



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

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**JERRY DULGAR**  
**GOALS 1991**

**List 3 goals to achieve in 1991 regarding the normal (routine) operation of your department for 1991.**

1. Strive for more involvement of all department, division heads in decision making process.
2. Look at (Big Picture) as far as future operation and finance of City operations goes.
3. Reduce use (cost) of office supplies, materials, etc.
4. Balance budget with minimum of personnel and program cuts.

**List 3 goals to achieve in 1991 that are above and beyond your normal (routine) operation of your department for 1991.**

1. Work to develop service, oriented attitude and approach among staff of City in general.
2. Work to achieve sharing arrangements with neighboring communities to cut cost of operations.
3. Finish housing code and start actual housing inspection program, if possible with promotion of employee already in City employment.

**List 3 goals to achieve in 1991 concerning professional development, encouragement and improvement of your staff.**

1. Encourage Kelli to continue BA program and skills education. Encourage Darlene and Joan to attend as many of Clerks education programs as possible, Nancy to personnel classes.
2. Go through ICMA Effective Supervisors Practices with department heads.
3. Budget retreat at location other than City Hall to help develop team approach to budget.

**List 3 goals to achieve in 1991 concerning professional development, encouragement and improvement of yourself.**

1. Read 3 books on Management.
2. Lead 3-5 seminar sessions on Effective Management.
3. Serve effectively on LMC Board and Twin West Chamber of Commerce Board and report important actions, information to Council and staff.

**This section will be completed by Council. This section will contain several goals set by you, the Council, to be completed by me in 1991.**

- 1.
- 2.
- 3.

**\*\*You must set realistic goals that fit within the 1991 time\*\*  
frame and budget limitations.**

May 21, 1991

TO: Jerry Dulgar, City Manager

FROM: Darlene George, City Clerk *Darlene*

RE: Food Licensing  
C. J. Frank's Furniture  
5419 Lakeland Avenue North

Councilmember Moravec telephoned City Hall at 5:00 P.M. this evening requesting that a food license be added to this evening's agenda for the above referenced business.

C. J. Frank's furniture has planned a Memorial Weekend event which includes giving hot dogs and pop to its customers on May 24, 25, 26 and 27, 1991, and advertised the event not realizing a food license was required. Serving hot dogs and pop requires an itinerant food license with a fee of \$30 for the first day and \$12 for each additional day.

I recommend the City Council approve the issuance of this license contingent upon review and approval by the Health Department.

cc: Crystal City Council

EMBER D. REICHGOTT

Senator 46th District  
Majority Whip  
Room 301 State Capitol  
St. Paul, Minnesota 55155  
Phone: 296-2889  
and  
7701 48th Avenue North  
New Hope, Minnesota 55428

## Senate

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State of Minnesota

May 9, 1991

Mr. Jerry Dulgar, City Manager  
City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55422-1696

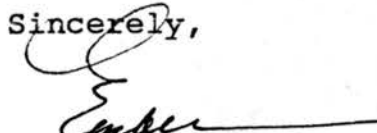
Dear Jerry:

Thank you for sending me a resolution passed by the Crystal City Council regarding your support for the current fiscal disparities system. I appreciated hearing from you.

Although several bills have been introduced to change the fiscal disparities system, it is not likely they will be seriously considered this year. The Senate Tax Committee is deeply involved in developing a property tax plan that is fair to taxpayers and local governments. In my view, property tax reform must take first priority. Any review of the fiscal disparities system should wait until we determine our course in property tax reform this year.

Thank you again for taking time to share your thoughts with me. As always, if I can be of further assistance, please do not hesitate to call.

Sincerely,



Ember Reichgott  
Majority Whip

ER:ms



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Recycled Paper

COMMITTEES • Chair, Property Taxes and Local Government Aids Division, Taxes and Tax Laws •  
Education • Education Finance Division • Judiciary • Redistricting • Energy and Public Utilities  
SERVING • Robbinsdale • Crystal • New Hope



WE ARE PLEASED TO ANNOUNCE

A PRACTICAL PRESENTATION  
FOR ELECTED OFFICIALS,  
PLANNING COMMISSION MEMBERS,  
CITY MANAGERS, AND  
COUNTY AND CITY STAFF  
ON

"CONSTITUTIONAL ISSUES IN  
LAND USE AND ZONING:  
DUE PROCESS,  
EQUAL PROTECTION, AND THE  
TAKING ISSUE"

MAY 29, 1991

2:00 - 5:00 P.M.

MARRIOTT CITY CENTER  
30 SOUTH SEVENTH STREET  
MINNEAPOLIS, MINNESOTA  
RECEPTION FOLLOWS

SPONSORED BY:

ASSOCIATION OF METROPOLITAN MUNICIPALITIES  
LEAGUE OF MINNESOTA CITIES  
METROPOLITAN COUNCIL  
THE PUBLIC LAW PRACTICE GROUP OF:  
POPHAM, HAIK, SCHNOBRICH & KAUFMAN, LTD.

THE FABRIC AND CONTOURS OF MUNICIPALITIES ARE  
CHANGING AS WE MOVE FORWARD INTO THE NEXT  
DECADE. THESE CHANGES INCLUDE EVER-INCREASINGLY  
CREATIVE LAND USE AND ZONING CHALLENGES TO CITY  
COUNCILS, PLANNING COMMISSIONS, AND MUNICIPAL  
STAFFS. REDUCTIONS IN STATE AID TO MUNICIPALITIES  
MAKE IT NECESSARY THAT THEY CONSERVE LIMITED  
FINANCIAL RESOURCES BY, WHEN POSSIBLE, AVOIDING  
DISPUTES THAT CHALLENGE LAND USE AND ZONING  
DECISIONS.

POPHAM HAIK

SCHNOBRICH & KAUFMAN, LTD.

\_\_\_\_ YES, I WILL BE ATTENDING THE SEMINAR.

\_\_\_\_ NO, I CANNOT ATTEND BUT WOULD LIKE TO BE PUT ON YOUR  
MAILING LIST FOR FUTURE SEMINARS AND INFORMATION.

COMPANY NAME \_\_\_\_\_

NAME OF PERSON(S) ATTENDING \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_

PLEASE JOIN US FOR  
PRACTICAL PRESENTATIONS FOR  
NON-LAWYERS BY:

PROFESSOR EDWARD H. ZIEGLER

PROFESSOR ZIEGLER IS A NATIONALLY RECOGNIZED  
AUTHORITY ON LAND USE AND ZONING. HE IS THE  
AUTHOR OF RATHKOPF'S THE LAW OF ZONING AND  
PLANNING, A PUBLICATION RELIED ON BY LAND USE  
LAWYERS, CITY ATTORNEYS, AND THE COURTS. IN THE  
PRECEDING TWELVE MONTHS ALONE, PROFESSOR  
ZIEGLER HAS BEEN CITED AS AUTHORITY BY APPELLATE  
COURTS IN MORE THAN TWELVE STATES. HE IS A  
TENURED PROFESSOR AT THE UNIVERSITY OF DENVER  
COLLEGE OF LAW.

HONORABLE JOHN E. SIMONETT

ASSOCIATE JUSTICE  
SUPREME COURT OF THE  
STATE OF MINNESOTA

JUSTICE SIMONETT WAS APPOINTED TO THE  
MINNESOTA SUPREME COURT IN 1980, ELECTED IN  
1982, AND RE-ELECTED IN 1988. PRIOR TO HIS  
APPOINTMENT TO THE SUPREME COURT, JUSTICE  
SIMONETT PRACTICED LAW IN LITTLE FALLS,  
MINNESOTA. HE IS AN ADJUNCT PROFESSOR AT THE  
UNIVERSITY OF MINNESOTA LAW SCHOOL, A FELLOW  
OF AMERICAN COLLEGE OF TRIAL LAWYERS, AND A  
MEMBER OF THE INTERNATIONAL SOCIETY OF  
BARRISTERS.

MR. CLIFFORD M. GREENE

MR. GREENE IS A SHAREHOLDER IN THE NATIONAL  
LAW FIRM OF POPHAM, HAIK, SCHNOBRICH &  
KAUFMAN, LTD. WHERE HIS PRACTICE FOCUSES ON  
ADVISING AND DEFENDING MUNICIPALITIES REGARDING  
LIABILITY ISSUES AND LAND USE MATTERS. MR.  
GREENE IS A NATIONAL OFFICER OF THE URBAN, STATE  
AND LOCAL GOVERNMENT SECTION OF THE AMERICAN  
BAR ASSOCIATION. HE IS A NATIONAL SPEAKER ON  
MUNICIPAL LIABILITY AND A FORMER PROFESSOR AT  
WILLIAM MITCHELL COLLEGE OF LAW.

RSVP: MS. MARY KAY SHANNON

POPHAM, HAIK, SCHNOBRICH & KAUFMAN, LTD.

334-2579



April 1991

Dear Friends;

We are pleased to send you the 1991 Community Social Services Act, Human Service Priority Report.

The Northwest Hennepin Human Services Council is responsible for citizen participation in the northwest area, comprised of fifteen cities. This report is the result of more than 2,000 hours of volunteer time spent assessing the service and program needs in our community. The report defines the needs, lists recommendations, and provides information on present efforts to address the need areas.

We hope that you find this report useful in your own program planning and development.

This human service priority report is one of many resources available to you from our agency. If you desire additional information referenced in the report, we are able to provide a wide range of data. Several of the surveys we completed last year, such as the community-wide needs assessment, are referenced in this report and may provide useful information for your organization. In addition we are available to conduct research to meet information needs of your agency. The range of services available include: program utilization data, demographic data by community, service trend information, help in designing questionnaires, program evaluation. These and other services are outlined in more detail on the enclosed brochure.

Our goal is to be of service to you to support your efforts to meet community and individual needs. Please let us know how we can be of assistance.

Thank you for your commitment to the community.

Best wishes;

Patricia Susan Wilder, Executive Director  
Northwest Hennepin Human Services Council


BROOKLYN CENTER  
BROOKLYN PARK  
CHAMPLIN

CORCORAN  
CRYSTAL  
DAYTON

GOLDEN VALLEY  
HANOVER  
HASSAN

MAPLE GROVE  
NEW HOPE  
OSSEO

PLYMOUTH  
ROBBINSDALE  
ROGERS



# NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL

## COMMUNITY SOCIAL SERVICES ACT (CSSA) REPORT

Northwest Hennepin Human Services Council (NHHSC) has operated as the planning and coordinating agency representing the 15 communities of northwest suburban Hennepin County since 1972. In 1981, NHHSC was designated as the channel through which citizen input would be gathered from Northwest Hennepin as part of the newly created Community Social Services Act. The NHHSC Advisory Commission, composed of appointed citizen representatives from each of the member cities and townships, provides citizen input and participation in human services planning and coordination for Northwest Hennepin County.

