(c) The names and addresses of all persons in attendance and relationship to corporate license holder. Doyle A. Steinhaus, 7008 - 35th Avenue North Crystal, MN and John P. Jacklitch, 4305 Oakview Lane, Plymouth, MN

5. (a) How many directors' meetings were held during the past license year?
One by consent (no formal meeting)
(b) State the dates and places of holding each meeting.
December 12, 1989 (MDA 302A.239)
(c) The names and addresses of all persons in attendance and their relationship to the corporation.
Same as for shareholder meeting in (c) above

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.

Doyle A. Steinhaus, 80 share	7008 - 35th Avenue North Crystal, Minnesota
John P. Jacklitch, 60 shares	4305 Oakview Lane Plymouth, Minnesota

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

None

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

None

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

No

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

N/A

Dated: May _____, 1990

DOYLES BOWLING & LOUNGE, INC.

By: Doyle A. Steinhaus Pres
Doyle A. Steinhaus, President

By: John P. Jacklitch Secr.
John P. Jacklitch, Secretary

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 on-sale beer and/or on-sale wine in the City of Crystal.

2. That during the past license year, the licensed business did not have sales of more than $10,000 in 3.2 on-sale beer and/or on-sale wine.

3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of $10,000 in 3.2 on-sale beer and/or on-sale wine.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 on-sale beer and/or on-sale wine for any future 12-month period will exceed $10,000, 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.

Doyles Bowling & Lounge, Inc.
Name of Business

Doyle A. Steinhaus pres
By (Signature) Doyle A. Steinhaus

President
Title

5000 West Broadway
Crystal, Minnesota 55428
Business Address

Subscribed to and sworn to before me, a Notary Public, on this 8 day of May, 19 90.

Gerald Leuer
Notary Public, Hennepin County

GERALD LEUER
NOTARY PUBLIC — MINNESOTA
HENNEPIN COUNTY
My Commission Expires July 5, 1991

My Commission expires on July 5-91.

Form A

SET TAB STOPS AT ARROWS

acord® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 06/07/90

PRODUCER

REVISED

Blackburn, Nickels & Smith, Inc.
PO Box 367
Minnetonka, MN 55343

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	Acceptance Indemnity Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

DOYLES BOWLING CENTER
5000 West Broadway
Crystal, MN 55429

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY				BODILY INJURY	$	$
	COMPREHENSIVE FORM				PROPERTY DAMAGE	$	$
	PREMISES/OPERATIONS						
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	$	$
	CONTRACTUAL						
	INDEPENDENT CONTRACTORS						
	BROAD FORM PROPERTY DAMAGE				PERSONAL INJURY		$
	PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	$	
	ANY AUTO						
	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	HIRED AUTOS				PROPERTY DAMAGE	$	
	NON-OWNED AUTOS						
	GARAGE LIABILITY				BI & PD COMBINED	$	
	EXCESS LIABILITY				BI & PD COMBINED	$	$
	UMBRELLA FORM						
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						$	(EACH ACCIDENT)
						$	(DISEASE-POLICY LIMIT)
						$	(DISEASE-EACH EMPLOYEE)
	OTHER						
A	Liquor Liability	IL 381376	07/01/90	07/01/91	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Bowling Alley - Renewal of IL 351219

CERTIFICATE HOLDER

ADDITIONAL INSURED:

City of Crystal
4141 Douglas Drive North
Crystal, MN 55429

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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: _____

Dates of Coverage: 7-1-90 to 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.
DOYLES BOWLING & LOUNGE, INC.

Doyle A. Steinhaus Pres
(SIGNATURE) Doyle A. Steinhaus, President

JA/lc (J) 7/87

Minnesota Workers' Compensation Assigned Risk Plan

CONTRACT ADMINISTRATOR

EMPLOYEE BENEFIT ADMINISTRATION CO.

8441 Wayzata Blvd. Suite 200 P.O. Box 59143 Minneapolis, Minnesota 55459-0143

Phone (612) 544-0311

Date of Mailing MAY 0 1 1990

Name & Address of Contract Holder:

DOYLES BOWLING LOUNGE INC.

5000 W BROADWAY
CRYSTAL MN 55429

Association File # 661937
Contract # 04 039969
Effective Date 07/01/1989

RECEIVED MAY 7 1990

Offer of Renewal

The Workers' Compensation Contract of Coverage issued to you in accordance with the provisions of the Minnesota Workers' Compensation Assigned Risk Plan will expire on 07/01/1990 at 12:01 A.M.

Our records show that $0.00 is due the Plan for the unaudited contract period: From 07/01/1989 To 07/01/1990

If you desire continued coverage, the above Contract will be renewed only if any past due premium shown above AND the initial renewal payment of $3,601.00 is received prior to 05/27/1990 (35 days before expiration of the present contract).

The full, estimated, annual renewal premium is based on estimates of your payroll as shown below. An inflation factor was included to prevent development of additional premium at final audit. If your operations have changed and you feel this will affect your premium for the coming year, revisions can be considered upon receipt of a complete written explanation 20 days prior to expiration date. Authorized changes in rates, remuneration, classification or your experience modification factor may require an adjustment in your premium at a later date.

PREMIUM BASIS ESTIMATED TOTAL ANNUAL REMUNERATION	RATES PER $100 OF REMUNERATION	CODE NO.	ENTRIES IN THIS ITEM, EXCEPT AS SPECIFICALLY PROVIDED ELSEWHERE IN THIS CONTRACT; DO NOT MODIFY ANY OF THE OTHER PROVISIONS OF THIS CONTRACT.	ESTIMATED ANNUAL PREMIUM
86790.	4.01	9093	BOWLING LANE	3480.
58190.	4.90	9079	RESTAURANT - NOC	2851.
49500.	4.01	9093	BOWLING LANE	1985.
7040.	4.01	9093	BOWLING LANE	282.
69410.	0.43	8810	CLERICAL OFFICE EMPLOYEES - NOC	298.
			Manual Premium	8896.
			Experience Modification 0.80	7117.
			Credit / Debit Plan N/A	0.
			Expense Constant	85.
			Estimated Annual Premium	7202.
			Initial Payment	3601.

F-411656017
*Agency Name and Address
KEGLER INSURANCE AGY
P.O. BOX 136
DELANO, MN 55328

Please remit your payment to Employee Benefit Administration Co. with a copy of this letter.

EBA 351 CG (6/89)

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 insuance 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 on sale; tavern; liquor on sale Sundays

LICENSING AUTHORITY: City of 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: Doyles Bowling & Lounge, Inc.

Business Address: 5000 West Broadway

Crystal, Minnesota 55429
City State Zip Code

Minnesota Tax Identification No.: 6659859

Federal Tax Identification No.: 41-1246135

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

Doyle A. Steinhaus Pres President 5-4-90
Signature Position (Officer, Partner, etc.) Date

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003373	FOUND BIKE	DOYLE'S	5000 W BDWY	SS
89003557	HEALTH/WELFA		5000 W BDWY	SS
89003676	GROSS DWI		5000 W BDWY	AA
89004143	LOCK OUT		5000 W BDWY	SS
89004258	LARCENY	BENSON, COREY JACK	5000 W BDWY	BC
89006094	LARCENY	JOHNSON, AARON	5000 W BDWY	BC
89006095	LARCENY	GOODRICH, DAVID	5000 W BDWY	BC
89006543	LARCENY	PHELPS, KEVIN	5000 W BDWY	BC
89007348	LARCENY	TROSKA, MARK	5000 W BDWY	BC
89007601	LARCENY	VOGH, TRENT MONTE	5000 W BDWY	BC
89007636	LOCK OUT		5000 W BDWY	SS
89008614	M/V THEFT	ANDERSON, ROBERT WARREN	5000 W BDWY	AR
89008660	DETOX PICKUP	HEDLUND, ALAN EARL	5000 W BDWY	SS
89008725	DETOX PICKUP	NELSON, JOHN	5000 W BDWY	SS
89008873	LARCENY	WEBSTER, BENJAMIN BARRY	5000 W BDWY	BC
89009874	M/V THEFT	PATNODE, RICHARD JOHN	5000 W BDWY	AR
89009930	ALL OTH PUBS		5000 W BDWY	SS
89010086	ALL OTH PUBS		5000 W BDWY	SS
89010088	LARCENY	MOEN, CHRISTOPHER MICHAEL	5000 W BDWY	AR
89010517	CRM DMG PROP	FLAATEN, SARA JANE	5000 W BDWY	SS
89010708	M/V THEFT	LAGUE, RUSSELL LEE	5000 W BDWY	AR
89010757	LOCK OUT		5000 W BDWY	SS
89011096	FOUND PROP		5000 W BDWY	SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000057	SUSP/INFO	LARSON, DERRICK	5000 W BDWY	SS
90000202	FALSE ALARM	DOYLE'S	5000 W BDWY	FA
90000497	ALL OTH PUBS	DOYLES	5000 W BDWY	SS
90000774	LOCK OUT		5000 W BDWY	SS
90000780	SUSP/INFO		5000 W BDWY	GG
90000949	THFT ALL OTH	BOWMAN, JULIE ANN	5000 W BDWY	SS
90001175	LARCENY	ZEGAR, TERRY E.	5000 W BDWY	SC
90001317	LARCENY	DOYLE'S	5000 W BDWY	AR
90001389	LOCK OUT		5000 W BDWY	SS
90001424	PUBLIC PEACE		5000 W BDWY	AR
90001658	LOCK OUT		5000 W BDWY	SS
90001786	MEDICAL	MARSHALL, PRISCILLA	5000 W BDWY	SS
90001920	FALSE ALARM	DOYLE'S	5000 W BDWY	FA
90001938	CRM DMG PROP		5000 W BDWY	SS
90002198	FIGHT		5000 W BDWY	GG
90002423	LOCK OUT		5000 W BDWY	SS
90002555	FORGERY&COUN	DOYLES	5000 W BDWY	AR
90002607	CRM DMG PROP	IBE, JOHN SCOTT	5000 W BDWY	SS

Receipt # 51377
6-7-90

APPLICATION FOR LICENSE

14637

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Palace Inn Pizza, Inc. dba Palace Inn Pizza

Fee, $ 5,500 + bond + ins.

5607 West Broadway

New ..... Renewal X

Crystal, MN 55428

Telephone 535-5010

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Palace Inn Pizza, Inc. dba Palace Inn Pizza hereby make application to

sell liquor on-sale at 5607 West Broadway

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Stanley [illegible]
Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 535-5010

Home Phone: 427-2595

1. I, S.J. Wodzik (Name of person making application), as OFFICER (Individual owner, officer or partner) for and in behalf of PALACE INN PIZZA - INC. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 5607 - W. BROADWAY (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: CRYSTAL, MN. 55428 HENN. Co.

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing 7-1, 19 90, and ending 6-30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation _____; State in which incorporated _____;
States in which licensed to do business _____ amount of authorized capitalization _____;
amount of paid in capital _____. If a subsidiary of any other corporation, so state _____
_____. Is corporation organized for profit or not? _____. Purpose of corporation _____
_____. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
S.J. Wodzik	12170 - MISS. DR.	150
G.F. BATKIEWICZ	11580 - ZACHARY LN.	150

If incorporated under the laws of another state, is corporation authorized to do business in this State? _____.

Name of certificate of authority. _____

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

PALACE INN PIZZA INC.
trade name

6-4-90
date of application

7-1-90 - 6-30-91
licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer

2. STANLEY J. WODZIAK
name of applicant

535-5010
phone

3. 12170-MISS. DR
home address

Champlin
city

MN
state

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.

   S. J. Wodzyak 50% - J. F. Batkiewicz 50%

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.

   (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.

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.

   (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.

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.

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

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

NONE

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

STATE OF MINNESOTA)
ss
COUNTY OF HENNEPIN)

AFFIDAVIT

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

1. That I am the holder of a duly issued license for selling 3.2 on-sale beer and/or on-sale wine in the City of Crystal.

2. That during the past license year, the licensed business did not have sales of more than $10,000 in 3.2 on-sale beer and/or on-sale wine.

3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of $10,000 in 3.2 on-sale beer and/or on-sale wine.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 on-sale beer and/or on-sale wine for any future 12-month period will exceed $10,000, 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

S. J. Walsh
By (Signature)

Officer
Title

5607 - W. Broadway - Crystal
Business Address

Subscribed to and sworn to before me, a Notary Public, on this 6th day of June, 1990.

Darlene J. George
Notary Public, Hennepin County

My Commission expires on _____.

DARLENE J. GEORGE
NOTARY PUBLIC - MINNESOTA
HENNEPIN COUNTY
My Commission Expires Feb. 24, 1993

Form A

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 insuance 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: ON SALE LIQ.

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

PERSONAL INFORMATION (if applicable):
Applicant's Name: S.J. Wodzinik
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.: 41-1425125
If a Minnesota Tax Identification number is not required, please explain on the reverse side.

S J Wodzinik Officer 6-5-90
Signature Position (Officer, Partner, etc.) Date

CERTIFICATE OF INSURANCE

ISSUE DATE
5-15-90 IF

INSURED	PRODUCER
Palace Inn Pizza Inc. 5607 West Broadway Crystal, MN 55428	JOHN H. CROWTHER, INC./ SWETT AND CRAWFORD 3600 MULTIFOODS TOWER 33 SOUTH SIXTH STREET MINNEAPOLIS, MN 55402
COMPANY AFFORDING COVERAGE	TYPE OF INSURANCE
TRANSCONTINENTAL INSURANCE COMPANY	LIQUOR LIABILITY

THIS IS TO CERTIFY THAT THE POLICY OF INSURANCE LISTED BELOW HAS BEEN ISSUED TO THE INSURED NAMED ABO FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTR OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSU AFFORDED BY THE POLICY DESCRIBED THEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS, AND CONDITIONS SUCH POLICY. THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY 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)

☐ 50,000	☐ 100,000	XX 300,000	☐ 500,000	☐ 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 Douuglas 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.