Each year the Council and the Advisory Commission identify needs and issues affecting Northwest Hennepin County residents. The Commission and the Advisory Council gather and analyze information relating to the nature and scope of human service issues and the needs of target populations as specified through the Hennepin County Board.

In 1990, the Commission and the Advisory Commission engaged in many activities to assess community needs including focus groups, committees, research, presentations from area providers and commissioner priority issue reports. Over 2,000 volunteer hours were dedicated to the Northwest Hennepin communities' human services needs and concerns.

Northwest Hennepin Human Services Needs Assessment was a special activity of the Northwest Hennepin Human Services Council in 1990. The need assessment is a northwest community-wide telephone survey done every three years identifying residents' views on human services needs and issues. The survey included questions about such issues as how people access information about human services, residents' awareness of human services, the role of municipalities in the human services delivery system and the perceived need for specific services. A total of 848 residents completed the survey, making the survey statistically significant (95% confidence interval, 3% sampling error).

## 1990 ACTIVITIES

During 1990, the Northwest Hennepin Human Services Council took part in the following activities to assess the human services needs of the community:

- o Telephone survey to assess needs of residents
- o Developmental Disabilities Focus Groups
- o Child Care Forum
- o Transportation Study for Brooklyn Center
- o Directory of Services for Northwest Hennepin
- o Information and Referral Cards for Northwest Hennepin
- o Development of Senior Leadership Committee (received award from Governor)
- o Analysis of 1990 and 1991 budgets
- o Review of Hennepin County Mental Health Survey
- o Gathering of data for municipal profiles
- o Human service issue presentations by Advisory Commissioners and community speakers
- o Collection and review of demographic data
- o Collection and review of program use data
- o Input from Council Committees and Task Forces
- o Development of final priorities by Human Services Advisory Commission
- o Final approval of priorities by Executive Board

## 1991 CSSA HUMAN SERVICES PRIORITIES

- 1) Family Services
- 2) Health Care
- 3) Children and Youth
- 4) Mental Health
- 5) Chemical Health
- 6) Family Violence
- 7) Transportation
- 8) Housing
- 9) Community Education
- 10) Aging
- 11) Physical Disabilities
- 12) Service Delivery System
- 13) Developmental Disabilities

# FAMILY SERVICES CASELOAD 1990 SUBURBAN HENNEPIN COUNTY

## 1) FAMILY SERVICES

### A) Needs

In Northwest Hennepin County:

- There are 57% of the suburban clients of the Hennepin County Family Services Division.
- There have over 2000 Aid to Families with Dependent Children (AFDC) cases for the last four years.
- The number of AFDC cases has increased by 37% in just eight years (1982 to 1989).
- Almost 5,000 families with children under 18 are headed by single parents.
- Families headed by a female householder comprise almost 20% of families in poverty.
- Almost half of the residents consider parenting training/education and family stress management to be very important, according to the 1990 Northwest Hennepin Human Services Needs Assessment.

### B) Recommendations

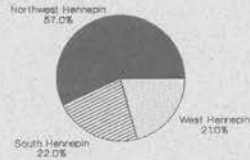
- Increase assessment services and outreach to assist families in crisis.
- Continue support for emergency service programs.
- Provide subsidized child care and respite care for low and moderate income families.
- Provide additional "pre-crisis" parenting services.
- Promote coordination of services between providers, school districts and early education centers.
- Provide mentoring and peer support programs for parents.
- Work to remove stigma of seeking help with parenting by promoting parenting as an educational process, acquiring knowledge and skills.
- Adequate housing must be provided to promote family stability.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Continues to administer the Surplus Commodities Distribution program and the Emergency Services program, both of which provide goods and services to families in severe need.
- In 1990 received a grant (together with the other suburban Hennepin human services councils) from Community Action for Suburban Hennepin to do a needs assessment of working poor people in suburban Hennepin County. This will be a focus for the Council throughout 1991 in an effort to ascertain needs and strategies for intervention and support for working poor people.

Northwest Hennepin comprises 43% of the total suburban Hennepin population according to the 1990 census. Thus any caseload above 43% is higher than the amount expected for our area.



SOURCE: NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL

## 2) HEALTH CARE

### A) Needs

In Northwest Hennepin County:

- Medical Assistance cases increased by 94% from 1981 to 1989.
- Food Stamp cases increased by 60% from 1981 to 1989, indicating an increase in the number of people needing help in order to get adequate nutrition.
- 25% of all mothers received no first trimester care.
- An estimated 24,725 people were without insurance at some time during 1990 (based on Minnesota wide figure of 8.6% from Health Care Access Commission Study).

### B) Recommendations

- Provide preventative health care, especially for children.
- Maintain the Children's Health Plan.
- Promote community education on health issues.
- Support public health education, such as National Smoke Out, AIDS education, cancer detection and nutrition.
- Provide affordable mental health counseling.
- Support Pre-Admission Screening and Alternative Care grant programs for potential nursing home applicants.

### C) Initiatives

The members and staff of the Northwest Hennepin Human Services Council represent the area concerns, provide their planning perspective and experiences, and facilitate committees. The committees that the Northwest Hennepin Human Services Council is participating in are:

- Women's and Children's Health Advisory Committee
- Home Delivered Meals Advisory Committee which promotes health by providing nutritionally balanced meals
- Prenatal Committee of Success by Six, the mission of which is to identify and recommend collaborative, multi-disciplinary partnerships that will successfully address barriers to prenatal care access
- A newly formed Success by Six committee for physicians

## 3) CHILDREN AND YOUTH

### A) Needs

In Northwest Hennepin County:

- An estimated 3,000 children under age six and 4,300 children ages 7 to 14 live in poverty.
- More than 800 area youths are reported as runaways each year.
- These children are often "throwaways" who can end up homeless or caught in drugs and prostitution.
- Over 13% of all births are to single mothers.
- 42% of children under age 6 years old live with two working parents or an estimated 3,820 children.
- Only 57 spaces exist for every 100 children needing child care.
- Suburban Hennepin County has almost 32% of eligible HeadStart children and yet only 11% of children being served by HeadStart in Hennepin County are from Suburban Hennepin County.

### B) Recommendations

- Provide more publicity on services that are currently available in Northwest Hennepin County e.g. YMCA, V.I.K., Park and Recreation.
- Expand mentoring and peer support programs for children, eg. 4H, Park and Recreation.
- Expand the latchkey and safehouse program for grade school children.
- Support the Runaway Youth Initiative.
- Explore corporate resources to build "tomorrow's work force" through investment in children and youth.
- Support the Success by Six Northwest efforts.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Is working in collaboration with United Way to replicate the Success by Six program in Northwest Hennepin County. The goal of Success by Six is to "help all children succeed for life."
- Is working in conjunction with the Suburban Hennepin Headstart Access Task Force to increase the availability of headstart for suburban children.
- Is implementing the Runaway Youth Initiative which was formed to address the needs of runaway youth.
- Discovered through the 1991 Needs Assessment that the top two programs for children and youth that residents would like to see implemented are:
  - a teen center
  - a more child care
- Held a public forum on child care issues.
- Assisted in the development of the 1990-91 Youth Development Plan for School District 278. The plan was formed to enhance interagency coordination, outreach, and parenting education programs.
- Participates in the Northwest Family and Children's Youth Diversion Advisory Board. The board monitors and reviews the progress of the youth diversion program in order to make recommendations with respect to program change, community needs and trends.



## 4) MENTAL HEALTH

### A) Needs

- In 1990, Northwest Hennepin County comprised 55% of the mental health caseload for suburban Hennepin County.
- The issue of inadequate care for people with mental illness who have been deinstitutionalized remains a problem.
- The Northwest Hennepin Needs Assessment indicated that 44% of residents disappear or have reservations about groups homes in their neighborhood for non-violent mentally ill people.

### B) Recommendations

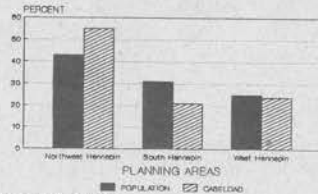
- Educate the community about mental health issues.
- Provide more comprehensive, community-based services as well as specialized services.
- Encourage more corporate involvement in prevention and awareness of mental illness eg. employee assistance programs.
- Provide "pre-crisis" counseling on a sliding scale fee basis for low and moderate income families.
- Help the Northwest Community Support program address need to expand case management services and to increase transportation for existing and potential clients.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Created the Local Mental Health Advisory Committee as part of the citizen participation process. The committee has launched a public education program to broaden awareness about mental illness and mental health issues. The first group the committee targeted was the clergy.
- Continues to support the Northwest Community Support Program which it established in 1989. This program provides drop-in services, crisis counseling and social and recreational activities for persons with chronic mental illness.
- Supports the Children's Mental Health Initiative.
- Co-staffs the Suburban Mental Health Aftercare Providers Network which is an information exchange and means of promoting discussion about mental health issues.
- Participates in the Northwest Family and Children's Mental Health Services and Northwest Youth Diversion.

## MENTAL HEALTH CASELOAD SUBURBAN HENNEPIN 1990



SOURCE: NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL



## 5) CHEMICAL HEALTH

### A) Needs

- o In 1990, 55% of the total chemical health suburban case load was from Northwest Hennepin County.
- o The Northwest Hennepin Human Services Council Needs Assessment found that 88.4% of residents consider drug awareness programs for grade school children to be very important.
- o Chemical abuse is often linked with family violence and crime.

### B) Recommendations

- 1) Offer more prevention services for children and adolescents, such as the DARE program and Alcohol Decisions Program (a 4H program).
- 2) Provide sobering stations for chronic cases.
- 3) Provide alternatives to hospitalization.
- 4) Offer referral and intervention when appropriate.

### C) Initiatives

- 1) A presentation on chemical health and awareness was given to the Advisory Commission by the Robbinsdale DARE program and the Mission Care Detox Center.