Donald D. Wartick

AUTHORIZED REPRESENTATIVE

(6-89)

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: ~~[illegible]~~ STATE FUND MUTUAL
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0040942 03

Dates of Coverage: 7-9-90 - 7-9-91

(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.

Stanley James Wolfish
(SIGNATURE)

JA/lc (J) 7/87

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003705	MEDICAL	WEINANDT, KATHY	5607 W BDWY	SS
89004384	SUSP/INFO	ANDERSON, SANDRA	5607 W BDWY	GG
89004405	ALL OTH PUBS	PALACE INN	5607 W BDWY	SS
89005119	ALL OTH PUBS		5607 W BDWY	SS
89005312	LV SCENE PD	SMOTHERS, ROLLIE	5607 W BDWY	SS
89005315	LARCENY	LIONS CLUB OF CRYSTAL	5607 W BDWY	AR
89005864	H&R P.D. ACC	BOESL, DAVID JAMES	5607 W BDWY	AR
89006366	LOCK OUT		5607 W BDWY	SS
89006574	DOMESTIC		5607 W BDWY	SS
89007588	PUBLIC PEACE	PALACE INN	5607 W BDWY	AA
89008830	FIGHT		5607 W BDWY	SS
89008879	DWI/DUI		5607 W BDWY	AA
89009168	ASSAULT		5607 W BDWY	AA
89009400	LV SCENE PD	EARLEY, FRANCIS ALEXANDER	5607 W BDWY	SS
89010390	MEDICAL	KRUG, PHILIP JOHN	5607 W BDWY	SS
89010756	FIGHT		5607 W BDWY	SS
89010892	M/V THEFT	BATKIEWICZ, STANLEY GERALD	5607 W BDWY	AR
90000105	THFT FR AUTO	SMOTHERS, ROLLAND	5607 W BDWY	SS
90000334	ALL OTH PUBS	PALACE INN	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

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000105	THFT FR AUTO	SMOTHERS, ROLLAND	5607 W BDWY	SS
90000334	ALL OTH PUBS	PALACE INN	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

Receipt #51379
6-7-90

APPLICATION FOR LICENSE

14634

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Rostamo's, Inc. dba Rostamo's

Fee, $ 5,500 + bond + ins.

6014 Lakeland Avenue North

New ..... Renewal X

Crystal, MN 55429

Telephone 537-7431

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Rostamo's Inc., dba Rostamo's hereby make application to

sell liquor on-sale at 6014 Lakeland Avenue North

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

R.C. Rosta

Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

The Bond Shall be Submitted in Duplicate

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 537 7431

Home Phone: 420-6690

1. I, Richard C. Rostamo (Name of person making application), as President (Individual owner, officer or partner) for and in behalf of Rostamo's, Inc. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 6014 Lakeland Ave. North (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: See attached exhibit A

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing June 30, 19 90, and ending June 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME	ADDRESS
n/a	
n/a	

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 12-26-84; State in which incorporated Minnesota; States in which licensed to do business Minnesota amount of authorized capitalization _____; amount of paid in capital 1,000. If a subsidiary of any other corporation, so state n/a _____. Is corporation organized for profit or not? yes. Purpose of corporation general business purpose. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
Richard C. Rostamo	7461 Dallas Court Mpale Grove, MN 55369	1,000

If incorporated under the laws of another state, is corporation authorized to do business in this State? n/a

Name of certificate of authority. n/a

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

trade name

date of application

licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer
2. Rostamo's Inc. — 612-537-7431
   name of applicant — phone
3. 7401 Dallas Court — Maple Gove — MN
   home address — city — state

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
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04-030589-1

Dates of Coverage: 5-17-90 to 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.

R.C. Rutter
(SIGNATURE)

JA/lc (J) 7/87

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 insuance 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: _____

LICENSING AUTHORITY: _____
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: _____

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

_____

City State Zip Code

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: Rostamo's, Inc.

Business Address: 6014 Lakeland Ave. North

Crystal, MN 55428

City State Zip Code

Minnesota Tax Identification No.: 3265727

Federal Tax Identification No.: 41 1505563

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

R C Rostamo PRESIDENT 5/8/90

Signature Position (Officer, Partner, etc.) Date

ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 6/06/90

PRODUCER

REVISED

Blackburn, Nickels & Smith, Inc.
PO Box 367
Minnetonka, MN 55343

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	Acceptance Indemnity Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Rostamo's, Inc.
ROSTAMO'S
6014 Lakeland Avenue North
Crystal, MN 55428

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						
	COMPREHENSIVE FORM				BODILY INJURY	$	$
	PREMISES/OPERATIONS						
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	$	$
	PRODUCTS/COMPLETED OPERATIONS						
	CONTRACTUAL				BI & PD COMBINED	$	$
	INDEPENDENT CONTRACTORS						
	BROAD FORM PROPERTY DAMAGE						
	PERSONAL INJURY				PERSONAL INJURY		$
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	$	
	ANY AUTO						
	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	HIRED AUTOS				PROPERTY DAMAGE	$	
	NON-OWNED AUTOS						
	GARAGE LIABILITY				BI & PD COMBINED	$	
	EXCESS LIABILITY						
	UMBRELLA FORM				BI & PD COMBINED	$	$
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						$	(EACH ACCIDENT)
						$	(DISEASE-POLICY LIMIT)
						$	(DISEASE-EACH EMPLOYEE)
	OTHER						
A	Liquor Liability	IL 381391	07/01/90	07/01/91	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Tavern - Renewal of IL 351143

CERTIFICATE HOLDER

ADDITIONAL INSURED:

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

AUTHORIZED REPRESENTATIVE

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003346	ALL OTH PUBS	CONKLIN, WILLIAM	6014 LAKELAND	SS
89003667	ALL OTH PUBS	SAUER, KAREN	6014 LAKELAND	SS
89003901	PUBLIC PEACE	ROSTAMO'S	6014 LAKELAND	AA
89003902	PUBLIC PEACE	ROSTAMO'S	6014 LAKELAND	AA
89004055	SUSP/INFO	DEUTSCHER, RICHARD	6014 LAKELAND	SS
89005122	LOCK OUT		6014 LAKELAND	SS
89005658	LARCENY	OLSZEWSKI, MICHAEL RAY	6014 LAKELAND	AR
89006106	ASSAULT	FELLING, LEANN CLARE	6014 LAKELAND	AR
89006902	BURGLARY	ROSTAMO'S LIQUORS	6014 LAKELAND	AR
89007284	ALL OTH PUBS	ROSTAMO'S	6014 LAKELAND	GG
89007896	ASSAULT	CAMERER, CONMEY DALE	6014 LAKELAND	AR
89008709	FIGHT	ROSTAMO'S	6014 LAKELAND	SS
89008951	ASSAULT	CHRISTIANSON, WILLIAM DEAN	6014 LAKELAND	AR
89010185	ALL OTH(OFF)	MINNESOTA THERAPUTIC CAMP	6014 LAKELAND	AR

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000300	ALL OTH PUBS		6014 LAKELAND	SS
90000715	LV SCENE PD	HAROLD, LINDA KAY	6014 LAKELAND	SS
90001028	LARCENY	CAMP CONFIDENCE	6014 LAKELAND	AR
90001645	SUSP/INFO		6014 LAKELAND	GO

Receipt #50661

APPLICATION FOR LICENSE

14635

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Steven Weisman Industries, Inc. dba Steve O's

4900 West Broadway

Crystal, MN 55429

Fee, $ 5,500 + bond + ins.

New ..... Renewal X

Telephone 537-5970
H 577-5448

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Steven Weisman Industries, Inc. dba Steve O's hereby make application to sell liquor on-sale at 4900 West Broadway to include outside cafe as identified on Exhibit "A" on file w/ city clerk through November 1, 1990

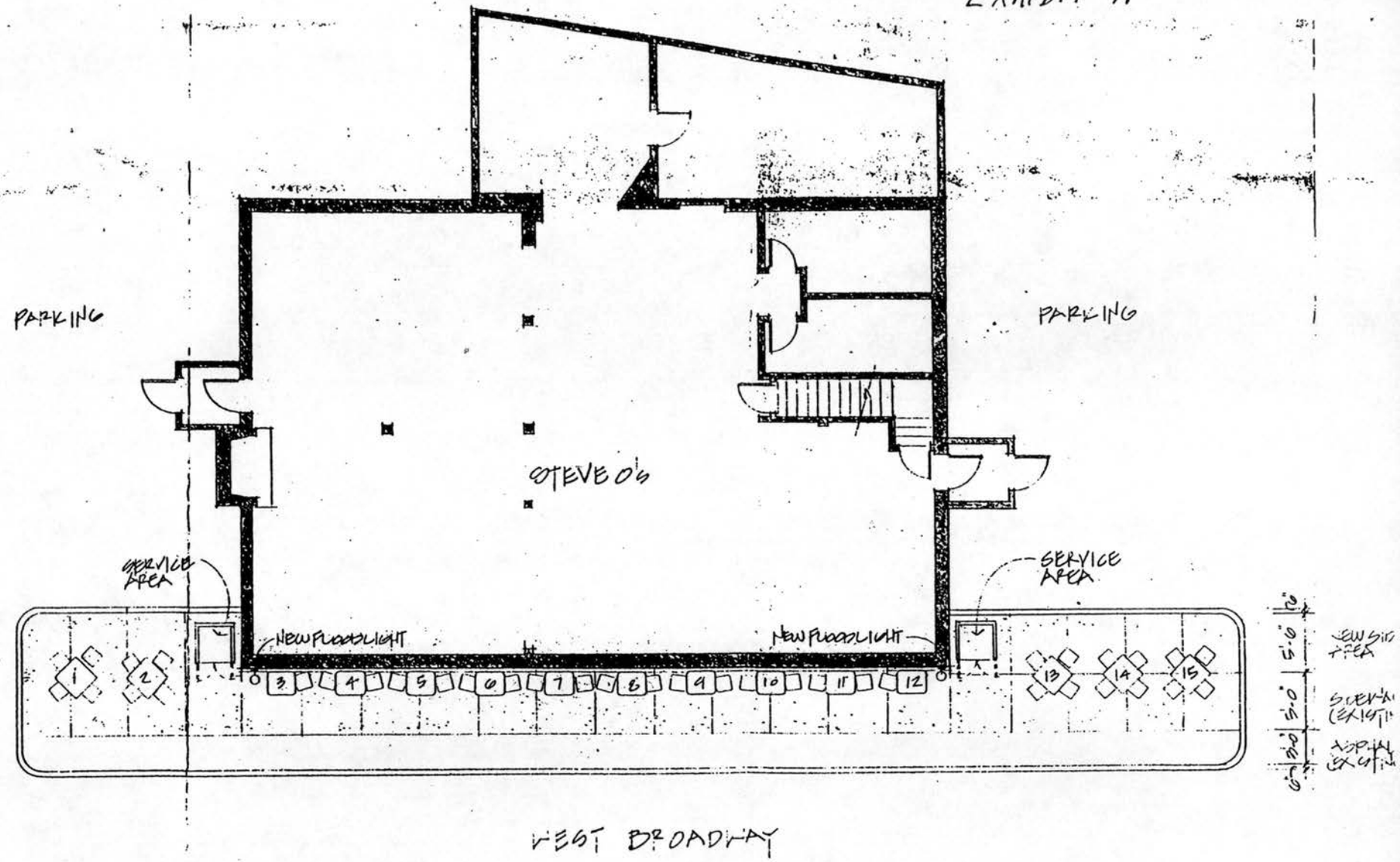
for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Steven Weisman

Signature of Applicant

Exhibit "A"


PARKING
PARKING
STEVE O's
SERVICE AREA
SERVICE AREA
NEW FLOODLIGHT
NEW FLOODLIGHT
1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
WEST BROADWAY

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: _____

Home Phone: _____

1. I, STEVEN WEISMAN (Name of person making application), as OFFICER (Individual owner, officer or partner) for and in behalf of STEVEN WEISMAN INDUSTRIES (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 4900 W BROADWAY (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: UNPLATTED 09-118-21 NE 1/4 OF SW 1/4

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing JULY 1, 1980, and ending JUNE 30, 1991

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME _____ ADDRESS _____

NAME N/A ADDRESS _____

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 9/81; State in which incorporated MN; States in which licensed to do business MN amount of authorized capitalization $1000; amount of paid in capital _____. If a subsidiary of any other corporation, so state _____. Is corporation organized for profit or not? PROFIT. Purpose of corporation DAN C REST. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
STEVEN WEISMAN	1530 ST CROIX CIRCLE Golden Valley MN	1000

If incorporated under the laws of another state, is corporation authorized to do business in this State? _____

Name of certificate of authority. _____

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

STEVEN WEISMAN INDUSTRIES DBA STEVE'S — 4/19/90

trade name — date of application

JULY 1, 1990 – JUNE 30, 1991

licensing period

1. Type of Application: ☐ New ☑ Renewal ☐ Transfer

2. STEVEN WEISMAN — _____

name of applicant — phone

3. 1530 ST CROIX CIRCLE — GOLDEN VALLEY — MN

home address — city — state

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.
STEVEN WEISMAN 1000 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? 1

(b) State dates and places of holding meetings.

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

5. (a) How many directors' meetings were held during the past license year? 1

(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. STEVEN WEISMAN

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.

STEVEN WEISMAN 1000

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

(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. n/a

CERTIFICATE OF INSURANCE

ISSUE DATE
6-5-90 jm

INSURED

Steven Wiesman Industries, Inc.
DBA Stevo's
4900 West Broadway Avenue
Crystal, MN 55429

PRODUCER

JOHN H. CROWTHER, INC./ SWETT AND CRAWFORD
3600 MULTIFOODS TOWER
33 SOUTH SIXTH STREET
MINNEAPOLIS, MN 55402

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 33 99	7-1-90	7-1-91	Location-same

LIMITS OF LIABILITY (check only one limit)

☐ 50,000	☒ XX 100,000	☐ 300,000	☐ 500,000	☐ 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
City Hall
Crystal, MN 55429

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.

Donald D. Waitick
AUTHORIZED REPRESENTATIVE

(6-89)

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: FBA
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04041547

Dates of Coverage: 9/21/1987 TO 9/21/90

(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.

Steven Werner
(SIGNATURE)

JA/lc (J) 7/87

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 insuance 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 LIC

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

PERSONAL INFORMATION (if applicable):

Applicant's Name: STRUER WEISMAN
Applicant's Address: 1530 ST CROIX CIRCLE
GOLDEN VALLEY MN 55422
City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: STRUER WEISMAN INDUSTRIES
Business Address: 4900 W BROADWAY
CRYSTAL MN 55429
City State Zip Code

Minnesota Tax Identification No.: 4237481
Federal Tax Identification No.: 41-1408625

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

Steven Weisman President 4-19-90
Signature Position (Officer, Partner, etc.) Date

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003345	H&R P.D. ACC	SEYMORE AND SROKA/VICTIMS	4900 W BDWY	AR
89004327	LOCK OUT		4900 W BDWY	SS
89004441	LOCK OUT		4900 W BDWY	SS
89004848	REC STOL M/V	CHAMPLIN PD	4900 W BDWY	AR
89004946	FALSE ALARM	STEVEO'S	4900 W BDWY	FA
89005342	ALL OTH PUBS	LANG, WILLIAM EARL	4900 W BDWY	SS
89006044	FALSE ALARM	STEVE O'S	4900 W BDWY	FA
89007091	ALL OTH PUBS	STEVE O'S	4900 W BDWY	SS
89007527	LOCK OUT		4900 W BDWY	SS
89007659	WARRANT ARR		4900 W BDWY	AA
89007842	SEX CRIMES	[redacted]	4900 W BDWY	AR
89007924	THFT FR AUTO	SANISIDRO, MICHAEL TODD	4900 W BDWY	SS
89008727	AST OT AGENC	MINNETONKA PD	4900 W BDWY	AR
89010541	FIGHT		4900 W BDWY	SS
89010549	ASSAULT	LOKEN, ROBBIE ALAN	4900 W BDWY	AR
89010588	M/V THEFT	JOHNSTONE, PAUL ROBERT	4900 W BDWY	AR
89010713	DETOX PICKUP		4900 W BDWY	SS
89010878	LOCK OUT		4900 W BDWY	SS

'90 STEVE O'S

05/09/90

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000501	ALL OTH PUBS		4900 W BDWY	SS
90000503	ALL OTH PUBS		4900 W BDWY	UU
90001038	PD ACC MV/MV	SANDBERG, JANICE LORENE	4900 W BDWY	SS
90001629	H&R P.D. ACC	CONNOY, TERESA ANN	4900 W BDWY	AR
90001718	THFT FR AUTO	SCHUH, JOHN EDWARD	4900 W BDWY	SS
90002043	LOCK OUT		4900 W BDWY	SS
90002268	CRM DMG PROP	THEISSEN, TERRI BETH	4900 W BDWY	SS
90002298	FALSE ALARM	STEVO'S	4900 W BDWY	FA
90002357	LOCK OUT		4900 W BDWY	SS
90002634	SUSP/INFO		4900 W BDWY	GG
90002738	ALL OTH PUBS	SHERRY	4900 W BDWY	GG
90002919	SUSP/INFO	STEVOS	4900 W BDWY	GG

Receipt # 51079
6-7-90

APPLICATION FOR LICENSE

14639

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Sellman Enterprises, Inc. dba Chalet Bowl

3520 Lilac Drive

Crystal, MN 55422

Fee, $ 5,500 + bond + ins.

New ..... Renewal X

Telephone 521-4729

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Sellman Enterprises, Inc. dba Chalet Bowl hereby make application to

sell liquor on-sale at 3520 Lilac Drive

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Stephen B Sellman
Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 521-4729

Home Phone: 493-4490

1. I, STEPHEN B SELLMAN (Name of person making application), as OWNER-OFFICER (Individual owner, officer or partner) for and in behalf of SELLMAN ENTERPRISES (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 3520 NO LILAC DRIVE (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: TRACT C REGISTERED LAND SURVEY # 860 HENNEPIN CO MINN

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing July 1, 19 90, and ending JUNE 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME _____ ADDRESS _____

NAME _____ ADDRESS _____

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation 7-2-76; State in which incorporated MINN; States in which licensed to do business MINN amount of authorized capitalization $1000 —; amount of paid in capital $50,000 —. If a subsidiary of any other corporation, so state _____. Is corporation organized for profit or not? PROFIT. Purpose of corporation _____. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
STEPHEN B SELLMAN	8737 KILBIRNIE TERRACE BROOKLYN PARK MN	60
DARREN M SELLMAN	DUSTIN R SELLMAN " " "	10 EA
CURTIS L SELLMAN	3425 53RD AVE NO #210 BROOKLYN CENTER MN	10
DOUGLAS S SELLMAN	1701 83RD AVE NO BROOKLYN PARK MN	10 EA

If incorporated under the laws of another state, is corporation authorized to do business in this State? _____

Name of certificate of authority. _____

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

CHALET BOWL
trade name

5-31-90
date of application

JULY 1, 1990 TO JUNE 30, 1991
licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer
2. STEPHEN B SELLMAN — name of applicant
   493-4490 — phone
3. 8737 KILBIRNIE TERRACE — home address
   BROOKLYN PARK — city
   MINN — state

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.

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.

(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. 5-1-90 8737 KILBURNE TERRACE

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

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

(b) State the dates and places of holding each meeting. 5-1-90 8737 KILBURNE TERRACE

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

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, guaradian, attorney in fact, pledgee, executor, administrator, assignee or in any other representative capacity. None

7. (b) State the number and types of shares of stock involved, the names of all parties having an interest in such stock, the number of shares of stock involved, the names and addresses of all parties in interest, and a statement of such interest as to each. None

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

(b) State the name of the grantor and the grantee and other details pertaining thereto. None

9. (a) During the past license year to date, state as to whether the corporation has issued, hypothecated, pledged or otherwise transferred or assigned any new or already issued stock. None

(b) State the amount and type of stock involved, the name and addresses of the persons involved and on what dates. None

SET TAB STOPS AT ARROWS

acord CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 06/17/90

PRODUCER

REVISED

Blackburn, Nickels & Smith, Inc.
PO Box 367
Minnetonka, MN 55343

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	Acceptance Indemnity Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Sellman Enterprises
CHALET BOWL
3520 North Lilac Drive
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 COMPREHENSIVE FORM PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD PRODUCTS/COMPLETED OPERATIONS CONTRACTUAL INDEPENDENT CONTRACTORS BROAD FORM PROPERTY DAMAGE PERSONAL INJURY				BODILY INJURY	$	$
					PROPERTY DAMAGE	$	$
					BI & PD COMBINED	$	$
					PERSONAL INJURY		$
	AUTOMOBILE LIABILITY ANY AUTO ALL OWNED AUTOS (PRIV. PASS.) ALL OWNED AUTOS (OTHER THAN PRIV. PASS.) HIRED AUTOS NON-OWNED AUTOS GARAGE LIABILITY				BODILY INJURY (PER PERSON)	$	
					BODILY INJURY (PER ACCIDENT)	$	
					PROPERTY DAMAGE	$	
					BI & PD COMBINED	$	
	EXCESS LIABILITY UMBRELLA FORM OTHER THAN UMBRELLA FORM				BI & PD COMBINED	$	$
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						$ (EACH ACCIDENT)	
						$ (DISEASE-POLICY LIMIT)	
						$ (DISEASE-EACH EMPLOYEE)	
	OTHER				POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT		
A	Liquor Liability	IL 381607	07/01/90	07/01/91			

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Bowling Alley - Renewal of IL 351339

CERTIFICATE HOLDER

ADDITIONAL INSURED:

City of Crystal
4141 Douglas Drive North
Crystal, MN 55429

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04/039958

Dates of Coverage: 7-1-90 - 6-30-91

(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.

Stephen B Sellman
(SIGNATURE)

JA/lc (J) 7/87

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.

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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 insuance 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 ON-SALE

LICENSING AUTHORITY: CRYSTAL
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 7-1-90

PERSONAL INFORMATION (if applicable):

Applicant's Name: STEPHEN B SELLMAN

Applicant's Address: 8757 KILBIRNIE TERRACE
BROOKLYN PARK MN 55443
City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: CHALET BOWL

Business Address: 3520 NO LILAC DRIVE
CRYSTAL MN 55422
City State Zip Code

Minnesota Tax Identification No.: 694648

Federal Tax Identification No.: 41-1278089

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

Stephen B Sellman PRESIDENT 6-6-90
Signature Position (Officer, Partner, etc.) Date

'89 CHALET BOWL

05/08/90

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003574	FIRE-ALL OTH		3520 LILAC DR	SS
89003708	SUSP/INFO	CHALET BOWL	3520 LILAC DR	UU
89003958	FALSE ALARM	CHALET BOWL	3520 LILAC DR	FA
89004407	ALL OTH PUBS	CHALET BOWL	3520 LILAC DR	SS
89004580	ALL OTH PUBS	GRIMES, FRANCIS KATE	3520 LILAC DR	SS
89005435	PARKING VIOL		3520 LILAC DR	SS
89006235	CRM DMG PROP	WEILBRENIER, LISA LEE	3520 LILAC DR	SS
89007052	LOCK OUT		3520 LILAC DR	SS
89007317	LARCENY	CHALET BOWL	3520 LILAC DR	AR
89007560	VANDALISM	HLAVKA, MICHAEL RAYMOND	3520 LILAC DR	AR
89007673	LARCENY	GOODWIN, PHYLLIS M	3520 LILAC DR	AC
89009126	FALSE ALARM	CHALET BOWL	3520 LILAC DR	FA
89009222	THFT AUTO AC	LAMOTTE, BERNARD	3520 LILAC DR	SS
89009583	DOMESTIC	CHALET BOWL	3520 LILAC DR	SS
89009600	LOCK OUT		3520 LILAC DR	SS
89010044	FALSE ALARM	CHALET BOWL	3520 LILAC DR	FA
89010316	LOCK OUT		3520 LILAC DR	SS
89010946	ALL OTH PUBS		3520 LILAC DR	GG
89010978	THFT FR AUTO	KUDLA, JOSEPH GERRARD	3520 LILAC DR	SS
89011023	FALSE ALARM	CHALET BOWL	3520 LILAC DR	FA

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000293	THFT FR AUTO	PETERSON, CATHY	3520 LILAC DR	SS
90000864	CRM DMG PROP	JOLY, KEITH LOREN	3520 LILAC DR	SS
90001578	THFT FR AUTO	KLEFSAAS, KEVIN	3520 LILAC DR	SS
90001940	M/V THEFT	GLASS MASTERS INC,	3520 LILAC DR	RR
90002758	ALL OTH PUBS	CHALET BOWL	3520 LILAC DR	SS

Receipt #51077
6-7-90

APPLICATION FOR LICENSE

14633

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE L.J.D., Inc. dba Paddock Bar & Lounge

5540 Lakeland Ave. North

Crystal, MN 55429

Fee, $ 5,500 + bond + ins.

New ..... Renewal X

Telephone 533-7935

enclose the sum of TWO THOUSAND SEVEN HUNDRED FIFTY and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

L.J.D., Inc. dba Paddock Bar & Lounge hereby make application to

sell liquor on-sale at 5540 Lakeland Avenue North

for the period 7-1-90 through 6-30-91 subject to all conditions and provisions of said Ordinance.

City Use Only

Signature of Applicant

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 612-533-7935

Home Phone: 612-561-5939

1. I, Joe Hartinger (Name of person making application), as Officer (Individual owner, officer or partner) for and in behalf of L.J.D. Inc. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 5540 Lakeland Ave No. (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: Paddock Bar & Lounge

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing _____, 19 ____, and ending _____, 19 ____

2. If a partnership, state name and address of each member of partnership, including silent partners.

NAME	ADDRESS
Joe Hartinger	6101 Dupont Ave. No Brooklyn Center Mn. 55429
Lorraine Hartinger	6101 Dupont Ave No. Brooklyn Center Mn. 55429

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

3. If a corporation, date of incorporation _____; State in which incorporated Minnesota; States in which licensed to do business Minnesota amount of authorized capitalization 350,000; amount of paid in capital 50,000. If a subsidiary of any other corporation, so state None _____. Is corporation organized for profit or not? Yes. Purpose of corporation Bar & Lounge. Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
Joe Hartinger	6101 Dupont Ave No. Brooklyn Center	1750
Lorraine Hartinger	6101 Dupont Ave No. Brooklyn Center	1750

If incorporated under the laws of another state, is corporation authorized to do business in this State? No

Name of certificate of authority. XXXXXXX

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

L.J.D. INC: d/b/a Paddock Bar & Lounge
trade name

May 30, 1990
date of application

licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer

2. Joe Hartinger
name of applicant

612-561-5939
phone

3. 6101 Dupont Ave. No.
home address

Brooklyn Center
city

Minn.
state

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 on-sale beer and/or on-sale wine in the City of Crystal.