## CHILD PROTECTION CASELOAD SUBURBAN HENNEPIN COUNTY



SOURCE: NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL

## 6) FAMILY VIOLENCE

### A) Needs

- o In 1990, Northwest Hennepin County comprised 58% of the suburban Hennepin child protection cases opened.
- o HomeFree Shelter, which the Northwest Hennepin Human Services Council helped to establish, served 537 clients in 1990. Even so, it had to turn away approximately 10% of those seeking help.
- o The Northwest Hennepin Human Services Council needs assessment found that 67% of residents consider domestic violence intervention programs to be very important.

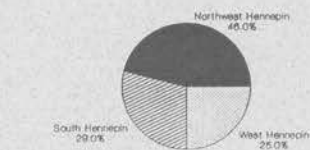
### B) Recommendations

- 1) Provide counseling immediately after the confrontation.
- 2) Provide counseling for the unit (couple or family).
- 3) Offer peer support counseling for the victim.
- 4) Promote school district involvement, especially through early childhood programs.
- 5) Provide Gatekeeper programs which educate workers such as MSP meter readers to spot signs of abuse or neglect of seniors.
- 6) Provide specialized foster homes for infants and children with severe problems such as AIDS infected children or cocaine babies.
- 7) Provide crisis nurseries.
- 8) Expand shelters and programs for battered women.

### C) Initiatives

- The Northwest Hennepin Human Services Council:
- 1) Staffs the Northwest Family and Child Abuse Network which focuses on providing and exchanging information about family violence prevention and programming.
  - 2) Participates in Community Response Teams which bring people in communities together to discuss methods to prevent domestic violence.
  - 3) Works with domestic violence intervention projects to gather community support and information.

## CHEMICAL HEALTH CASELOAD 1990 SUBURBAN HENNEPIN COUNTY



SOURCE: NORTHWEST HENNEPIN HUMAN SERVICES COUNCIL

## 7) TRANSPORTATION

### A) Needs

- o Northwest suburban Hennepin County extends over 200 square miles, encompassing rural farm lands in the third ring suburbs as well as concentrates business and population centers in the first and second ring suburbs.
- o The metropolitan transit system is organized on a "spoke" system around the central cities. Thus it is very difficult to use mass transit to travel between suburbs.
- o Local transportation providers have more requests for services than they can meet.
- o Transportation is frequently a barrier to receiving human services. For example, parents need transportation to be able to access affordable child care.
- o According to a 1988 study by the Regional Transit Board, some of the outlying areas of Northwest Hennepin County (such as Dayton and Corcoran) are not served by Metro Mobility, a transportation service for people with disabilities.

### B) Recommendations

- 1) Maintain Five Cities program, Senior Transportation Program and Elder Express.
- 2) Promote collaborations between public, private and non-profit sector to better meet the needs of residents.
- 3) Encourage volunteerism and explore ramifications of volunteer liability.

### C) Initiatives

- The Northwest Hennepin Human Services Council:
- 1) Contracted to do a transportation needs assessment study in 1990 for Brooklyn Center. The assessment indicated a need for a dial-a-ride program for people with special transportation needs.
  - 2) Encourages public/private initiatives to address transportation problems such as the collaborative effort between PRISM, Good Neighbor and Minnegasco.
  - 3) Increased awareness by setting up a presentation on transportation to the Advisory Commission by Elder Express (PRISM), Five Cities Transportation Program and the Senior Transportation Program.

## 8) HOUSING

### A) Needs

- o Housing must be tied to human services. According to Mary Anderson in her remarks upon becoming the Metropolitan Council Region Citizen of the Year, "We must adopt and implement policies that link human services to affordable housing to build self-sufficiency."
- o There is a high level of concentration of low income housing in some Northwest Hennepin County communities.
- o Household incomes have not risen at the same rate as housing costs.
- o In 1989, Northwest Hennepin contained 3,153 of the subsidized housing units in Hennepin County, which represents only about 20% of those eligible in Northwest Hennepin for housing subsidies.

### B) Recommendations

- 1) Encourage increased support for Energy Assistance programs which help prevent loss of housing.
- 2) Develop housing alternatives such as shared homes.
- 3) Provide funds for housing needs on an emergency basis.
- 4) Maintain existing housing stock and increase level of quality through city code enforcement, especially enforcement of safety codes in senior community high-rises.
- 5) Provide continued support for the Chore Program which assists seniors and persons with disabilities to maintain their homes.

### C) Initiatives

- The Northwest Hennepin Human Services Council:
- 1) Participates in the Suburban Hennepin Affordable Housing Collaborative effort.
  - 2) Coordinates the Emergency Assistance program which provides rental assistance to help keep people in their homes and prevent homelessness and related problems.
  - 3) Provides emergency housing through shelters (eg. Home Free Shelter) and motel vouchers.



## 9) COMMUNITY EDUCATION

### A) Needs

- Community awareness is needed about issues such as chemical dependency, poverty and racism. Awareness precedes action.

### B) Recommendations

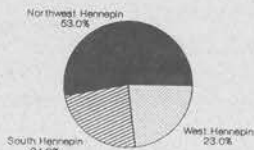
- Promote use of existing community cable television and videos as a community education tool.
- Promote coverage in city newsletters about human service organizations, new programs and agencies in the area, and human service issues and concerns.
- Encourage community education outreach through medical and dental professionals.
- Encourage participation by human service agencies in community education fairs.
- Work to link human service providers and city departments that interact with citizens and become aware of human service needs. Examples of such departments are Park and Recreation, Health and Housing departments.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Supports the initiative of local community education departments to hold workshops and forums on various issues to raise public awareness. Examples include parenting workshops and a child safety forum.
- Gives staff input on a regular basis to the local cable television network to keep them up to date on current human services issues.
- Worked along with Community Education (District 279) and other community groups to sponsor a forum on interagency collaboration and to support actual opportunities to work together more effectively to meet the needs of area families.

## SERVICES TO SENIORS CASELOAD SUBURBAN HENNEPIN COUNTY 1990



SOURCE: NORTHWEST HENNEPIN HUMAN SERVICES



## 10) AGING

### A) Needs

- In 1990, Northwest Hennepin County comprised 53% of the services to seniors cases for suburban Hennepin County.
- The Northwest Hennepin Human Services Needs Assessment indicated that 55% of residents consider telephone assurance programs for the elderly to be very important.
- The needs assessment indicate that over 40% of residents consider peer counseling for seniors very important.
- Home health care is an option which needs to be explored by insurance providers.

### B) Recommendations

- Encourage programs which provide care for the caregiver.
- Explore discounts based on income rather than solely on age.
- Promote community awareness of nutrition programs, Chore program, Gatekeeper program and other programs that allow persons to live within their own homes safely.
- Support the efforts of the Northwest Senior Leadership Committee and the collaboration and coordination of the Senior Services Provider Network.
- Encourage education for housing alternatives to nursing homes.
- Support efforts to get home health care covered by insurance.
- Support adult day care programs.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Created, together with seniors from the community, an innovative Senior Leadership Committee which empowers senior citizens to address their needs and issues. In its first year of operation, the committee was nominated for and received an award from Governor Perpich.
- Staffs the Senior Services Provider Network which is an information exchange on issues and needs of senior citizens.
- Participates in the Home Delivered Meals Advisory Committee which helps seniors stay in their homes by providing nutritious home-delivered meals.

## 11) PHYSICAL DISABILITIES

### A) Needs

The 1990 Northwest Hennepin Human Services Needs Assessment indicated that:

- Almost one quarter of all residents believe that public accessibility to buildings and programs in Northwest Hennepin County is fair or poor.
- Over 50% of residents consider specialized recreation activities for persons with disabilities to be important.

### B) Recommendations

- Provide more trained respite care providers and more funding for respite care.
- Strengthen the Case Management Process, encourage a team management approach.
- Improve and standardize current early screening and assessment services.
- Promote coordination of services and their accountability for cost effectiveness, especially County and School district collaborative efforts.
- Increase supported employment opportunities that encourage independence and promote self-esteem.
- Increase services for persons in transition from school settings to other settings such as group homes or independent living sites.
- Increase support services for people who live with their families.
- Encourage volunteerism in children (K-12) to work with people with physical disabilities.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Participates in the Northwest Transition Interagency Committee. This committee's mission is to identify, coordinate and plan needed services to assist young adults with physical and developmental disabilities to reach their potential to live, work and recreate in society.
- Provides an accessibility checklist to help determine whether facilities are accessible to people with disabilities.
- Endeavors to make their services and facility accessible. One example is having a TDD machine in the office.

## 12) SERVICE DELIVERY SYSTEM

### A) Needs

- The human service delivery system in suburban Hennepin County can be difficult to access because people do not know how to locate the help that they need. Lack of information can cause people to "fall through the cracks" and never receive services.
- Because the human service delivery system does not provide an adequate continuum of services, people can be cut off from services.

### B) Recommendations

- Encourage First Call for Help to localize information and referral services available for Northwest Hennepin County.
- Locate human services in Northwest Hennepin County when it facilitates awareness and accessibility.

### C) Initiatives

The Northwest Hennepin Human Services Council:

- Staffs many networks to promote coordination of services and communication between service providers. Examples are the Family and Child Abuse Network, the Senior Services Network, the Suburban Mental Health Aftercare Providers Network and the Emergency Services Network.
- Is involved in efforts to decentralize services. An example is the Senior Information Line, a localized information and referral line for seniors.
- Put together a service directory and information referral cards and distributed them to the community.
- Frequently consults with human services providers to help them fill gaps in service, avoid service overlaps and provide services in a cost-effective way.
- Produced the Northwest Hennepin Human Services Needs Assessment, which is an example of the research done by the Council to assess gaps in services.
- Coordinates and facilitates the Runaway Youth Initiative, which is an example of localized delivery of human services.
- Is working in conjunction with the Suburban Hennepin Headstart Task Force to increase the availability of Headstart for suburban children.



### 13) DEVELOPMENTAL DISABILITIES

#### A) Needs

- o In 1990, Northwest Hennepin County comprised 50% of the developmental disabilities cases opened for suburban Hennepin County.

#### B) Recommendations

- 1) Provide more trained respite care providers and more funding for respite care.
- 2) Strengthen the Case Management Process, encourage a team management approach.
- 3) Improve and standardize current early screening and assessment services.
- 4) Promote coordination of services and their accountability for cost effectiveness, especially County and School district collaborative efforts.
- 5) Increase supported employment opportunities that encourage independence and promote self-esteem.
- 6) Increase services for persons in transition from school settings to other settings such as group homes or independent living sites.
- 7) Increase support services for people who live with their families.
- 8) Encourage volunteerism in children (K-12) to work with people with developmental disabilities.

#### C) Initiatives

The Northwest Hennepin Human Services Council:

- 1) Conducted several focus groups on developmental disabilities: one with parents and one with providers.
- 2) Participates in the Northwest Transition Interagency Committee. This committee's mission is to identify, coordinate and plan needed services to assist young adults with physical and developmental disabilities to reach their potential to live, work and recreate in society.
- 3) For the past two years has worked with local school districts in the coordination of an "expo" for adolescents with developmental disabilities. The expo include expert panel discussions on topics such as education, employment and home living.
- 4) Set up a presentation to the Advisory Commission by the Northwest Parent Advocacy Group focusing on parents' concerns about accessing services for their children.

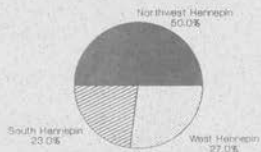
### THE NORTHWEST HENNEPIN HUMAN SERVICES ADVISORY COMMISSION 1990 COMMISSIONERS

MUNICIPALITY	COMMISSIONER
Brooklyn Center	John Casey
	John Vogel
Brooklyn Park	Del Wilkinson
	Diane Gunderson
Champlin	Kathy Aswegen
	Cindy Rundle
Crystal	Rense Bowman
Golden Valley	Syrile Ellison
	Sally Strand
Hassan	Christina Stomberg
Maple Grove	Richard Drinkwine
	Steve Cook
New Hope	Duane Reynolds
Osseo	Dorothy Clarke
Plymouth	Linda Dieleman
Robbinsdale	Barb Dody
Rogers	Kathy Roline

### TARGET GROUP DESIGNEE POSITIONS NORTHWEST HENNEPIN HUMAN SERVICES ADVISORY COMMISSION

Housing:	Developmental Disabilities:
Sally Strand	Christina Stomberg
Health Care:	Drug and Alcohol Abuse:
Syrile Ellison	Duane Reynolds
John Casey	John Casey
Mental Health:	Children and Adolescents:
Duane Reynolds	Duane Reynolds
Physical, Sexual and Mental Abuse issues:	
Barb Dody	
Homelessness and Energy Assistance:	
Kathy Roline	

### DEVELOPMENTAL DISABILITIES CASES SUBURBAN HENNEPIN COUNTY 1990



SOURCE: NORTHWEST HENNEPIN  
HUMAN SERVICES COUNCIL

# **Improving Opportunities for Children in Northwest Hennepin County**

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1990, Children's Defense Fund*



# Northwest Hennepin County Legislative Committee for Young Children

## *Priorities for Children in Need: 1991 Legislative Session*

Northwest Hennepin County has been chosen as the target area for the first replication of United Way's **Success By 6** in suburban and outer county areas. The goal is to develop a strategic approach to reduce barriers that prevent children under age six from receiving necessary services that improve development.

The Northwest Hennepin County Legislative Committee is a broadly based initiative aimed at creating community support for all children. The committee is dedicated to the concept that by age six all children will have the necessary mental, physical, social and emotional development to take advantage of opportunities for growth and learning.

Northwest Hennepin **Success By 6**'s action agenda contains three major goals: build community awareness and understanding, improve access services for all families and expand collaborations.

*The following issues surfaced as key concerns for the Northwest Hennepin legislative committee. Many issues are the same as the Minneapolis Success By 6 legislative agenda; others reflect a geographic focus.*

### **Head Start**

Head Start is a comprehensive child development program for low-income children and their families, including seven major service components: education, social services, parent involvement, health, nutrition, transportation and services for children with disabilities. Head Start is authorized by Congress to serve children from age three to compulsory school attendance.

Head Start is mandated to serve the poorest applicants first with eligibility set at the federal poverty line. The 1990 federal poverty guidelines are \$8,420 -- family of two, and \$10,560 -- family of three.

Less than 15 percent of eligible children are served in Hennepin County. There are no Head Start programs located in the northwest suburban area although two-thirds of eligible suburban children reside there. State funding is needed to expand Head Start to northwest suburban locations. One strategy for service will be to use a variety of existing coordinated delivery systems that would work in partnership with Head Start services throughout the community.

### **Way to Grow**

Way to Grow promotes school readiness for children by coordinating community services that support and assist parents in meeting the developmental needs of their children from conception through age six. United Way's **Success By 6** helped initiate Way to Grow and seeks funding to further develop programs in other communities. Northwest Hennepin families could benefit from a Way to Grow program.

### **Extended-day/School-age Child Care**

The need for affordable high-quality extended-day programs for children of working parents continues to reach crisis proportions. Although over 75 percent of parents who have elementary-age children are in the labor force, no plan to increase the number of these programs has been established. It is estimated that less than 10 percent of eligible children are enrolled in existing programs. The risk of substance abuse, vandalism, poor school performance, poor mental health and early parenting has been linked to

the failure to provide adequate supervision to these children. Two pieces of legislation are proposed:

- Legislation that allows school districts, through community education, equalized local levy/state aid formula, to raise revenue for school-age child-care programs at the rate of \$10 per child based on the number of children grades K-eight in the district. Available second year of biennium. **\$4 million.**
- Grant process from the Minnesota Department of Education to integrate special-needs children into extended-day programs. **\$500,000.**

### **Child-care Subsidies**

Over 6,000 Minnesota children are on the waiting list for child-care subsidies. Over 1,000 children are from the northwest suburban area. There are parents who could work or go to school if they had the means to pay for child care. The average cost for child care is \$4,000 annually. The recommendation is to increase sliding fee, improve quality and develop a coordinated child-care system. **\$7 million.**

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Sixty-eight thousand children in Minnesota had no health insurance last year. An infant with no health coverage is five times as likely to die in the first year of life than an infant covered by health insurance. Twenty-five percent of children under age six had health care delayed because their parents could not afford it. An unattended ear infection can result in a hearing loss and much higher medical and educational costs later in a child's life. In Minnesota, ear infections, asthma and teen suicides are all increasing. The immunization rate among two- to four-year-olds is falling. All children deserve access to health care.

### **AFDC Grant**

Because they have not been increased since 1982, grants to AFDC (Aid to Families with Dependent Children) should be increased. Most Minnesota AFDC families get assistance for two years or less. A family of three receives \$6,384 per year on AFDC. The federal government states a family of three is living in poverty if it lives on \$10,560 per year. Minnesota children are living at 30 percent below the poverty level. In December 1989, the Northwest Hennepin County suburban AFDC caseload comprised 60 percent of total suburban Hennepin County cases. Child advocates and religious groups are recommending a \$50 per month increase for those who do not have subsidized housing.

### **WIC**

Women, Infants and Children (WIC) is a supplemental nutrition program that provides assistance in the form of vouchers for protein-rich and iron-rich foods to pregnant women, infants and children at nutritional risk who cannot afford an adequate diet. WIC began as a federal program and has proved to be highly effective in improving the health of women, infants and children. A Harvard University study reports that \$1 spent in prenatal nutrition for WIC saves \$3 in hospital costs for low-birth-weight babies. Minnesota supplements this federal program with state dollars to WIC to help meet the need. **\$6 million.**

### **Early Childhood Family Education**

Parent education and activities for families with children birth-five years are available from Northwest Hennepin school districts through state and local funding. An increase in the parent-education levy for infant to four-year-olds and development of a levy to include children K-12 and programs for AFDC recipients is recommended.

If you share these concerns for children in Northwest Hennepin County  
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District 45A, Rep. Ron Abrams, (IR), 296-9934  
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Gary Joselyn, Crystal City Councilmember

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Susan Carstens	Betty Kaplan	Nita Quinn
Phil Cohen	Joe Langfeld	Faye Rautio
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- Project administered by Northwest Hennepin Human Services Council, 7601 Kentucky Avenue North, Brooklyn Park, MN 55428, 493-2802. Staff: Amy Vomhof, Patty Wilder.

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**Rep. Ann H. Rest**

**Assistant Majority Leader**

District 46A

Crystal/New Hope

Hennepin County



# Minnesota House of Representatives

Robert Vanasek, Speaker

## CHAIR, PROPERTY TAX SUBCOMMITTEE

COMMITTEES: EDUCATION, EDUCATION FINANCE DIVISION; JUDICIARY, CRIMINAL JUSTICE DIVISION;  
RULES AND LEGISLATIVE ADMINISTRATION; TAXES

May 7, 1991

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

Dear Ms. George:

Thank you for sending me a copy of the Crystal City Council Resolution 91-28, a resolution opposing the 13th check pension bonus. I appreciate being informed of the council members stand on this important issue.

Two bills with the 13th check provision have been introduced in the House. The first and most controversial would provide the St Paul police and firefighters with an extra "13th check" each year, if the investment earnings of the police and firefighters retirement associations do better than projected. This legislation has been recommended for approval by the Governmental Operations Committee. It was then returned to the author, at his request. This strategy usually indicates that the author is planning to add the proposal to a major piece of legislation as an amendment. This in fact occurred today Monday on the House bill dealing with state government appropriations.

Other legislation incorporating the 13th check would extend the pension bonus to Duluth and St. Paul teachers. It is my understanding that this bill was introduced to indirectly provide retired teachers in those two school districts with a cost of living increase. The bill was heard by the Governmental Operations Committee and recommended for passage. It is awaiting floor action.

Again, thank you for informing me of the Council's action. I will be happy to share your concerns with the other members of the legislature.

Sincerely,

*Ann Hiller Rest*  
Ann Hiller Rest,  
State Representative



Betty - Not all Council Members were on mailing list, Elmer Carlson, Gary Grimes were as was Gerry Wagar - Please see that any others interested receive them -

## "1991 CRYSTAL FROLICS PARADE"

Thanks - Sharon Schiller

The Crystal Frolics Committee would like to invite you and your organization to participate in the 1991 Crystal Frolics Parade. The Parade will be held on Sunday, July 28. Lineup time is 12 noon, with the parade beginning at 1:00 P.M. The route is approximately 1.3 miles from start to finish.

The Crystal Frolics Committee will offer prize money for the top three placing MARCHING BANDS in the parade:

First Prize.....\$400.00

Second Prize.....\$200.00

Third Prize.....\$100.00

Trophies for first, second, and third place for floats, novelties, and other musical units will be awarded. Refreshments will be served to all participants following the parade.