2. That during the past license year, the licensed business did not have sales of more than $10,000 in 3.2 on-sale beer and/or on-sale wine.

3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of $10,000 in 3.2 on-sale beer and/or on-sale wine.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 on-sale beer and/or on-sale wine for any future 12-month period will exceed $10,000, 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.

L. J. D. Inc
Name of Business

Joe Kutinger
By (Signature)

V.P.
Title

Business Address

Subscribed to and sworn to before me, a Notary Public, on this 1 day of June, 1990.

Ilene M Wood
Notary Public, Hennepin County

My Commission expires on July 6 1994

Form A

ILENE M. WOOD
NOTARY PUBLIC—MINNESOTA
HENNEPIN COUNTY
My Commission Expires July 6, 1994

SET TAB STOPS AT ARROWS

acord® CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 06/07/90

PRODUCER

REVISED

Blackburn, Nickels & Smith, Inc.
PO Box 367
Minnetonka, MN 55343

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	Acceptance Indemnity Ins. Co.
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

INSURED

Joe Lorraine Hartinger
THE PADDOCK
5540 Lakeland Avenue North
Crystal, MN 55429

COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS	EACH OCCURRENCE	AGGREGATE
	GENERAL LIABILITY				BODILY INJURY	$	$
	COMPREHENSIVE FORM				PROPERTY DAMAGE	$	$
	PREMISES/OPERATIONS				BI & PD COMBINED	$	$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PERSONAL INJURY		$
	PRODUCTS/COMPLETED OPERATIONS						
	CONTRACTUAL						
	INDEPENDENT CONTRACTORS						
	BROAD FORM PROPERTY DAMAGE						
	PERSONAL INJURY						
	AUTOMOBILE LIABILITY				BODILY INJURY (PER PERSON)	$	
	ANY AUTO				BODILY INJURY (PER ACCIDENT)	$	
	ALL OWNED AUTOS (PRIV. PASS.)				PROPERTY DAMAGE	$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BI & PD COMBINED	$	
	HIRED AUTOS						
	NON-OWNED AUTOS						
	GARAGE LIABILITY						
	EXCESS LIABILITY				BI & PD COMBINED	$	$
	UMBRELLA FORM						
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
						$	(EACH ACCIDENT)
						$	(DISEASE-POLICY LIMIT)
						$	(DISEASE-EACH EMPLOYEE)
	OTHER						
A	Liquor Liability	IL 381506	07/01/90	07/01/91	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Tavern - Renewal of IL 351346

CERTIFICATE HOLDER

ADDITIONAL INSURED:

City of Crystal
4141 Douglas Drive North
Crystal, MN 55429

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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: ACCEPTANCE INDEMNITY INS.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: _____

Dates of Coverage: ~~5-31-90~~ 7-1 ~~5-31-~~ 91 7-1-

(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.

Joe Hartunguie
(SIGNATURE)

JA/lc (J) 7/87

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 insuance 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: On Sale Liquor License

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

PERSONAL INFORMATION (if applicable):

Applicant's Name: Joe Hartinger

Applicant's Address: 6101 Dupont Ave No

Brooklyn Center Minnesota 55429

City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: L.J.D. INC dba PADDOCK BAR & lounge

Business Address: 5540 LAKELAND AVE NO

CRYSTAL MINNESOTA 55429

City State Zip Code

Minnesota Tax Identification No.: 500-3845

Federal Tax Identification No.: 41-1283208

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

Joe Hartinger V.P. 5-30-90

Signature Position (Officer, Partner, etc.) Date

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003532	FIGHT		5540 LAKELAND	SS
89003646	DWI/DUI	GREEN & WHITE CAB #50	5540 LAKELAND	AA
89004190	ASSAULT	ALDRIDGE, JODI DENISE	5540 LAKELAND	AA
89005009	LARCENY	PYSICK, TODD	5540 LAKELAND	AR
89005242	CRM DMG PROP	CHRISTOPHER, ERIC JON	5540 LAKELAND	SS
89005258	LOCK OUT		5540 LAKELAND	SS
89005361	CRM DMG PROP	ELLISON, BRADLEY JAMES	5540 LAKELAND	SS
89005424	ALL OTH PUBS		5540 LAKELAND	SS
89006123	LARCENY	WARD, REBECCA	5540 LAKELAND	AR
89006126	FOUND PROP	HAGGE, TAWA	5540 LAKELAND	AR
89006331	FIGHT		5540 LAKELAND	SS
89006453	LOCK OUT		5540 LAKELAND	SS
89006614	ALL OTH PUBS		5540 LAKELAND	SS
89006685	ALL OTH PUBS		5540 LAKELAND	SS
89006911	FORGERY&COUN	CHURCH OF ALL SAINTS	5540 LAKELAND	AR
89008797	SUSP/INFO		5540 LAKELAND	SS
89008947	ALL OTH PUBS		5540 LAKELAND	SS
89008948	DOMESTIC		5540 LAKELAND	SS
89008983	PI AC MV/PED	LATENVILLE, JEFFREY JOHN	5540 LAKELAND	JR
89009233	ALL OTH PUBS	IVING, JULIE	5540 LAKELAND	SS
89009305	ALL OTH PUBS	THE PADDOCK	5540 LAKELAND	SS
89009725	FIGHT	PADDOCK	5540 LAKELAND	SS
89009862	FIGHT	PADDOCK	5540 LAKELAND	UU
89009897	ASSAULT	SMYKALSKI, THOMAS LOUIS	5540 LAKELAND	AR
89010326	DETOX PICKUP	FRITZ, DEANNA	5540 LAKELAND	SS
89010967	LOCK OUT		5540 LAKELAND	SS

'90 PADDOCK BAR

06/04/90

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000558	VANDALISM		5540 LAKELAND	AA
90000714	SUSP/INFO		5540 LAKELAND	UU
90000964	LOCK OUT		5540 LAKELAND	SS
90001501	FIGHT	PADDOCK	5540 LAKELAND	SS
90001636	DOMESTIC	ST CYR, JEROME CHARLES	5540 LAKELAND	SS
90001815	HEALTH/WELFA		5540 LAKELAND	GG
90002826	ASSAULT		5540 LAKELAND	AA
90003197	FIGHT		5540 LAKELAND	SS

Receipt # 51016

APPLICATION FOR LICENSE

14632

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Ground Round, Inc. dba The Ground Round

6830 - 56th Avenue North

Crystal, MN 55428

Fee, $ 5,500 + bond + ins.

New ..... Renewal X

Telephone .....

enclose the sum of FIVE THOUSAND FIVE HUNDRED and no/100 DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Ground Round Inc., dba The Ground Round hereby make application to

sell liquor on-sale at 6830 - 56th Avenue North

for the period July 1, 1990 through June 30, 1991 subject to all conditions and provisions of said Ordinance.

City Use Only

Robin L. Moroz

Signature of Applicant

Robin L. Moroz, Assistant Secretary

CITY OF CRYSTAL

4141 Douglas Drive North
Crystal, Minnesota 55422
537-8421

APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

In answering the following questions "APPLICANTS" shall be governed as follows: For a Corporation two officers shall execute this application for all officers, directors, and stockholders. For a Partnership, one of the "APPLICANTS" shall execute this application for all members of the partnership, but all partners must sign. If additional space is required, use a separate sheet of paper, indicating by number the question answered. MUST fill out each question with an answer or an "n/a" if not applicable.

Every Question Must be Answered in Ink or on Typewriter

This is to certify that the applicant named herein is a duly qualified voter and REGISTERED

Date _____

By _____
Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 617-331-7005

Home Phone: 617-848-0960

1. I, Robin L. Moroz (Name of person making application), as Assistant Secretary (Individual owner, officer or partner) for and in behalf of The Ground Round, Inc. (myself, names of partners, name of corporation) hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor to be located at 6830 Bass Lake Road (street address and/or block number); Legal Description of premises to be used for the sale of such liquors: see attached legal description

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing July 1, 19 90, and ending June 30, 19 91

2. If a partnership, state name and address of each member of partnership, including silent partners.

n/a
NAME ADDRESS

NAME ADDRESS

IF THIS APPLICATION IS FOR A CORPORATION, INCLUDE A CERTIFIED COPY OF THE ARTICLES OF INCORPORATION AND BY-LAWS. If this application is for a renewal of license and changes have been made in the Articles of Incorporation and By-Laws since the last issue of License, enclose a certified copy of the Amended Articles of Incorporation and By-Laws.

COPY ON FILE

3. If a corporation, date of incorporation 9/4/85; State in which incorporated Delaware; States in which licensed to do business Minnesota amount of authorized capitalization _____; amount of paid in capital _____. If a subsidiary of any other corporation, so state _____. Is corporation organized for profit or not? profit. Purpose of corporation restaurant business. Name and address of all officers, directors and stockholders and number of shares held by each:

See attached list
NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

If incorporated under the laws of another state, is corporation authorized to do business in this State? yes.

Name of certificate of authority. C T Corporation System

4. What is date, place of birth and citizenship status of applicant and manager; if partnership, each partner; if corporation, each officer and director?

See attached list
NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

NAME DATE OF BIRTH PLACE OF BIRTH CITIZEN

5. Are all of the above and their spouses registered voters in the County of Hennepin? no

6. If any person is naturalized, state date and place of naturalization. n/a

7. List residence for the past 10 years of applicant and manager; if partnership, each partner, if corporation, all officers, directors and managers:

See attached list

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

8. List full name, address birthdate and birthplace of spouse of applicant; if partnership, each partner, if corporation, each officer and director:

See attached list

NAME ADDRESS BIRTHDATE BIRTHPLACE

NAME ADDRESS BIRTHDATE BIRTHPLACE

NAME ADDRESS BIRTHDATE BIRTHPLACE

NAME ADDRESS BIRTHDATE BIRTHPLACE

NAME ADDRESS BIRTHDATE BIRTHPLACE

9. List name and address of employer, and occupation for the past 10 years of applicant and manager; if partnership, each partner, of corporation, all officers, directors and managers:

See attached list

EMPLOYER ADDRESS OCCUPATION

EMPLOYER ADDRESS OCCUPATION

EMPLOYER ADDRESS OCCUPATION

EMPLOYER ADDRESS OCCUPATION

10. How are the premises classified under the zoning ordinance? restaurant

11. State the shortest distance, in feet, from licensed premises to nearest academy, college, university, church, public or parochial school: unknown

12. State name and address of owner or owners of building wherein the licensed business will be located.

The Ground Round, Inc., 541 Main Street, South Weymouth, MA 02190

NAME ADDRESS

NAME ADDRESS

13. Are taxes (both real estate and personal property) where the licensed premises are located delinquent? no

14. Do you agree to give the City of Crystal a copy of the lease for the licensed premises, if any? n/a

15. If building is owned by individual applicant, partnership, or corporation, state: Deed on file

(a) Date Purchased _____ (b) Purchased from _____;

(c) Purchase Price _____ (d) Amount of Down Payment _____ (e) Amount of Mortgage _____

(f) Who currently holds mortgage _____ (g) Amount of Contract for Deed _____;

(h) Who Currently holds Contract for Deed? _____. (i) Term of Mortgage _____

(j) Term of Contract for Deed _____ (k) Rate of Interest on Contract for Deed _____. (l) Rate of Interest on Mortgage _____;

(m) State the rate at which the Mortgage and/or Contract for Deed is being liquidated: _____. (n) Are the payments on Mortgage and/or Contract for Deed up to date? _____.

16. For the preceding calendar year, list sources of income, as shown in state and federal tax returns, received by applicant; if partnership, by each partner; if corporation, by each officer and director: not available

17. For the preceding year, list sources of income received by spouse of applicant from the sale of intoxicating liquors; if partnership, spouse of each partner; if corporation, by spouse of each officer or director: n/a

18. For the licensed business, list all banks, financial institutions and persons with whom applicant and spouse; if partnership, each partner and spouse; if corporation each officer and director and spouse, have made mortgages, loans or have certificates of deposit, checking accounts and savings accounts during the preceding license year: n/a

19. Does applicant; if partnership, each partner, if corporation, each officer and director, maintain a safe deposit box? If so, where? n/a

20. Has applicant, or spouse, if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever had an application for a liquor license denied by any municipality or state authority during the past 10 years? If so, give date and details: no

21. Has applicant, or spouse; if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever had a license under the Minnesota Liquor Control Act revoked or suspended for any violation of State Laws or local ordinances during the past 10 years? If so, give date and details:
no

22. Has applicant, or spouse; if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever been convicted of any violation of any municipal ordinance; or of any liquor law violation; or the violation of any municipal ordinance relating to intoxicating or non-intoxicating malt liquor; or any felony or crime in this State, or any other state, or under federal laws in the last five years? no If so, give details and date:

23. Will you agree to furnish to the Crystal City Council the books of account that pertain to the operation of this license: yes

24. Is applicant; if partnership, any partner; if corporation, any officer or director, a member of the governing body of the municipality in which this license is to be issued? If so, in what capacity? no

25. State whether (a) any person other than applicant; if partnership, any partner; if corporation, any officer director or stockholder, has any right, title or interest, directly or indirectly, in the furniture, fixtures, inventory or equipment in the premises for which license is applied: no
(b) any person other than applicant and associates shares directly or indirectly in any profits or is in any manner connected financially with the licensed business. If so, give name and details:

26. Has applicant; if partnership, any partner; of corporation, any officer or director and/or their spouses, any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota? yes
Give name and address of such establishment See attached list of The Ground Round, Inc. locations

27. State name of person or firm that does the bookkeeping, auditing or accounting for the licensed business:
Deloitte, Haskins & Sells

28. List living father, mother, brother or sister, or the spouses of any such relative of applicant and spouse; if partnership, any partner, and spouse; if corporation, any officer or director and spouse, who have been issued a retail liquor license by a Minnesota municipality. Include name of relative, relationship, and where license was issued: none

29. Furnish the name and address of at least three business references, residents of Hennepin County, including one bank reference:

n/a
NAME ADDRESS

NAME ADDRESS

NAME ADDRESS

30. Do you possess a retail dealer's identification card issued by the Liquor Control Commissioner which will expire December 31st of this year? Yes. Give number: 08910

31. Will intoxicating liquor be sold to other than the consumer? NO

32. Does applicant; if partnership, any partner; if corporation, any officer or director, intend to possess, operate or permit the possession or operation of, on the licensed premises, or in any adjoining room of the licensed premises, any slot machine, dice, gambling device and apparatus, or permit any gambling therein, or allow any person to use the licensed premises for purposes of prostitution or soliciting? no

33. Do you agree not to dilute or tamper with the contents of distilled spirits in original containers? yes

34. If application is for a license in a club, state number of members: n/a

35. State trade name to be used: The Ground Round

36. State name of person who will operate or manage licensed premises: Randy Vancura

37. Attach to this application a list of persons employed in a managerial or supervisory capacity by applicant and his associates in connection with the licensed premises, including their job titles; state whether, upon your best information and belief, any such employee has ever been convicted of any liquor law violation, either under State statute or local ordinance, or any crime in this State or any other State, or under federal laws within the past 5 years; if so, give details: none

38. State whether an "Off Sale" Liquor License has or will be applied for in conjunction with this Retail Liquor License, and for the same premises: no

39. State whether an "On Sale" Non-Intoxicating Malt Beverage License has or will be granted in conjunction with this Retail Liquor License, and for the same premises: yes

40. Give Federal Retail Liquor Dealer's Tax Stamp Number: 1989164-117-001; in whose name is the stamp issued, and at what address: The Ground Round, Inc.

41. Do you agree to give to the City of Crystal the name of the person or firm who acted as agent or broker in connection with the sale or transfer of property, stock and/or fixtures for this transfer of licenses: n/a.

Applicant and his associates in this application will strictly comply with all the laws of the state of Minnesota governing the taxation and sale of intoxicating liquor; the rules and regulations promulgated by the Liquor Control Commissioner; and all ordinances of the municipality, I hereby certify that I have read and understand every question in this application, and that the answer to every question is true to my own knowledge, information and belief. I further understand that the giving of false information in this application, and/or the failure to give required pertinent information in this application, and for the failure to give required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder.

THE GROUND ROUND, INC.

By: [signature]
Signature of Applicant
Robin L. Moroz, Assistant Secretary

By: [signature]
Signature of Applicant
Warren C. Hutchins, Vice Pres. & Secy.

Subscribed and sworn to before me
this 10th day of May 19 90

Notary Public, County of ~~Hennepin~~ Norfolk
Nancy M. Cullity
My com. expires: 4/20/95

REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT

This is to certify that the applicant, or his associates, named in this application have been convicted of the following violations of Laws of the State of Minnesota or Municipal Ordinances:

NONE

CITY OF CRYSTAL POLICE DEPARTMENT

Approved by: James F. Hosey
Chief of Police
Title

REPORT ON PREMISES BY THE FIRE DEPARTMENT

This is to certify that the premises herein described have been inspected and that all Laws of the State of Minnesota and Municipal Ordinances relating to Fire Protection have been complied with.

CITY OF CRYSTAL FIRE DEPARTMENT

Approved by: [signature]
Fire Chief
Title

Revised 1989

LEGAL DESCRIPTION

THE GROUND ROUND (RESTAURANT)
6830 Bass Lake Road
Crystal, MN

Lot 2, Block 1, DESIGN ASSOCIATES ADDITION, according to the recorded plat thereof;

Lot 3, Block 1, GENERAL MILLS CRYSTAL ADDITION except that part of said Lot 3 which lies Southwesterly of a line drawn from a point on the West line of said Lot 3 distant 10 feet Northerly of the Southwest corner thereof, to a point on the South line of said Lot 3 distant 10 feet Easterly of said Southwest corner thereof.

According to the plat thereof on file or of record in the office of County Recorder, Hennepin County, Minnesota.

MICHAEL PAUL O'DONNELL

DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER

Home Address:

520 Jerusalem Road
Cohasset, MA 02025

ROBERT GRAHAM KING

DIRECTOR, SENIOR VICE PRESIDENT AND TREASURER

Home Address:

5C Fulling Mill Lane
Hingham, MA 02043

MICHAEL ROBERT JORGENSEN

DIRECTOR & VICE PRESIDENT

Home Address:

210 Frederick Street
Paramus, NJ 07652

CHARLES FRANCIS WOODHOUSE

DIRECTOR & VICE PRESIDENT

Home Address:

2010 Pine Street
Philadelphia, PA 19103

WARREN COLE HUTCHINS

VICE PRESIDENT & SECRETARY

Home Address:

20 Charles Street
Lexington, MA 02173

DIANA E. BURTON

ASSISTANT SECRETARY

Home Address:

185 Kingfisher Drive
Middletown, NJ 07748

4978.11L

ROBIN LEE MOROZ

ASSISTANT SECRETARY

Home Address:

80 Herbert Road
Braintree, MA 02184

THE GROUND ROUND, INC.

MINNESOTA LOCATIONS

2545 County Road 10
Brooklyn Center, MN

5277 Central Ave., NE
Fridley, MN

2100 North Snelling Ave.
Roseville, MN

26th & West Division
St. Cloud, MN

1825 Suburban Ave.
St. Paul, MN

1504 East 78th Street
Richfield, MN

2102 Maple Grove Road
Duluth, MN

2900 Coon Rapids Blvd.
Coon Rapids, MN

6830 Bass Lake Road
Crystal, MN

2379 McKnight Road
N. St. Paul, MN

1755 South Robert Street
West St. Paul, MN

14200 Nicollet Avenue
Burnsville, MN

APPLICATION FOR INTOXICATING LIQUOR LICENSE

This form was prepared by the Minnesota Bureau of Criminal Apprehension, Department of Public Safety, pursuant to Minnesota Statutes, 1976, Section 340.13, for purposes of background investigation. It does not supercede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of the application.

The Ground Round
trade name

5/10/90
date of application

July 1, 1990 - June 30, 1991
licensing period

1. Type of Application: ☐ New ☒ Renewal ☐ Transfer

2. Robin L. Moroz, Assistant Secretary
name of applicant

617-331-7005
phone

3. 80 Herbert Road
home address

Braintree
city

MA
state

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. SEE ATTACHED

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. SEE ATTACHED

   (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. SEE ATTACHED

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

   (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? SEE ATTACHED

   (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. N/A

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. N/A

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. N/A

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. N/A

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. See 2b

(b) State the amount and type of stock involved, the name and addresses of the persons involved and on what dates. See 2b

9363.27

THE GROUND ROUND, INC.

City of Crystal, MN

Addendum for Corporation Liquor Licenses

Question #:

2

Former officer/director	Current officer/director	% of Stock
Eric Bernard Director/CEO	Michael P. O'Donnell Director/President/CEO	-0-
Stuart R. Plumer Director, Vice President and Secretary	Warren C. Hutchins Vice President/Secretary	-0-
Harold F. von Ulmer Director/Vice President	Michael R. Jorgensen Director/Vice President	-0-
	Charles F. Woodhouse Director/Vice President	-0-
Kevin P. O'Connor Vice President		
Robert F. Brady Vice President		
	Diana E. Burton Assistant Secretary	-0-
	Robin L. Moroz Assistant Secretary	-0-

Question #3

3(a) 1,000 shares common stock, voting shareholder: Ground Round Holdings, Inc.

3(b) 1,000 shares from Hanson Group (USA) Limited to HM Holdings, Inc. to International Proteins Corporation to Ground Round Holdings, Inc., common stock, voting

Hanson Group (USA) Ltd. 99 Wood Avenue South Iselin, NJ 08830	HM Holdings, Inc. 99 Wood Avenue South Iselin, NJ 08830
International Proteins Corp. 10 Woodbridge Center Dr. Woodbridge, NJ 07095	Ground Round Holdings, Inc. 229 South State Street Dover, DE 19901

4(a) One

4(b) March 13, 1990 541 Main St., South Weymouth, MA

4(c)

Michael P. O'Donnell Director/President 520 Jerusalem Road Cohasset, MA	Charles F. Woodhouse Director/Vice President 2010 Pine Street Philadelphia, PA
Robert G. King Director/Treasurer 5C Fulling Mill Lane Hingham, MA	Michael R. Jorgensen Director/Vice President 210 Frederick Street Paramus, NJ

5(a) Twelve (12)

5(b) October 2, 1989; October 17, 1989; November 6, 1989; January 18, 1990; March 13, 1990; March 26, 1990; April 9, 1990. All meetings held at 541 Main Street, South Weymouth, MA

9363.28

THE GROUND ROUND, INC.

City of Crystal, MN

Addendum for Corporation Liquor Licenses (continued)

5(c) For meetings held on 10/2/89, 10/17/89, 11/6/89 the following directors were in attendance:

Robert G. King
Director/Treasurer
5C Fulling Mill Lane
Hingham, MA

Harold F. von Ulmer
Director/Vice President
107 Warren Avenue
Boston, MA

Stuart R. Plumer
Director/Vice President/Secretary
129 Devon Road
Norwood, MA

For meeting held on 1/18/90 the following directors were in attendance:

Michael P. O'Donnell
Director/President
520 Jerusalem Road
Cohasset, MA

Charles F. Woodhouse
Director/Vice President
2010 Pine Street
Philadelphia, PA

Robert G. King
Director/Treasurer
5C Fulling Mill Lane
Hingham, MA

Michael R. Jorgensen
Director/Vice President
210 Frederick Street
Paramus, NJ

Stuart R. Plumer
Director/Vice President/Secretary
129 Devon Road
Norwood, MA

Harold F. von Ulmer
Director/Vice President
107 Warren Avenue
Boston, MA

For meetings held on 3/13/90, 3/26/90 and 4/9/90 the following directors were in attendance:

Michael P. O'Donnell
Director/President
520 Jerusalem Road
Cohasset, MA

Charles F. Woodhouse
Director/Vice President
2010 Pine Street
Philadelphia, PA

Robert G. King
Director/Treasurer
5C Fulling Mill Lane
Hingham, MA

Michael R. Jorgensen
Director/Vice President
210 Frederick Street
Paramus, NJ

acord CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY): 5/1/90

PRODUCER
FRED. S. JAMES & CO.
OF NEW JERSEY
830 MORRIS TURNPIKE
SHORT HILLS, NJ 07078

CODE SUB-CODE

INSURED
The Ground Round, Inc.
541 Main Street
South Weymouth, MA 02109-1898

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	National Union Fire Insurance Co.
COMPANY LETTER B	Birmingham Fire Insurance Co.
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY	GL4600254	7/1/90	6/30/91	GENERAL AGGREGATE	$ 5000
A	X COMMERCIAL GENERAL LIABILITY	GL4600255			PRODUCTS-COMP/OPS AGGREGATE	$ 5000
A	CLAIMS MADE X OCCURRENCE	GL4600256			PERSONAL & ADVERTISING INJURY	$ 1000
	OWNER'S & CONTRACTORS PROTECTIVE				EACH OCCURRENCE	$ 1000
	X Liquor Law Liability (Dram Shop Coverage)				FIRE DAMAGE (ANY ONE FIRE)	$ 100
					MEDICAL EXPENSE (ANY ONE PERSON)	$ 10
A	AUTOMOBILE LIABILITY	CA1459880	11/27/89	11/27/90	COMBINED SINGLE LIMIT	$ 1000
A	X ANY AUTO	CA1459881			BODILY INJURY (PER PERSON)	$
A	X ALL OWNED AUTOS	CATX1459882			BODILY INJURY (PER ACCIDENT)	$
	X SCHEDULED AUTOS				PROPERTY DAMAGE	$
	X HIRED AUTOS					
	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE $	AGGREGATE $
	OTHER THAN UMBRELLA FORM					
B	WORKERS' COMPENSATION AND	WC4193331 (AZ, ID, OR, MD)	11/27/89	11/27/90	STATUTORY	
A	EMPLOYERS' LIABILITY	WC4193330 (A/O/S)			$ 1000 (EACH ACCIDENT)	
					$ 1000 (DISEASE-POLICY LIMIT)	
					$ 1000 (DISEASE-EACH EMPLOYEE)	

$50,000 per Loss of Means of Support of any one person in any one occurrence & subject to the limit for one person; $100,000 for Loss of Means of Support of two or more persons in any one occurrence.

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

The Certificate Holder is insured per contractual agreement with the Ground Round, Inc. Ground Round Restaurant, 6830 Bass Lake Road, Crystal, MN #99799

CERTIFICATE HOLDER

City of Crystal
City Clerk
4141 Douglas Drive
Crystal, MN

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

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 insuance 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: Renewal - On-Sale Liquor

LICENSING AUTHORITY: City of Crystal, MN
(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: The Ground Round, Inc.