We hope that you will give our invitation serious consideration. Please fill out the entry form below and return it to the address listed as soon as possible. If you need additional information, please call Bill Scheiller at (612)533-7955.

Detach here

Will Participate \_\_\_\_\_

Will not participate \_\_\_\_\_

Line Up # \_\_\_\_\_

## "1991 CRYSTAL FROLICS PARADE"

Name of organization: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Home phone: (\_\_\_\_\_) \_\_\_\_\_ Work phone : (\_\_\_\_\_) \_\_\_\_\_

Description of entry for cable TV use. \_\_\_\_\_

Special requirements or fees \_\_\_\_\_

\*\*\*NO

CONVERTIBLES

PROVIDED\*\*

Return form to: Crystal Frolics Committee, P.O.Box 28074, Crystal, MN 55429 NO LATER THAN JULY 22, 1991

Crystal Frolics Sponsors: Crystal Frolics Committee  
Crystal Lions Club  
Budweiser

Crystal Frolics Participants: City of Crystal, City of Crystal Fire Department, City of Crystal Park and Recreation, City of Crystal Police Reserve, Crystal Fire Department Ladies Auxiliary, Crystal Jaycees, Crystal Knights of Columbus, Elks Lodge #44, Crystal Women of Today, Kneable VFW Post #494, Parents Without Partners, Westphal Legion Post #251.

Parade will be judged by: All American Judges Association.

**EMBER D. REICHGOTT**

Senator 46th District  
Majority Whip  
Room 301 State Capitol  
St. Paul, Minnesota 55155  
Phone: 296-2889  
and  
7701 48th Avenue North  
New Hope, Minnesota 55428

**Senate**  
**State of Minnesota**

**May 7, 1991**

**TO:** City Managers  
School Board Members  
Superintendent Linda Powell

**FROM:** Senator Ember Reichgott *Ember*

**RE:** Peace Officer Liaison Services

I am pleased to inform you that the attached subdivision 19 was incorporated into the Senate Omnibus Education Funding Bill last week. The provision provides a \$125,000 grant to Independent School District 281 for reimbursement of peace officer liaison school services.

I pursued a grant approach when the Senate Education Committee on two occasions refused to adopt a special levy as originally introduced in our legislation.

Rep. Ann Rest was able to include a provision in the House Omnibus Tax Bill which allows each school district (statewide) to annually levy \$1 per capita above its current levy limit. That levy is to be used to reimburse cities and counties within the school district for the costs of (1) police and sheriff liaison services to schools; (2) DARE programs, and (3) salaries and benefits of police and sheriffs whose primary responsibility is investigating drug-related crimes.

Since both Rep. Rest and I sit on the conference committee for the Omnibus Tax Bill, and because I am already working closely with the conferees on the Omnibus Education Bill, I am hopeful that one of these options will survive the conference committee process and be enacted into law.

ER:ms

Attachment



Printed on  
Recycled Paper

COMMITTEES • Chair. Property Taxes and Local Government Aids Division, Taxes and Tax Laws •  
Education • Education Finance Division • Judiciary • Redistricting • Energy and Public Utilities  
SERVING • Robbinsdale • Crystal • New Hope



1 teaching instructions that allow for individualized student  
2 learning. The commissioner shall give preference to districts  
3 with a high level of low-achieving or at-risk pupils. A grant  
4 is contingent upon a district providing money to match the grant  
5 money.

6 The appropriation is available until June 30, 1993.

7 Subd. 17. [RESEARCH AND IMPROVEMENT GRANTS.] For a  
8 collaborative grant program allowing school districts, with the  
9 assistance of post-secondary faculty, to develop research  
10 projects:

11 \$31,000 ..... 1992

12 \$31,000 ..... 1993

13 Subd. 18. [GRANTS FOR CHILDREN WITH MENTAL HEALTH  
14 PROBLEMS.] For grants for demonstration projects for children  
15 with mental health problems:

16 \$250,000 ..... 1992

17 \$250,000 ..... 1993

18 Subd. 19. [GRANT FOR PEACE OFFICER LIAISON SERVICES.] For  
19 a grant to independent school district No. 281 for reimbursement  
20 for peace officer liaison school services:

21 \$125,000 ..... 1992

22 The grant must be used to reimburse the cities that  
23 contract with independent school district No. 281 for peace  
24 officer liaison services in the district's middle and secondary  
25 schools. The contract must be limited to the peace officer's  
26 salary and benefits and transportation costs relating to that  
27 portion of the year for which the peace officer fulfills the  
28 responsibility to the school district. The school district must  
29 initially attempt to contract with the police department of each  
30 city within the district containing each middle or secondary  
31 school. If a local police department does not wish to provide  
32 the necessary services, the district may contract for the  
33 services with any other police department located entirely or  
34 partially within the school district's boundaries. The  
35 appropriation is available until June 30, 1993.

36 Sec. 20. [REPEALER.]

for your information  
(Planning Comm. rec'd 5/17/91)

**HOLMES & GRAVEN**

CHARTERED

470 Pillsbury Center, Minneapolis, Minnesota 55402

Telephone (612) 337-9300

Facsimile (612) 337-9310

**DAVID J. KENNEDY**

Attorney at Law

Direct Dial (612) 337-9232

April 29, 1991

Mr. Jerry Dulgar  
City Manager  
City of Crystal  
4141 Douglas Drive North  
Crystal, Minnesota 55422

Dear Jerry:

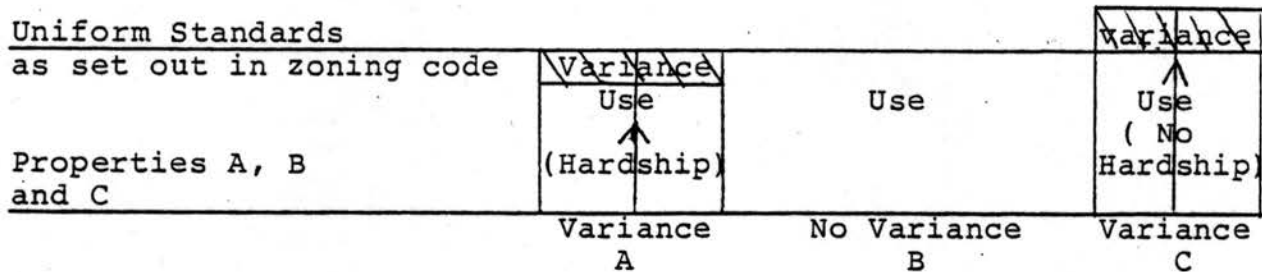
Quite often when zoning variance requests are before the Council (usually in the case of difficult ones) I'm asked to state the grounds for granting a variance. Each time I say something a little different, and I usually think afterwards that perhaps the Council is not fully clear on this rather difficult concept. My response is always a paraphrase (not a very good one) of the following language from Minnesota Statutes, Section 462.357, Subdivision 6, a section of the Municipal Planning Act dealing with appeals and adjustments. The statute authorizes the Board of Appeals and Adjustments (in Crystal's case, the Planning Commission)

" . . . To hear requests for variances from the literal provisions of the [zoning] ordinance in instances where their strict enforcement would cause undue hardship because of circumstances unique to the individual property under consideration, and to grant such variances only when it is demonstrated that such actions will be in keeping with the spirit and intent of the ordinance. "Undue hardship" as used in connection with the granting of a variance means the property in question cannot be put to a reasonable use if used under conditions allowed by the official controls, the plight of the landowner is due to circumstances unique to the property not created by the landowner, and the variance, if granted, will not alter the essential character of the locality. Economic considerations alone shall not constitute an undue hardship if reasonable use for the property exists under the terms of the ordinance."

Our zoning ordinance contains almost identical language in Subsection 515.52.

The language of the statute is rather plain and understandable, but its application to specific fact situations is sometimes difficult. I think it's clear to everyone that a request, for example, to vary a front yard setback so that the property owner can add a TV room would not pass muster. On the other hand, a modest front yard setback variance to construct a new building where for some topographical reason (e.g. lot shape, unbuildable soil, a precipitous slope in the rear yard) a structure otherwise meeting all other rules could not be built, would almost surely be appropriate. The problem lies in the situations in between.

I think the general principle, recognized by the courts, to keep in mind is that (i) land use regulations must be uniform as to all similar properties, (ii) a landowner is entitled to a reasonable use of the property, and (iii) the landowner's reasonable use of the property should not be prohibited because of conditions affecting the property over which the landowner has no control. Put graphically it's something like this:



- A - Granting a variance to A allows A to use property subject to uniform standards.
- B - The typical use meeting all the uniform standards.
- C - Granting a variance to C allows C to use property in some way not subject to uniform standards.

In the graph, A is being treated, in effect, the same way as all other property owners because of the hardship, but C is being granted an advantage over all other property owners. Granting a variance to A is fair to A and has no effect on B; but granting a variance to C is unfair (and illegal) and adversely affects A and B.

The second general principle to keep in mind is that when the Planning Commission, acting as the Board of Adjustments and Appeals, hears and decides variance applications it is acting like a court or an administrative agency: it is applying a rule of law (the statutory language quoted above) to a set of facts and deciding whether the facts justify the granting of the variance. (This is generally referred to as exercising a "quasi-judicial" function.) This is quite different from making

the rule in the first place; that's called exercising a "legislative function." When legislating, the Council need only have some reasonable basis for its action (general welfare, public safety, appropriate land use, etc.) but when the Board acts in a quasi-judicial way the rules are different. The Board must keep a record, make factual findings on which it bases its decisions, provide notice, hear all interested parties and formally inform the applicant of its decision. Under Crystal's zoning ordinance the decisions of the Board are subject to final approval by the Council and the Council is, in effect, acting like a reviewing court, again in a quasi-judicial way. Thus, the Council should feel comfortable that the applicant was given a fair hearing and that the Board's findings of undue hardship or lack thereof were supported by adequate factual data. The Council is not bound by the Board's decision but, it should give a good deal of weight to that decision if properly made.

Because of the judicial nature of the Board's action on a variance, two questions always come up. First, "Will we be setting a precedent by granting the variance?" The answer is both yes and no. Since the undue hardship must, as the statute says, be "unique" to the property it is unlikely that a set of facts will be identical in two cases. If that did occur the Council could hardly grant the one variance but not the other and avoid the charge of being arbitrary. In that case a true binding precedent would be set. But normally the facts are unique and different from all other variance requests in some way. Different facts compel different decisions both in courtrooms and Council chambers, and in that sense no precedent is set. But if the Board or Council says that some particular condition (e.g. bad soil) does not rise to the level of "undue hardship" that particular application of the general rule does become a precedent. There's nothing magic about precedents and they can be overruled or changed, but if changed from case to case, or not consistently applied, a court reviewing the Council's action in a specific case might find that the Council had been acting arbitrarily or capriciously. I don't think the Council or the Planning Commission should be overly concerned about precedent as long as each body acts reasonably, fairly, consistently, and with the general statutory rule about variances clearly in mind.

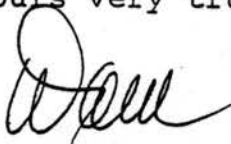
The second question is about the neighbors. Surrounding property owners are notified, properly, of the variance public hearing and their views should, of course, be heard. But I think the Board and the Council should give weight only to neighbor's testimony that has some direct bearing on the applicant's claim of hardship or that shows that the reasonable use of the neighboring property will be adversely affected. The ultimate goal of trying to treat all landowners as uniformly as possible should be kept in mind. I do not think a simple finding by the Board that "the neighbors object" is fair to the applicant or legally entitled to any weight by the Board or the Council.

The same general principles discussed above apply to variances under the sign ordinance, Crystal City Code, Section 406 (the variance procedure is in Subsection 406.30). Although the sign ordinance is not, strictly speaking, a zoning ordinance, the language of Subsection 406.30 is modeled after the statutory language quoted above, and I'm certain that the idea was that those variances would be evaluated in the same manner as variances from land use regulations. By the way, I should point out that Subsection 406.30 provides that variance requests come directly to the Council as the Board of Adjustments and Appeals with the Council authorized to ask for Planning Commission review. The Planning Commission is now the Board of Adjustments and Appeals, so we'll have to make some amendments to that subsection as part of the review of the sign ordinance now under way.

In summary I think that the principles set out above indicate that the granting of a variance should really be an infrequent occurrence rather than a routine one.

Perhaps you might want to make this letter available to the Planning Commission.

Yours very truly,

A handwritten signature in dark ink, appearing to read 'D. Kennedy', written in a cursive style.

David J. Kennedy

DJK:caw

CR205-1.



The TwinWest Chamber of Commerce  
*presents a*

**LIGHT RAIL TRANSIT INFORMATIONAL MEETING**  
*featuring a discussion by*

**Mike Erlichman**  
**Regional Transit Board**  
*and*  
**Peter Vanderpoel**  
**Citizen's League**



Date: Tuesday, May 28  
Time: 7:30 - 9:30 a.m.  
Place: Golden Valley City Hall  
7800 Golden Valley Road  
Cost: \$10 per person

Includes continental breakfast.

A recent article in the Star Tribune indicated that Light Rail Transit may be here sooner than we think. Find out from Mike Erlichman and Peter Vanderpoel how they foresee the effects of LRT on the western suburbs. Also, here is your chance to give your input to TwinWest on the subject and get your questions answered!

-----  
Yes, I will attend the Light Rail Transit Informational Meeting

Name(s): \_\_\_\_\_

Company: \_\_\_\_\_

Please reserve \_\_\_\_\_ spaces at \$10 per person (members)  
\_\_\_\_\_ spaces at \$12 per person (non-members)

Return with check to: TwinWest Chamber of Commerce  
10550 Wayzata Blvd.  
Minnetonka, MN 55343  
Questions? 540-0234



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

PS 9136 (11/89)

Receipt  
#56246

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

APPLICATION TYPE  
CHECK ONE

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

2082 Crystal	OFSL
Rom-C Inc.	06/30/91
Crystal Liquors	\$ 200.00
5924 W Broadway	\$ 0.00
Crystal, MN 55428	\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <u>ROM-C INC</u>		Trade Name or DBA <u>CRYSTAL LIQUORS</u>		
	License Location (Street Address Lot & Block No.) <u>5924 WEST BROADWAY</u>		License Period From <u>6-30-91</u> To <u>6-30-92</u>		
	Municipality <u>CRYSTAL</u>		County <u>HENN</u>	State <u>MN</u>	
	Name of Store Manager <u>RICHARD MARSOAIS</u>		Business Phone Number <u>535 5583</u>	Applicant's Home Phone <u>(612) 535-5583</u>	
	Date of Birth (Individual Applicant) [REDACTED]				
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares

SECTION 2	1. If a corporation, date of incorporation <u>11-88</u> , state incorporated in <u>MN</u> amount of authorized capitalization _____, amount of paid in capital _____, if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) <u>ENTIRE</u> or if entire building, so state _____
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? <u>NO</u> , state approximate distance _____
	4. State name and address of owner of building <u>CAMBRIDGE APTS 320 EDGEWOOD AV N</u> <u>GOLDEN VALLEY 55127</u> has owner of building any connection, directly or indirectly, with applicant? _____
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? _____. If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. _____
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? <u>NO</u> Give name and address of such establishment _____

SECTION 2 CONTINUED

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

SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
N/O
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
SALE TO MINOR 11-3-88  
CLOSED ONE DAY
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details No
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.

OR

OR

☐

B. A Surety bond from a surety company with minimum coverages as specified above in A.

☐

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

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

Richard Marshall

Signature of Applicant

5-13-91

Date

REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor,

except as follows SALE TO MINOR Nov. 1988

Police Department

CRYSTAL

Title

Chief of Police

Signature

James A. Mosley

IMPORTANT NOTICE

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



*No CHANGE*  
*Richard Mansueti*

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.
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?  
(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.

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

STATE OF MINNESOTA)

SS

COUNTY OF HENNEPIN)

AFFIDAVIT

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

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

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

CRYSTAL LIQUORS  
Name of Business

Richard Marsolau  
By (Signature)

PRESIDENT  
Title

5924 WEST BROADWAY  
Business Address

Subscribed to and sworn to before me, a Notary Public, on  
this 13<sup>th</sup> day of May, 1991.

Darlene J. George  
Notary Public, Hennepin County

Form B



DATE: 05/10/91

(612) 449-5600

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

### COMPANIES AFFORDING COVERAGE

COMPANY LETTER	A	St. Paul Fire & Marine
----------------	---	------------------------

COMPANY B  
LETTER

COMPANY C  
LETTER

COMPANY D  
LETTER

COMPANY E  
LETTER

INSURED

Crystal Liquors  
Rom C, Inc. DBA  
5924 W. Broadway  
Crystal, MN 55479

### ===== 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	POLICY EXPIRATION DATE	ALL LIMITS IN THOUSANDS	
A	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCURRENCE <input type="checkbox"/> OWNER'S & CONTRACTORS PROTECTIVE <input checked="" type="checkbox"/> LIQUOR LEGAL LIABILITY <input type="checkbox"/>	RB 06610822	06/30/91	06/30/92	GENERAL AGGREGATE \$ 600 PRODUCTS-COMP/OPS AGGREGATE \$ PERSONAL & ADVERTISING INJURY \$ EACH OCCURRENCE \$ 300 FIRE DAMAGE (ANY ONE FIRE) \$ MEDICAL EXPENSE(ANY ONE PERSON)\$	
	AUTOMOBILE LIABILITY  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY <input type="checkbox"/>				CSL \$ BODILY INJURY (PER PERSON) \$ BODILY INJURY (PER ACCIDENT) \$ PROPERTY DAMAGE \$	
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA				EACH OCCURRENCE \$ AGGREGATE \$	
	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY				STATUTORY \$ (EACH ACCIDENT) \$ (DISEASE-POLICY LIMIT) \$ (DISEASE-EACH EMPLOYEE)	
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
ADDITIONAL INSURED

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

===== CERTIFICATE HOLDER

CITY OF CRYSTAL  
4141 N. Douglas Dr.  
Crystal, MN 55428

## CANCELLATION

SUBJECT TO THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

XX

XX

**AUTHORIZED REPRESENTATIVE**

AUTHORIZED REPRESENTATIVE  
Melissa K. Coert

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: E B A (MN ASSIGNED RISK POOL)  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04-044029-1

Dates of Coverage: 11-2-90 / 11-2-91

(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.

Richard Marshall  
(SIGNATURE)

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

OFF SALE LIQUOR Please print or type  
Name of license being applied for and license number  
CITY OF CRYSTAL  
Licensing Authority (name of city, county, or state agency issuing license)  
6-30-91  
License renewal date

**Personal information:**

Applicant's last name	First name and initial	Social Security number	
MARSOLAIS	RICHARD G.	[REDACTED]	
Applicant's address	City	State	Zip Code
5924 W. BROADWAY	CRYSTAL	MN	55428

**Business information (if applicable):**

Business name	CRYSTAL LIQUORS			CRYSTAL	MN	55428
Business address	2403 606			City	State	Zip Code
Minnesota tax identification number				41-1623848		
				Federal tax identification number		

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature	RICHARD MARSOLAIS	Title	RESIDENT	Date	5-13-91
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## CRYSTAL LIQUORS

04/29/91

PAGE 001

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007016	TRAFFIC DETA	081190	POSSIBLE 2 OK MALES LEFT IN WHITE PICKUP/60A

REMARKS	DISPOSITION
	66

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007764	ALL DTH PUBS	090390	CUSTOMER DISPUTE ADVISED

REMARKS	DISPOSITION
PHILLIPS, DEXTER SIXTUS DOB/080571, #535-0641	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000275	SUSP/INFO	011291	SUSPICION/INFO LADDER IN BACK CHECKED OK

REMARKS	DISPOSITION
	UU

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000984	ALL DTH PUBS	020891	MISC PUBLIC KIDS POUNDING ON WINDOWS STANDBY WHILE CLERK

REMARKS	DISPOSITION
WALKS TO CAR ASSISTED	SS



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

PS 9136 (11/89)

Receipt  
#56253

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

APPLICATION TYPE  
CHECK ONE

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

2074 Crystal	OFSL
D.A.S. Inc.	06/30/91
United Liquors #3	\$ 200.00
3530 Douglas Dr N	\$ 0.00
Crystal, MN 55422	\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <u>DAS, INC.</u>		Trade Name or DBA <u>UNITED LIQUORS #3</u>		
	License Location (Street Address Lot & Block No.) <u>3530 DOUGLAS DR. N.</u>		License Period From <u>7/1/91</u> To <u>6/30/92</u>		
	Municipality <u>CRYSTAL</u>		County <u>HENNERIN</u>	State <u>MN</u>	
	Name of Store Manager <u>DUANE OFTELIE</u>		Business Phone Number <u>612 535 5724</u>	Applicant's Home Phone <u>(612) 452-7691</u>	
			Zip Code <u>55422</u>	Date of Birth (Individual Applicant)	
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer <u>MAX KRAUSE</u>	DOB <u>[REDACTED]</u>	Address <u>2221 YOUNGMAN AV.</u>	City <u>ST. PAUL</u>	Title Shares <u>100 %</u>
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares
	Partner Officer	DOB	Address	City	Title Shares

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



**SECTION 2 CONTINUED**

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE \_\_\_\_\_.