Business Address: 6830 Bass Lake Road
Crystal, MN 55428
City State Zip Code

Minnesota Tax Identification No.: 3470586

Federal Tax Identification No.: 04-2883224

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

Robin L. Moroz Assistant Secretary 5/10/90
Signature Robin L. Moroz Position (Officer, Partner, etc.) Date

CRYSTAL, MN

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: National Union Fire Insurance Co. of Pittsburgh
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 4193330

Dates of Coverage: 11/27/89 - 11/27/90

(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.

Meredith Drummond
(SIGNATURE)

JA/lc (J) 7/87

'89 GROUND ROUND
'90 Ground Round

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
89003503	SUSP/INFO		6830 56TH	GG
89003633	LOCK OUT		6830 56TH	SS
89004600	FALSE ALARM	GROUND ROUND	6830 56TH	FA
89004615	LOCK OUT		6830 56TH	SS
89005939	DAR/DAS/DAC		6830 56TH	AA
89006060	LOCK OUT		6830 56TH	SS
89007151	CRM DMG PROP	KUJAT, SIEGFRIED ULRICH	6830 56TH	SS
89007902	FALSE ALARM	GROUND ROUND	6830 56TH	FA
89009319	PD ACC MV/MV	ROURKE/SONDERBERG	6830 56TH	SS
89009492	DETOX PICKUP	GROUND ROUND	6830 56TH	SS
89010610	PD ACC MV/MV	ALBRECHT/SWEZEY	6830 56TH	SS
89010715	ALL OTH PUBS	GROUND ROUND	6830 56TH	SS
90000223	MEDICAL		6830 56TH	SS
90000485	LOCK OUT		6830 56TH	SS
90001624	NON-VEH ACC	BEADOIN, KATHERINE	6830 56TH	AR
90001903	LARCENY	ANDERSON, JULIE MARIE	6830 56TH	AR
90001911	VANDALISM	STRAUSS, GREGORY JOHN	6830 56TH	AR
90001912	VANDALISM	RUSH, OFUTT LEE	6830 56TH	AR
90002641	CRM DMG PROP	FUERSTENBERG, SHELLY LYNN	6830 56TH	SS
90002709	SUSP/INFO		6830 56TH	WW
90002850	ALL OTH PUBS	GROUND ROUND	6830 56TH	SS

PS 9016 (11-89)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
333 SIBLEY • ST. PAUL, MN 55101
PHONE (612) 296-6434

Receipt #50752

APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

This application shall be completed by an officer of the club seeking a license. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least fifty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide quests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

TYPE OR PRINT

Corporation Name Charles R Knaeble VFW Post #494,Holding Corp	Club Trade Name or DBA VFW Post #494		
License Location (Street Address) 5222-56th Ave No,	License Period From 7-1-90 To 6-30-91		Business Phone 612 ,533-0567
Municipality Crystal	County Hennepin	State Minnesota	Zip Code 55429
Building Owner's Name Charles R Knaeble VFW Post #494,Holding Corp	Building Owner's Address 5222-56th Ave No,Crystal.,MN. 55429		
Are there any delinquent taxes on the property? ☐ Yes ☒ No	Club Manager's Name Patricia Casey		
Name of Member of Managing Board Donald L Gagnon	Address 5302-53rd Ave No,Crystal.,MN. 55429		
Name of Member of Managing Board Milton Oliver	Address 5002-53rd Ave No,Crystal.,MN. 55429		
Name of Member of Managing Board John W Hawk	Address 5657 No Nevada,Crystal.,MN. 55428		
Name of Member of Managing Board Lynn Miedema	Address 5542 No Vera Cruz,Crystal.,MN. 55429		

The 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 coverage as specified above in A.

OR

☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of $100,000 or $100,000 in cash or securities.

Give Date of Club Charter if Veterans or Fraternal Organization March,1931	Date of Incorporation June 16,1948	Number of Years of Continuous Existance of the Club 59
Number of Years in Current Quarters 37	Number of Club Members 604	Will the Club be Issued a Lawful Gambling License? ☒ Yes ☐ No

1. Are any members, officers, agents or empolyees paid profits from the sale of beverages to club members? No
2. Are any employees paid salaries? Yes
3. Has this club or any employee been convicted of a violation of Federal or State law or local ordinance relating to alcoholic beverages? No
   If so, give names, dates and violations _____
4. Does any wholesaler or manufacturer of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? NO
   If so, give details _____
5. 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.
6. Will you serve liquor on Sunday? ☒ Yes ☐ No Amount of Sunday License Fee 200.00

I certify that I have read the above questions and that the answers are true and correct of my own knowledge. T. L. Hagman 3 May, 1990
Signature of Applicant Date

IF LICENSE ISSED BY THE COUNTY BOARD; REPORT OF COUNTY ATTORNEY

I certify that to the best of my knowledge the applicants named above are eligible to be licensed.
☐ Yes ☐ No

If no, state reason _____

Signature County Attorney	County	Date

REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE

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 or Sheriff's Name	Title	Signature
CRYSTAL P.D.	Chief of Police	James E. Mossey

LICENSE APPROVAL OR DENIAL

License ☐ Granted ☐ Denied | License ☐ Granted ☐ Denied

SIGNATURE CITY CLERK OR COUNTY AUDITOR DATE | SIGNATURE LIQUOR CONTROL DIRECTOR DATE

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 FIRE ARMS. FOR INFORMATION CALL 612-290-3496.

acord CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 4/30/90

PRODUCER

BLACKBURN, NICKELS & SMITH, INC.
PO BOX 367, MINNETONKA, MN 55343

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.

INSURED
CHARLES R KNAEBLE VFW 494
VFW POST #494
5222 - 56TH AVE N
CRYSTAL, MN 55428

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	ACCEPTANCE INDEMNITY INSURANCE COMPANY
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

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						
	COMPREHENSIVE FORM				BODILY INJURY	$	$
	PREMISES/OPERATIONS						
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE	$	$
	PRODUCTS/COMPLETED OPERATIONS						
	CONTRACTUAL				BI & PD COMBINED	$	$
	INDEPENDENT CONTRACTORS						
	BROAD FORM PROPERTY DAMAGE						
	PERSONAL INJURY				PERSONAL INJURY		$
	AUTOMOBILE LIABILITY						
	ANY AUTO				BODILY INJURY (PER PERSON)	$	
	ALL OWNED AUTOS (PRIV. PASS.)						
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	$	
	HIRED AUTOS						
	NON-OWNED AUTOS				PROPERTY DAMAGE	$	
	GARAGE LIABILITY						
					BI & PD COMBINED	$	
	EXCESS LIABILITY						
	UMBRELLA FORM				BI & PD COMBINED	$	$
	OTHER THAN UMBRELLA FORM						
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY		
					$	(EACH ACCIDENT)	
					$	(DISEASE-POLICY LIMIT)	
					$	(DISEASE-EACH EMPLOYEE)	
	OTHER						
A	LIQUOR LIABILITY	IL 381347	7/01/90	7/01/91	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT.		

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CLUB - RENEWAL OF IL 351390

CERTIFICATE HOLDER

CITY OF CRYSTAL
4141 DOUGALS DR N
CRYSTAL, MN 55422-1696
ALPHA NAME - VFW #494

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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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 Insurance Companies
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0318 00 089869

Dates of Coverage: 7/9/89-7/9/90

(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.

L. P. Gagnon
(SIGNATURE)

JA/lc (J) 7/87

Form SP:C1
LICENSE APPLICANT:

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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 insuance 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: Club On-Sale Liquor License

LICENSING AUTHORITY: Crystal.,MN
(name of city, county or state agency issuing license)
LICENSE RENEWAL DATE: 7/1/90

PERSONAL INFORMATION (if applicable):

Applicant's Name: _____

Applicant's Address: _____

_____
City State Zip Code

Social Security Number: _____

BUSINESS INFORMATION (if applicable):

Business Name: VFW Post #494

Business Address: 5222-56th Ave No

Crystal.,MN. 55429
City State Zip Code

Minnesota Tax Identification No.: 8881631

Federal Tax Identification No.: 41-0763665

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

D. Hagman — Post Quartermaster/Treasurer — 5/3/90
Signature — Position (Officer, Partner, etc.) — Date

INCIDENT NO	ACTIVITY CD	COMPL NAME	LOCATION	DISPOSITION
90000038	FIRE ALARM	V.F.W.	5222 56TH	SS
90000404	H&R P.D. ACC	GROSS, STEVEN DEAN	5222 56TH	AR
90000912	LARCENY	TEVOGT, JENNIFER MARGARET	5222 56TH	AR
90001427	NON-VEH ACC	DEMSCHUK, LOIS	5222 56TH	SS
90001816	CRM DMG PROP	PETERSON, KERI JO	5222 56TH	SS
90002047	FALSE ALARM	VFW	5222 56TH	FA
90002050	FALSE ALARM	VFW	5222 56TH	FA
90002114	ALARM/OTHER	V F W	5222 56TH	FC
90002143	HEALTH/WELFA	COOK, GERALDINE	5222 56TH	SS
90002923	MEDICAL	SCHIMMEL, BECKY	5222 56TH	SS
90002981	PARKING VIOL		5222 56TH	GG

no calls in 1989

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89003446	NON-VEH ACC	050589	HEMPELL, BARTON NATHANIEL	NON VEHICULAR ACCIDENT AM 54 YRS NORTH VIA NORTH

REMARKS

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89005178	FALSE ALARM	062589	V. F. W.	ALARM-FLOYD SEC./EMP ERROR

REMARKS

DISPOSITION
FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89005199	ALARM/OTHER	062689	V. F. W.	ALARM - FLOYDS/KEYS CALLED/SECURE/ELECT STORM

REMARKS

DISPOSITION
FC

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89005541	PARKING VIOL	070589		PKG COMPLAINT HANDICAP PARKER #755AKP G.O.A.

REMARKS

DISPOSITION
GG

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89006132	LOCK OUT	072289		LOCKOUT CHEV NOVA WRONG LOCATION-UTL

REMARKS

DISPOSITION
GG

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89006638	SUSP/INFO	080689	ELLISON, BRADLEY JAMES	SUSPICION/INFO ASSAULT ADVISED NO REPORT

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89007390	ALL OTH PUBS	082989		KIDS LOITERING GOA

REMARKS

DISPOSITION
JG

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89007647	ALL OTH PUBS	090589	KOLBEN, TOM	MISC PUBLIC/VIETNAM VET WORRIED ABOUT FLAG IN DARK/GOA

REMARKS

DISPOSITION
GG

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89008699	PD ACC MV/MV	100789		PD ACCIDENT, MV VS MV, IN PARKING LOT, ALREADY EXCHANGED

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89009388	WARRANT ARR	102989		WARRANTS DIV III TAKEN TO CO JAIL WAM DOB/ 12-27-70

REMARKS

DISPOSITION
AA

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89009830	ALL OTH(OFF)	111489		MISC OFFICER - GAMBLING LICENSE INVESTIGATION

REMARKS
SUPPLEMENT

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89010359	NON-VEH ACC	120289	KONOP, NAN	MEDICAL POSSIBLE BROKEN LEG NON VEHICULAR ACCIDENT

REMARKS
AF 59 YRS MERCY VIA NORTH

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89010480	LARCENY	120789	RIDGEDALE ELECTRIC	THEFT FROM BLDG, - 560 FOOT WIRE $1000

REMARKS

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89010923	FIRE ALARM	122289	V.F.W.	FIRE ALARMS - CENTRAL STATION MONITORING - CANCEL, ALARM

REMARKS
COMPANY WORKING AT SCENE

DISPOSITION
SS

'89 VFW POST #494

06/05/90

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89011155	ALL OTH PUBS	123089		MISC PUBLIC/POSSIBLE STOLEN VEHICLE/COMPLAINANT GOA

REMARKS	DISPOSITION
'81 GRAY ESCORT	GG

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90000038	FIRE ALARM	V.F.W.	FIRE ALARM - CENTRAL STATION MONITORING - FALSE ALARM

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90000404	H&R P.D. ACC	GROSS, STEVEN DEAN	LEAVING SCENE OF PD ACCIDENT

REMARKS

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90000912	LARCENY	TEVOGT, JENNIFER MARGARET	THEFT FROM AUTO SONY STEREO & SPEAKERS $325.00

REMARKS

CLARION EQUALIZER $105.00

DISPOSITION
AR

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90001427	NON-VEH ACC	DEMSCHUK, LOIS	NON VEHICLE ACCIDENT/WOMAN FELL DOWN 3 STAIRS/REFUSED ANY

REMARKS

PERSONAL INFO FOR REPORT/NORTH VIA NORTH/UN COOPERATIVE

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90001816	CRM DMG PROP	PETERSON, KERI JO	CIR FOR INS/CRIM DAM TO PROPERTY/PASSENGER WINDOW $50 DAMAGE

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002047	FALSE ALARM	VFW	ALARM-CENTRAL STATION MONITORING BLDG SECURE

REMARKS

#185ERN & (IA) NRP187 PARKED IN LOT

DISPOSITION
FA

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002050	FALSE ALARM	VFW	ALARM-CENTRAL STATION MONITORING BLDG SECURE

REMARKS

DISPOSITION
FA

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002114	ALARM/OTHER	V F W	ALARM - CENTRAL STATION MONITORING TROUBLE WITH ALARM

REMARKS
COMPANY EQUIPMENT/NO FAULT OF CUSTOMER

DISPOSITION
FC

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002143	HEALTH/WELFA	COOK, GERALDINE	HEALTH/WELFARE CHECK ON MALE SLEEPING IN CAR/185EAW/CHECKED

REMARKS
OKAY, PERMISSION TO SLEEP IN PARKING LOT IN CAR,

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002923	MEDICAL	SCHIMMEL, BECKY	MEDICAL, AGE 28, NORTH VIA NORTH GALL BLADDER

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	COMPL NAME	REMARKS
90002981	PARKING VIOL		TRUCK BLOCKING DRIVEWAY GOA

REMARKS

DISPOSITION
GG

PS 9016 (11-89)

MINNESOTA DEPARTMENT OF PUBLIC SAFETY
LIQUOR CONTROL DIVISION
333 SIBLEY • ST. PAUL, MN 55101
PHONE (612) 296-6434

Receipt #50740

APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

This application shall be completed by an officer of the club seeking a license. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least fifty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide quests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

TYPE OR PRINT

Corporation Name: Mpls/Crystal Elks Lodge #44	Club Trade Name or DBA: Same as Corporation
License Location (Street Address): 5410 Lakeand Ave. N. Crystal MN 55429	License Period: From 7-01-90 To 6-30-91 / Business Phone: 612 533-8360
Municipality: Crystal, MN	County: Hennepin / State: MN / Zip Code: 55429
Building Owner's Name: Mpls/Crystal Elks Lodge #44	Building Owner's Address: 5410 Lakeland Ave. N. Crystal, MN 55429
Are there any delinquent taxes on the property? ☐ Yes ☒ No	Club Manager's Name: N/A
Name of Member of Managing Board: Ed Thonander	Address: 5409-53rd Ave. N. Crystal, MN 55429
Name of Member of Managing Board: Robert L. Eggleston	Address: 16115 Temple Lane N. Minnetonka, MN 55345
Name of Member of Managing Board: Roger Claesgens	Address: 7130 Riverview Terrace Mpls., MN 55432
Name of Member of Managing Board: Robert A. Brown	Address: 250 Peninsula Road Medicine Lake, MN 55441

The 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 coverage as specified above in A.

OR

☐ C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of $100,000 or $100,000 in cash or securities.

Give Date of Club Charter if Veterans or Fraternal Organization	Date of Incorporation: March 18, 1887	Number of Years of Continuous Existance of the Club: 103
Number of Years in Current Quarters: 10 Years	Number of Club Members: 347	Will the Club be Issued a Lawful Gambling License? ☒ Yes ☐ No

1. Are any members, officers, agents or empolyees paid profits from the sale of beverages to club members? No

2. Are any employees paid salaries? Yes

3. Has this club or any employee been convicted of a violation of Federal or State law or local ordinance relating to alcoholic beverages? No

   If so, give names, dates and violations _____

4. Does any wholesaler or manufacturer of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? No

   If so, give details _____

5. 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.

6. Will you serve liquor on Sunday? ☐ Yes ☐ No Amount of Sunday License Fee 200.00

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

Signature of Applicant _____ Date 5-2-90

IF LICENSE ISSED BY THE COUNTY BOARD; REPORT OF COUNTY ATTORNEY N/A

I certify that to the best of my knowledge the applicants named above are eligible to be licensed.

☐ Yes ☐ No

If no, state reason _____

Signature County Attorney	County	Date

REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE

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 or Sheriff's Name	Title	Signature
CRYSTAL P.D.	Chief of Police	James F. Mossey

LICENSE APPROVAL OR DENIAL

License ☐ Granted ☐ Denied	License ☐ Granted ☐ Denied
SIGNATURE CITY CLERK OR COUNTY AUDITOR DATE	SIGNATURE LIQUOR CONTROL DIRECTOR DATE

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 FIRE ARMS. FOR INFORMATION CALL 612-290-3496.

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 on-sale beer and/or on-sale wine in the City of Crystal.

2. That during the past license year, the licensed business did not have sales of more than $10,000 in 3.2 on-sale beer and/or on-sale wine.

3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of $10,000 in 3.2 on-sale beer and/or on-sale wine.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 on-sale beer and/or on-sale wine for any future 12-month period will exceed $10,000, 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.

Mpls/Crystal Lodge #44 B.P.O.E.
Name of Business

Ed
By (Signature)

Chairman of the Board of Trustees
Title

5410 Lakeland Ave. N. Crystal, MN 55429
Business Address

Subscribed to and sworn to before me, a Notary Public, on this 27th day of April, 1990.

Gabriela H. Eisenberg
Notary Public, Hennepin County

My Commission expires on 8/18/90.

Form A

Gabriela H. Eisenberg
NOTARY PUBLIC — MINNESOTA
HENNEPIN COUNTY
My commission expires Aug. 18, 1990

acord CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY) 4-25-90

PRODUCER

Sedgwick James Company of California, Inc.
P. O. Box 7601
San Francisco, CA 94120
TEL: (415) 983-9642

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.

INSURED
Benevolent & Protective Order of Elks
of the United States of America, etal
(see over)
c/o Grand Lodge, B.P.O. Elks
2750 Lakeview
Chicago, IL 60614

COMPANIES AFFORDING COVERAGE

COMPANY LETTER A	Planet Insurance Company
COMPANY LETTER B	
COMPANY LETTER C	
COMPANY LETTER D	
COMPANY LETTER E	

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	NGA1253716-02	7-1-90	6-30-91	BODILY INJURY	$	$
	X COMPREHENSIVE FORM						
	X PREMISES/OPERATIONS				PROPERTY DAMAGE	$	$
	UNDERGROUND EXPLOSION & COLLAPSE HAZARD						
	X PRODUCTS/COMPLETED OPERATIONS				BI & PD COMBINED	$ 1,000,	$ 1,000
	X CONTRACTUAL						
	X INDEPENDENT CONTRACTORS						
	X BROAD FORM PROPERTY DAMAGE						
	X PERSONAL INJURY				PERSONAL INJURY		$ 1,000
	X LIQUOR LIABILITY						
A	AUTOMOBILE LIABILITY	NGA1253716-02	7-1-90	6-30-91	BODILY INJURY (PER PERSON)	$	
	ANY AUTO						
	ALL OWNED AUTOS (PRIV. PASS.)				BODILY INJURY (PER ACCIDENT)	$	
	ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	X HIRED AUTOS				PROPERTY DAMAGE	$	
	X NON-OWNED AUTOS						
	GARAGE LIABILITY				BI & PD COMBINED	$ 1,000,	
	EXCESS LIABILITY				BI & PD COMBINED	$	$
	UMBRELLA FORM						
	OTHER THAN UMBRELLA FORM						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Minneapolis-Crystal Elks Lodge No. 44
5410 Lakeland Ave.
Crystal, MN 55429

CERTIFICATE HOLDER

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

CANCELLATION

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

AUTHORIZED REPRESENTATIVE
Mary L. Scott

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 insuance 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: On-Sale Liquor Renewal

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

LICENSE RENEWAL DATE: July 01,1990

PERSONAL INFORMATION (if applicable):

Applicant's Name: N/A. Edgar H. Thonander

Applicant's Address: 5409 53rd Ave. N.

Crystal, Mn 55429

City State Zip Code

Social Security Number: [redacted]

BUSINESS INFORMATION (if applicable):

Business Name: Mpls/Crystal Lodge #44

Business Address: 5410 Lakeland Ave N.

Crystal, Mn. 55429

City State Zip Code

Minnesota Tax Identification No.: 8044788

Federal Tax Identification No.: 41-1248383

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

Ed

Signature

Chairman of the Board of Trustees

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 Insurance Co.
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0310-00-068729

Dates of Coverage: 2-01-90 - 02-01-91

(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.

Ed _____
(SIGNATURE)

JA/lc (J) 7/87

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
90000634	ALL OTH PUBS	012390	YORK, WILLIAM	MISC PUBLIC/MAN REFUSING TO RETURN MONEY THAT WAS DROPPED

REMARKS	DISPOSITION
FLOOR/MONEY RETURNED TO OWNER DOB/11-27-38	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
90001339	MEDICAL	022090	FLECH, MICHAEL RONALD	MEDICAL ONE FEELING ILL AM 40 YRS REFUSED TREATMENT

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89007322	PARTY/MUSIC	082689		LOUD MUSIC COMP/ADVISED

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89009960	ALL OTH PUBS	111989	ELKS LODGE #44	MALE/FEMALE IN LOBBY AREA/WAITING FOR CAB/CHECKED OKAY

REMARKS

DISPOSITION
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	COMPL NAME	REMARKS
89011062	ALL OTH(INV)	122789	ELKS LODGE #33	INVESTIGATION ALL OTHER, GAMBLING LICENSE RENEWAL INVEST-

REMARKS
IGATION

DISPOSITION
AR

APPLICATION FOR LICENSE

14641

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I / WE Roland L. Smothers for Crystal Lion's Club

6315 - 55th Avenue North #215

Crystal, MN 55428

Fee, $ 13.25/day seasonal

New ..... Renewal .....

Telephone .....

enclose the sum of Request Waiver of Fee DOLLARS to the City of Crystal as required by the Ordinances of said City and have complied with all the requirements of said Ordinances necessary for obtaining this License :

NOW, THEREFORE, I

Crystal Lion's Club hereby make application to

operate a 3.2 beer stand at Becker Park (Octoberfest in July)

for the period 5:00 pm 7/4/90 through 10:30 pm 7/4/90 subject to all conditions and provisions of said Ordinance.

City Use Only

R. S. (Rollie) Smothers

Signature of Applicant

ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)
5-8-90

PRODUCER

HADTRATH & ASSOCIATES INC.
199 COON RAPIDS BLVD, SUITE 110
COON RAPIDS, MN 55433
(612) 784-9574

CODE SUB-CODE

INSURED

CRYSTAL LIONS CLUB
Pres. Wilfred Scheiller
4614 Zane Ave No
Crystal, Mn 55422

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 UNITED STATES FIDELITY & GUARANTY

COMPANY LETTER B

COMPANY LETTER C

COMPANY LETTER D

COMPANY LETTER E

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				
	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY
					$ (EACH ACCIDENT)
					$ (DISEASE—POLICY LIMIT)
					$ (DISEASE—EACH EMPLOYEE)
	OTHER				
A	LIQUOR LIABILITY	LLC 12040980600	10-1-89	10-1-90	$500,000. Aggregate Limit $500,000. Each Common Cause Limit

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

CERTIFICATE HOLDER

CITY OF CRYSTAL
CITY HALL
4141 DOUGLAS DRIVE NO
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 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

Dale V. Hadtrath

Approved
6-12-90

MEETING MINUTES OF THE CRYSTAL ECONOMIC DEVELOPMENT AUTHORITY ADVISORY COMMISSION
8 MAY 1990
7:00 P.M.
COMMUNITY ROOM

The Vice-Chair, Tony Brace, called the meeting to order at 7:04 p.m. Those members present were: Mark Hoffmann, Jane Elsen, Merle Mattson, Tony Brace, Gail Wawrzyniak, Adrian Rygg, Ed Krueger, and Garry Grimes (Council Liaison). Those members absent were: Art Cunningham, John Neznik, and Paulette Magnuson. Staff members present were: John Olson, Community Development Director; and Julie Jones, Community Development Coordinator

The Vice-Chair requested a motion to approve the April 10, 1990 EDA Advisory Commission minutes. Jane Elsen moved to approve the minutes, as written, and Adrian Rygg seconded the motion.

Motion carried.

There were no items discussed under open forum.

The Commission then continued it's discussion regarding EDA/EDA Advisory Commission procedures. The Vice-Chair called on John Olson to explain the procedures as stated in his May 15, 1990 memo. Mr. Olson explained the memo, giving examples of how certain projects/issues may be studied. The intent of the forthcoming Comprehensive Plan Update was also explained. After Mr. Olson explained procedure number 4, it was suggested to change the wording to read "the EDA Advisory Commission may recommend policies for adoption by the EDA." Ed Krueger moved to change the wording of the fourth policy statement as suggested. Gail Wawrzyniak seconded the motion.

Motion carried.

It was requested that staff redraft the procedures statement for the EDA Advisory Commission's review at their June meeting.

Next on the agenda was continued discussion of the draft Housing Maintenance Code. Jane Elsen explained that the Planning Commission has not met since the last EDA Advisory Commission, therefore, no new information was available on the Planning Commission's recommendations. Discussion regarding the intent of the Housing Maintenance Code followed. Adrian Rygg moved to table continued discussion of the draft Housing Maintenance Code until the next meeting when the Planning Commission's recommendations are available. Merle Mattson seconded the motion.

Motion carried.

The final order of business on the agenda was discussion of the need for more senior and low income housing in the City of Crystal. Julie Jones explained the data submitted in her May 1, 1990 memo to the commission members. She noted that more accurate information will be available after the 1990 census figures and the comprehensive plan results are made available. The Commission requested that staff submit additional information at the next meeting regarding the total number of apartment units in Robbinsdale and New Hope, including the percentage of those apartment units that are senior housing. Gail Wawrzyniak suggested that the City of Crystal also pursue involvement in the Share-A-Home Program as an alternative to providing senior

housing for the elderly in Crystal. Mark Hoffmann moved to continue discussion of senior housing until the next meeting. Ed Krueger seconded the motion.

Motion carried unanimously.

Under other business the following items were mentioned:

1. Gail Wawrzyniak suggested that each commission member bring ideas to the next meeting to be considered by the consultant selected for completing the Comprehensive Plan Update.
2. Julie Jones asked that the Advisory Commission Members note the new EDA meeting time at 6:00 p.m. on the first Tuesday each month.
3. Julie Jones reminded the Advisory Commission Members of the Redevelopment Tour on May 15, 1990.
4. Julie Jones informed the Commission that the EDA accepted the EDA Advisory Commission's recommendation regarding tabling the Hotel Lodging Tax item.
5. Garry Grimes suggested that the City look into getting involved in the Metro Paint-A-Thon program.

Since there was no other business, Adrian Rygg moved to adjourn the meeting. Ed Krueger seconded the motion. The meeting adjourned at 9:00 p.m.