9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? \_\_\_\_\_.

10. If a drug store, state length of time the store has been in operation \_\_\_\_\_.

11. State whether applicant has, or will be granted, an On-Sale Liquor License in conjunction with this Off-Sale Liquor License, and for the same premises \_\_\_\_\_.

12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License \_\_\_\_\_.

13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality \_\_\_\_\_.

**SECTION 3**

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
NO

2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
NO

3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details NO

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

**SECTION 4**

This Licensee must have one of the following:  
CHECK ONE

☒ A. Liquor Liability Insurance (Dram Shop) — \$50,000 per person; \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.

OR

☐ B. A Surety bond from a surety company with minimum coverages as specified above in A.

OR

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

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

[Signature] Signature of Applicant 5/13/91 Date

**REPORT BY POLICE DEPARTMENT**

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except as follows NONE

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

Police Department CRYSTAL Title Chief of Police Signature James F. Mossey

**IMPORTANT NOTICE**

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

# LINDQUIST & VENNUM

4200 IDS CENTER  
80 SOUTH EIGHTH STREET  
MINNEAPOLIS, MINNESOTA 55402-2205  
TELEPHONE: 612-371-3211  
FAX: 612-371-3207

IN DENVER  
LINDQUIST, VENNUM & CHRISTENSEN  
600 17TH STREET, SUITE 2125  
DENVER, COLORADO 80202-5401  
TELEPHONE: 303-573-5900

ATTORNEYS AT LAW

JOHN A. FORREST  
612-371-3523

May 13, 1991

City Manager  
City of Crystal  
4141 N. Douglas Drive  
Crystal, Minnesota 55422

Re: Max Krause Estate  
D.A.S.

This is to advise you that Max Krause died on August 11, 1991. Eva Krause, the widow of Max Krause, has been appointed personal representative of the estate. We are attorneys for the estate and its personal representative.

Mr. Krause owned all of the common stock of D.A.S., which owns and operates the United Liquor Store located at 3530 Douglas Drive, Crystal, Minnesota.

The estate representative intends to sell all the D.A.S. common stock to Steve Krause, the decedent's son, before the estate administration is concluded.

Please reissue and maintain the D.A.S. license as you have in the past. An application for transfer of the license is to be made when the stock is sold.

Very truly yours,



John A. Forrest

JAF/lcm

cc: Eva Krause  
Steve Krause  
Marshall Besikof  
I. E. Krawetz

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. *STEVE KRAUSE HAS BEEN OVERSEEING THE OPERATION OF THE FOUR LIQUOR STORES OWNED BY MAX KRAUSE, OF WHICH THIS IS ONE. STEVE IS THE SON OF MAX. MAX WAS THE SOLE OFFICER AND SHAREHOLDER. MAX DIED AUGUST 11, 1990. THE ESTATE OF MAX IS CURRENTLY THE SOLE SHARE HOLDER.*
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.  
*NONE*
- (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?  
(b) State dates and places of holding meetings.  
(c) The names and addresses of all persons in attendance and relationship to corporate license holder.
5. (a) How many directors' meetings were held during the past license year?  
(b) State the dates and places of holding each meeting.  
(c) The names and addresses of all persons in attendance and their relationship to the corporation.
6. (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting. *NONE*  
(b) List the name and address of the owner and name and address of the person to whom such proxy was given, the number of shares involved and whether such proxy is a single purpose proxy or good for more than one meeting. *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. *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. STEVE KRAUSE HAD POWER OF ATTORNEY TO ACT IN ALL MATTERS FOR MAX KRAUSE.

(b) State the name of the grantor and the grantee and other details pertaining thereto. MAX KRAUSE GRANTOR - STEVE KRAUSE GRANTEE. MAX KRAUSE WAS DIAGNOSED WITH LUNG CANCER IN AUGUST 1989. THE DISEASE SPREAD TO HIS LIVER AND BRAIN SHORTLY THEREAFTER AND HE PASSED AWAY AUGUST 11, 1990. SHORTLY AFTER HIS DIAGNOSIS THE POWER OF ATTORNEY WAS EXECUTED.

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

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

5-13-91

PRODUCER

Ernest I. Fink Agency, Inc.  
1729 Carroll Avenue  
St. Paul, MN 55104

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

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER A The St. Paul Cos.  
COMPANY LETTER B  
COMPANY LETTER C  
COMPANY LETTER D  
COMPANY LETTER E

INSURED

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

## COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. 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 \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	WORKER'S COMPENSATION				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
	OTHER				
A	Liquor Liability	Pending	7-1-91	7-1-92	\$ 1,000,000 Each Event Limit

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

City of Crystal is additional insured.  
\*\*10 days notice of cancellation for non-payment; 30 days notice of cancellation for any other reason

## CERTIFICATE HOLDER

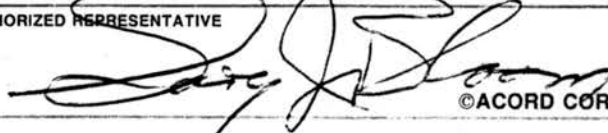
City of Crystal  
City Hall  
4141 Douglas Drive  
Crystal, MN 55422

Attn: Darlene

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~MAIL~~ MAIL ~~30~~ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, ~~AND THE COMPANY SHALL BE RESPONSIBLE FOR THE CANCELLATION OF ANY KIND OF THE COMPANY'S AGENTS OR REPRESENTATIVES.~~

AUTHORIZED REPRESENTATIVE



©ACORD CORPORATION 1990



Form  
SP:C1

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

OFF-SALE LIQUOR LICENSE

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

CITY OF CRYSTAL

License renewal date

7/1/91

**Personal information:**

Applicant's last name

KRAUSE

First name and initial

MAX

Social Security number

Applicant's address

2221 YOUNGMAN AV.

City

ST. PAUL

State

MN.

Zip Code

55116

**Business information (if applicable):**

Business name

D.A.S. INC. DBA UNITED LIQUORS

Business address

3530 N. DOUGLAS DRIVE

City

CRYSTAL

State

MN.

Zip Code

55422

Minnesota tax identification number

6977916

Federal tax identification number

41-1283278

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Signature

*[Signature]*

Title

Date

5/13/91

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: E. B. A.  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: #04-053345

Dates of Coverage: 11/15/90 - 11/14/91

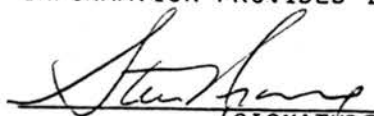
(or)

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)

04/30/91

PAGE 001

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001164	SUSP/INFD	021591	BUS INFO - CHECK BUSF DL - ADVISED

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001209	BURGLARY	021691	BURGLARY - NIGHT - FORCED (ALARM/FLOYOS) DOOR SMASHED IN

REMARKS	DISPOSITION
UNK LOSS	AR



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

PS 9136 (11/89)

Receipt # 55953

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

APPLICATION TYPE  
CHECK ONE

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

2088 Crystal

OFSL

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

06/30/91  
\$ 200.00  
\$ 0.00  
\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <u>Lamplighter Liquor Barrel, Inc.</u>		Trade Name or DBA <u>Liquor Barrel</u>		
	License Location (Street Address Lot & Block No.) <u>2728 Douglas Dr.</u>		License Period From <u>7-1-91</u> To <u>6-30-92</u>		
	Municipality <u>Crystal</u>		County <u>Hennepin</u>	Applicant's Home Phone <u>(612) 831-5228</u>	
	Name of Store Manager <u>Anthony Smith</u>		State <u>Mn.</u>	Zip Code <u>55422</u>	
	Business Phone Number <u>341-0004</u>		Date of Birth (Month/Day/Year) <u>[REDACTED]</u>		
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	<u>Melvin D. Henry</u>	<u>[REDACTED]</u>	<u>10208 Nesbitt Ave. So.</u>	<u>Bloomington</u>	<u>50%</u>
	Partner Officer	DOB	Address	City	Title Shares
	<u>Cynthia S. Henry</u>	<u>[REDACTED]</u>	<u>"</u>	<u>"</u>	<u>50%</u>
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

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

**SECTION 2 CONTINUED**

8. Under what classification is the license applied for: EXCLUSIVE OFF-SALE LIQUOR STORE, DRUG STORE, COMBINATION ON & OFF LIQUOR, OR GENERAL FOOD STORE \_\_\_\_\_

9. Are the premises now occupied, or to be occupied, by the applicant entirely separate and exclusive from any other business establishment? \_\_\_\_\_

10. If a drug store, state length of time the store has been in operation \_\_\_\_\_

11. State whether applicant has, or will be granted, an On-Sale Liquor License in conjunction with this Off-Sale Liquor License, and for the same premises \_\_\_\_\_

12. State whether applicant has, or will be granted, a Sunday On-Sale Liquor License in conjunction with the regular On-Sale Liquor License \_\_\_\_\_

13. If this application is for a County Board Off-Sale License, state the distance in miles to the nearest municipality \_\_\_\_\_

**SECTION 3**

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
No

2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
No

3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details No

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

**SECTION 4**

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

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.  
Meloynd. Henry - Pres. 4-16-91  
 Signature of Applicant Date

**REPORT BY POLICE DEPARTMENT**

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except as follows NONE

Police Department CRYSTAL Title Chief of Police Signature James A. Massey

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



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.

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

- (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.

*3-18-91 10208 Nesbitt, Bloomington, Mo. 64603*

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

*Melvin D. Henry - Pres.*  
*Cynthia S. Henry - V-Pres.*

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

*One*

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

*3-18-91 10208 Nesbitt, Bloomington, Mo. 64603*

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

*Melvin D. Henry - Pres.*  
*Cynthia S. Henry - V-Pres.*

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.

*NA*

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.

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 grantees and other details pertaining thereto.

NA

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.