_____

Chair

_____

Secretary

CRYSTAL PARK AND RECREATION ADVISORY COMMISSION
Minutes
May 1990

The regular meeting of the Crystal Park and Recreation Advisory Commission was called to order at 7:10 p.m. by Chairperson Bill Gentry. Members present were: Ms. Reid, Ms. Moucha, Ms. Saunders, Mr. Smothers, Ms. Pitts, Mr. Theisen, Mr. O'Reilly and Ms. Krogstad. Also present were: Mr. Irving, council liaison, and Mr. Brandeen and Ms. Hackett from the department staff.

The minutes were approved as sent.

Ms. Hackett reviewed the monthly report highlighting major activities.

The Commission reviewed the Community Center dedication plans. The invitations are ready. Events are finalized. The magnet giveaway has been ordered. A decision will be made later in regards to beverages for the dedication dinner. The sub-committee set their next meeting.

The Commission discussed the concept of "Parties in the Park" as suggested by Yunker Park resident, John Post. The concept involves selecting a liaison at each park location who would plan a neighborhood get together to take place at the park. The neighborhood group would decide what type of event would be planned. Events could include anything from an informal coffee to a block party. Mr. Brandeen said that this had been done before in 1976 during the Bicentennial and was successful. Mr. Gentry felt that this program would would bring about better park awareness and resident involvement. The greatest task would be to find the liaison for each park. Mr. Brandeen suggested scheduling an informational meeting and try to target a few park areas as a pilot project. Mr. Gentry suggested having this as an agenda item at the outdoor park meetings and trying those locations as pilot projects. The outdoor meetings will be held at: Welcome, Iron Horse, Crystal Highlands and MAC parks. A theme for the project was suggested: "The Parks are Yours...Celebrate Parks."

Mr. Brandeen reviewed the plans for the new playground equipment at North Bass Lake, Skyway and North Lions parks. Bids will be awarded in late May and construction will begin later this summer.

Mr. Brandeen distributed booklets describing in detail the 1990 request for 5-Year Plan items. The Council decided to wait with funding decision until the state legislature

decides on aids to cities. The Commission reviewed the booklets. Mr. Brandeen and the Commission will make the presentation of this information to the Council at a later date.

Mr. Brandeen updated the Commission on the Community Center construction. The department moved today. Several areas of the building are still under construction and are not ready for occupancy.

Mr. O'Reilly reviewed the last Crystal Frolics meeting. Several items were discussed:

- Queen candidate fee was raised to $150.
- $4,500 in softball prize money will be awarded.
- The parade has 51 applications - no marching bands.
- The raffle is in doubt as there is licensing problems so other alternatives are being considered.
- Events planning is going well.
- Ads for the brochure will be sold - help is needed.

Promotional items for the waterslide and Community Center were discussed. T-shirts and hats are being considered. Department staff will gather information on design. Some costs were discussed.

Mr. Smothers informed the Commission that the Lions Club may provide transportation for seniors from Calibre Chase to attend the Senior Day for the Community Center Grand Opening.

The next meeting will be June 13 at Welcome Park.

Mr. Gentry informed the Commission that Hennepin Parks closed the French Park playground because of safety concerns.

The meeting was adjourned at 8:28 p.m.

Respectfully submitted,

Gene Hackett
Recorder

CRYSTAL PARK AND RECREATION DEPARTMENT
MONTHLY REPORT
MAY 1990

PROGRAM ACTIVITIES: MAY START

ACTIVITY NAME	REGISTRATION 1990	REGISTRATION 1989	LOCATION	AGE GROUP	DAY/TIME
TEEN PROGRAM	170	230	HOSTERMAN MIDDLE	GR 6 - 8	FRIDAY EVENING
MEN'S SOFTBALL LGE	52T	47T	CRYSTAL FIELDS	ADULTS	MON, TUES, THURS E
WOMEN'S SOFTBALL LGE	16T	16T	CRYSTAL FIELDS	ADULTS	WED EVENINGS
CO-REC SOFTBALL LGE	16T	16T	CRYSTAL FIELDS	ADULTS	MONDAY EVENINGS
WOMEN/SR GOLF LGE	51	45	SUNDANCE	ADULTS	THURSDAY MORNINGS
MEN GOLF LGE	52	47	SUNDANCE	ADULTS	TUESDAY EVENING

ONGOING PROGRAMS - MAY 1990

SENIORS

CENTER MEMBERSHIP: 673
(Apr. 1990 - 663/May 1989 - 590)
CRIBBAGE: 40 (32)
WELCOME: 2 (2)
500 DAY: 64 (48)
500 NITE: 32 (32)
SCRAPBOOK: 4 (4)
POKER FOR FUN: 21 (25)
BRIDGE DAY: 64 (48)
BRIDGE NITE: 32 (36)
DUPLICATE BRIDGE: 48 (32)
POOL: 12 (6)
EXECUTIVE COMMITTEE: 9 (9)

ADULTS

MORNING EXERCISE - 10 MAY SESSION
ADULT OPEN BASKETBALL
ADULT OPEN VOLLEYBALL

SPECIAL EVENTS:
OTLB: 47 to Lavender Inn
BRUNCH BUNCH: Not held this month
GOLDEN GALA: 25 attended from Crystal - Event sponsored by Golden Valley P & R Department

ONGOING PROGRAMS - MAY 1990

YOUTH	OTHER ACTIVITIES
GYMNASTICS	TMH-EMH/ADAPTED**
	COMMUNITY TRIPSTERS**
	GLENN MILLER CONCERT: 48 Total/8 Crystal
	GETAWAY**
	GALENA IOWA: 35 Total/0 Crystal
	MERLE HAGGARD CONCERT: 36 Total/6 Crystal
	PICNIC PERMITS:
	MAY: 11 (1989 - 7)
	SOFTBALL PRACTICE PERMITS:
	APRIL: 298 (1988: 201)
	MAY: 256 (1988: 224)

**-CO-SPONSORED WITH OTHER AGENCIES

PROGRAMS COMPLETED

1. ADULT OPEN GYMS

1989-90 REGISTRATION VOLLEYBALL: 65 (1988-89: 56)
1989-90 REGISTRATION BASKETBALL: 30 (1988-89: 25)

OBJECTIVE: To provide the opportunity for open play for adults.

SUCCESSES: Activity ran well, participants had fun.
Sunday Open Volleyball included participants with mental handicaps.

PROBLEMS: None encountered

RECOMMENDATIONS: Continue program format.

2. R.C. TEEN PROGRAM

1989-90 REGISTRATION: 604 (4 EVENTS)
1988-89 REGISTRATION: 1035 (5 EVENTS)

OBJECTIVE: To provide organized fun activities for Middle School students.

SUCCESSES: Hosterman is a good location. Good staff. Kids group helps to plan events.

PROBLEMS: None encountered.

RECOMMENDATIONS: Keep present format. Activities will be added at the Community Center during the months the program does not meet at Hosterman.

METROPOLITAN TRANSIT COMMISSION
560-6th Avenue North, Minneapolis, Minnesota 55411-4398 612/349-7400

June 8, 1990

Mr. Jerry Dulgar
City Manager
City of Crystal
4141 Douglas Dr.. N.
Crystal, MN 55428-1696

Dear Mr. Dulgar:

Enclosed is a copy of a notice which was recently distributed on the Route 55 buses. The Route 55 buses cover territory previously served by Medicine Lake Lines. One purpose of the notice was to address the concerns of riders in New Hope, Golden Valleyh, Crystal, and Brooklyn Park regarding possible service and schedule changes which would become effective June 11, 1990.

We are aware that your City Council may have received a copy or the original of the enclosed petition. We would like to assure you that the MTC has no plans to change Route 55 service in New Hope, Golden Valley, Crystal or Brooklyn Park unless directed to do so by the Regional Transit Board. We are hopeful that the enclosed notice will address and satisfy the immediate concerns of the petitioners.

If you should have any questions, please feel free to call me at at 349-7775.

Sincerely,

Steve Mahowald

Steve Mahowald
Transit Planner
Service Planning & Scheduling

SM/pjl/Disk #54

Enclosure

Notice to Riders

ATTENTION MEDICINE LAKE RIDERS

SERVICE CHANGES

EFFECTIVE JUNE 9, 1990

On Saturday, June 9, and Monday, June 11, 1990, service changes will occur on the present Medicine Lake service now operated by MTC. In brief, the following will occur:

1) In Plymouth, the City will replace the present Medicine Lake service with Routes 93A,B,C. The Route 93 schedule is available from your driver.

2) In Maple Grove, the City will replace the present Medicine Lake service with Routes 94N and 95B. The Maple Grove pocket schedule is also available from your driver.

3) In Golden Valley, New Hope, Crystal and Brooklyn Park the service does not change. In these communities the present Medicine Lake service will remain unchanged for the immediate future.

   Please note, the Medicine Lake Weekday and Saturday buses will not serve Plymouth or Maple Grove beginning June 9, 1990.

New Medicine Lake pocket schedules, reflecting the above changes will be available after June 18, 1990.

The Regional Transit Board (RTB) is considering possible changes to the Medicine Lake service operating in Crystal, New Hope, Golden Valley and Brooklyn Park. The RTB will be holding a meeting to receive public input on the proposed changes. The meeting is to be held on Wednesday June 20, 1990 at 7:00 P.M. at the Golden Valley City Hall. Additional information regarding the meeting and the proposed changes will be distributed on Medicine Lake buses the week of June 11th.

Thank you for patience and cooperation.

METROPOLITAN TRANSIT COMMISSION
560-6th Avenue North, Minneapolis, Minnesota 55411-4398 612/349-7400

Date: May 10, 1990

To: Steve Mahowald
Jim Johnston

From: The regular riders of the Olympia Medicine Lake Bus route.

Subject: Keeping the Olympia MTC route service intact

We have heard that the regular service that many of us rely on to get to work each day could be undergoing cuts. For those of us that regularly take the Olympia bus to work each day, cutting or eliminating this route would be frustrating. There are no park and ride lots in Golden Valley so driving to a central pick up point is not a viable option. A Winnetka bus that turns down Golden Valley road is a long way from our neighborhood. If this is our only choice, many of us may choose other methods of transportation. We are pleased with the service we have today and would like to see these routes continued.

Secondly, many of us are concerned that our route may be combined with a North Minneapolis route. We do not like the idea of adding local stops to our route. Getting to work in a timely manner is important to all of us. Safety is also a concern for some of us when a North Minneapolis local route is discussed. Most of the other suburbs have exress busses to their communities and we do not believe we should have to settle for less.

Our bus is normally full on the morning and evening routes. We believe that this will continue to be the case as it has been for many years. Please consider our situation and keep our route intact. Thank you.

Please sign your name and address below:

Jean Haughins, 3617 Ensign, New Hope
Ramona Lundquist 3641 Ensign New Hope
Ron + Deanna Soelder 3616 Ensign Ave N New Hope
Al Higham 3705 Wellington. Plymouth, Mn
Connie Bergquist 3655 Trenton Plymouth MN
Kris Hacmic 9147 36 AVN New Hope

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Please sign your name and address below:

Stella B. Dean 1375 Douglas Dr N.
Roger J. Kary 3656 Flag Ave N.
C J Ford 6410 Olympia St. N.

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Please sign your name and address below:

Julie M. Eidem 1721 Pennsylvania Av. N. Golden Valley
Robert T. Hovagim 1400 Maryland Ave No Golden Valley Minn. 55427
Robert B. Johnson / 1900 Rhode Island Ave N. / Golden Valley 55427
Susan Schultz / catch bus at Olympia + Kelly Drive
Amy Borgen 1811 Pennsylvania Ave N, Golden Valley, MN 5542
Judith Nelson / 2041 Pennsylvania Ave. North, Golden Valley, MN 55427
Ramona Lundquist 3641 Ensign No. New Hope 55427
Jean Hawkins 3617 Ensign No. New Hope 55427
Jonathan H. Palmer 1430 Louisiana Ave. N. Golden Valley, MN 55427
C. J. Ford 6410 Olympia St. N. " " "
" Christopher 2448 Rhode Isl. Ave N. MV MN 55427
N Schraack 3030 Sumter Ave N Crystal MN 55427
Paul Bork 3801 Gettysburg Ave No New Hope MN 55427
Yvonne Bork 3801 Gettysburg Ave No New Hope MN 55427
Joan Bacha 8208 - 38th Ave N Crystal, MN 55427
John Nelson 1533 Pennsylvania Ave N. Golden Valley, Minn 55427
Jed J. Gustafson 7445 Olympia St., Golden Valley, MN 55427
Karen Carlson 6300 Knox St GV 544-0728
Nancy J. Blumberger Jr. 1901 PA AVE N. 542-8551

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Jim Johnston

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Our bus is normally full on the morning and evening routes. We believe that this will continue to be the case as it has been for many years. Please consider our situation and keep our route intact. Thank you.

Please sign your name and address below:

Sharon Field Golden Valley, MN 55427
Ramona May 1430 Maryland Ave No. Golden Valley
Paul Jr. Prater 6525 Olympia St. Nor Golden Valley, Minn
Steve Merrin 6934 Knoll St. Golden Val., MN

Date: May 10, 1990

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Please sign your name and address below:

Judith Madson 2041 Pennsylvania Ave. No. Golden Valley
Peggy J. Dupple 3431 Xylon Ave N. New Hope
Carol C. McLaughlin 2445 Rhode Island N. Golden Valley
Kiersten Daly 3498 Pilgrim Ln Plymouth (They Already Cut My Side from the Route!)
[illegible] 10130 32nd Ave Plymouth