NA

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

OFF Sale Liquor

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

Crystal, ~~Henri~~

License renewal date

7-1-91

**Personal information:**

Applicant's last name

Henry

First name and initial

Melvyn D.

Social Security number

[REDACTED]

Applicant's address

10208 Nesbitt

City

Bloomington,

State

Mn.

Zip Code

55437

**Business information (if applicable):**

Business name

Lamplighter Liquor Barrel, Inc.

Business address

2728 Douglas Dr. Crystal

City

State

Mn.

Zip Code

55422

Minnesota tax identification number

2425058

Federal tax identification number

41-1629068

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Melvyn D. Henry - Pres.

Signature

Title

4-16-91

Date

## PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: WAUSAU  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0311 00 088559

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

(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.

Meloyal Berry - Pres.  
(SIGNATURE)



# CERTIFICATE OF INSURANCE

SET TAB STOPS AT ARROWS  
ISSUE DATE (MM/DD/YY)

4-16-91

## PRODUCER

CORDES AGENCY  
ROGER A. BLESSUM  
10800 NORMANDEALE BLVD  
BLOOMINGTON MN 55437

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

## COMPANIES AFFORDING COVERAGE

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

## INSURED

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

## COVERAGES

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIABILITY LIMITS IN THOUSANDS		
						EACH OCCURRENCE	AGGREGATE
A	<b>GENERAL LIABILITY</b>	B006677172	7-1-91	7-1-92	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 500,	\$ 500,
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY		\$ 500,
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
	<input checked="" type="checkbox"/> PERSONAL INJURY				BODILY INJURY (PER PERSON)	\$	
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (PER ACCIDENT)	\$	
	<input type="checkbox"/> ANY AUTO				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)				BI & PD COMBINED	\$	
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	<input type="checkbox"/> HIRED AUTOS						
	<input type="checkbox"/> NON-OWNED AUTOS				BI & PD COMBINED	\$	\$
	<input type="checkbox"/> GARAGE LIABILITY						
	<b>EXCESS LIABILITY</b>						
B	<input type="checkbox"/> UMBRELLA FORM	0311 00 088559	6-5-90	6-5-91	STATUTORY		
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				\$ 100, (EACH ACCIDENT)		
	<b>WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY</b>				\$ 500, (DISEASE-POLICY LIMIT)		
					\$ 100, (DISEASE-EACH EMPLOYEE)		
A	<b>OTHER</b>	B006677172	7-1-91	7-1-92	SEE BELOW		
	LIQUOR LIABILITY						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS  
50,000., PER PERSON 10,000., PROPERTY DAMAGE  
100,000., MORE THAN ONE PERSON 100,000., LOSS OF MEANS OF SUPPORT

CERTIFICATE HOLDER IS NAMED ADDITIONAL INSURED.

## CERTIFICATE HOLDER

CITY OF CRYSTAL

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL 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 *James Clouse*





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

PS 9136 (11/89)

Receipt  
# 56020

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

APPLICATION TYPE  
CHECK ONE

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

2073	Crystal	OFSL
Chalet Liquors Inc.		06/30/91
5301 36th Ave N		\$ 200.00
Crystal, MN 55422		\$ 0.00
		\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) CHALET LIQUOR S INC.		Trade Name or DBA		
	License Location (Street Address Lot & Block No.) 5301 36th Ave. North		License Period From 1-91 To 6-30-92		
	Municipality CRYSTAL		County HENN.	State MN	
	Name of Store Manager KURT K. KARNER		Business Phone Number 612-588-9491	Applicant's Home Phone 612 540-0262	
			Zip Code 55422		
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	WILLIAM J. BARTRAM		11834 Tapestry Lane	Minnnetonks	125 Pres
	Partner Officer	DOB	Address	City	Title Shares
	WILLIAM BARBUSH		3131 Excelsior Blvd	Minneapolis	125 V. Pres
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

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

## SECTION 2 CONTINUED

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

## SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
no \_\_\_\_\_
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
no \_\_\_\_\_
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details \_\_\_\_\_
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

## SECTION 4

This Licensee must have one of the following:

CHECK ONE

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

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

William B. Baker President  
Signature of Applicant

4/26/91  
Date

## REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except as follows NONE

Police Department

CRYSTAL

Title

Chief of Police

Signature

James A. Mossey

## IMPORTANT NOTICE

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

CITY OF CRYSTAL

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

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

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

*NO CHANGE - OPERATED AND CONTROLLED BY ORIGINAL APPLICANTS.*

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

*NO CHANGES.*

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

*NO CHANGES.*

- (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.

*1-24-91 Chasit Lyun Sr. 5301 36th Ave NW CRYSTAL MN 55422*

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

*see over*

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

*ONE*

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

*Same as 4(b) above*

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

*Same as 4(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.

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.

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

4-8-91

PRODUCER

AMERICAN AGENCY, INC.  
5851 CEDAR LAKE ROAD  
ST. LOUIS PARK, MN 55416

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

## COMPANIES AFFORDING COVERAGE

INSURED

CHALET LIQUORS INC.  
5301 -36TH AVE N.  
CRYSTAL, MN 55422

COMPANY LETTER **A** ST PAUL COMPANIES  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

## COVERAGES

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CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION</b>				STATUTORY LIMITS
	AND				EACH ACCIDENT \$
	EMPLOYERS' LIABILITY				DISEASE-POLICY LIMIT \$
					DISEASE-EACH EMPLOYEE \$
<b>OTHER</b>					
<b>A</b>	LIQUOR LIABILITY	563JN9091	7-1-91	7-1-92	\$300,000 AGGREGATE
<del>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</del>					
<del>LOSS OF MEANS OF SUPPORT</del>					
<del>\$300,000 EACH COMMON CAUSE</del>					
<del>\$300,000 EACH PERSON</del>					

City of Crystal is named as additional Insured as per Endorsement # 43356 - See Attached.  
\$300,000 BI EACH PERSON  
\$300,000 BI EACH COMMON CAUSE  
\$300,000 PD EACH COMMON CAUSE

## CERTIFICATE HOLDER

## CANCELLATION

CITY OF CRYSTAL  
CITY CLERK  
4140 DOUGLAS DRIVE  
CRYSTAL MN 55422

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 ON THE COMPANY OR ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

*Ed Clements*

P



**DESCRIBED PERSON OR ORGANIZATION ENDORSEMENT -  
ADDITIONAL PROTECTED PERSONS**

**StPaul**

This endorsement changes your Commercial  
General Liability Protection.

---

**How Coverage Is Changed**

The following is added to the Who Is Protected  
Under This Agreement section. This change  
adds certain protected persons and limits their  
protection.

**Described person or organization.** The person or  
organization shown in the Coverage Summary  
as a described person or organization is a  
protected person. But only for covered injury  
or damage that results from;

- premises you own, rent or lease; or
- your work.

We explain what we mean by your work in the  
Products and completed work total limit  
section.

**Other Terms**

All other terms of your policy remain the same.

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: WESTERN NATIONAL Mutual Ins. Co  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 130970-6

Dates of Coverage: 4-1-91 TO 4-1-92  
(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 B. Baker 4/22/91  
(SIGNATURE)

Chalet Liquor  
5301 - 36th Ave. NE.  
Mpls., Mn. 55412

# C E R T I F I C A T E   O F   I N S U R A N C E

DATE: 04/08/91

**PRODUCER**

Norwest Commercial Ins Service  
One Carlson Parkway- Suite 290  
Minneapolis, MN 55479-2121

(612) 449-5600

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

COMPANIES AFFORDING COVERAGE

COMPANY A    Western National Ins. Co.  
LETTER

COMPANY B  
LETTER

COMPANY C  
LETTER

COMPANY D  
LETTER

COMPANY E  
LETTER

**INSURED**

Chalet Liquors Inc.  
5301 - 36th Avenue North  
Minneapolis, MN 55422

==== COVERAGESE =====

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE	POLICY EXPIRATION DATE	LIABILITY LIMITS IN 1000'S		
						EACH OCCURR.	AGGREGATE
	GENERAL LIABILITY [ ] COMPREHENSIVE FORM [ ] PREMISES/OPERATIONS [ ] UNDERGROUND EXPLOSION & COLLAPSE HAZARD [ ] PRODUCTS/COMP. 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 [ ]				BOD INJ. (PERSON)	\$	
					BOD INJ. ACCIDENT	\$	
					PROPERTY DAMAGE	\$	
					BI & PD COMBINED	\$	
	EXCESS LIABILITY [ ] UMBRELLA FORM [ ] OTHER THAN UMBRELLA				BI & PD COMBINED	\$	\$
A	WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY	WC130969-6	04/01/91	04/01/92	STATUTORY		
						\$ 100000 (EACH ACCIDENT)	
						\$ 500000 (DISEASE-POLICY)	
						\$ 100000 (DISEASE-EA EMP)	
	OTHER						

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

==== CERTIFICATE HOLDER =====

City of Crystal  
4141 Douglas Drive  
Crystal, MN 55422

==== CANCELLATION =====

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL 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

*Peggy Lunderville*



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

PS 9136 (11/89)

Receipt #56233

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

APPLICATION TYPE  
CHECK ONE

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

2078 Crystal	OFSL
Handy Superette Inc.	06/30/91
Adair Liquor Store #1	\$ 200.00
6001 42nd Ave N	\$ 0.00
Crystal, MN 55422	\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) Handy Superette, Inc.		Trade Name or DBA Adair Liquor #1		
	License Location (Street Address Lot & Block No.) 6001 42nd Ave N		License Period From July 1, 1991 to June 30, 1992		
	Municipality Crystal		Applicant's Home Phone 612 588-2421		
	Name of Store Manager David G. Schwappach		County Hennepin	State MN	
			Zip Code 55422		
			Business Phone Number 537-9421	Date of Birth (Individual Applicant)	
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	David G. Schwappach		1901 44th Ave N.	Mpls	ALL
	Partner Officer	DOB	Address	City	Title Shares
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

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

## SECTION 2 CONTINUED

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

## SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
NO \_\_\_\_\_
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
NO \_\_\_\_\_
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details NO \_\_\_\_\_
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

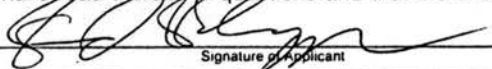
## SECTION 4

This Licensee must have one of the following:

CHECK ONE

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

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

  
Signature of Applicant

05-08-91  
Date

## REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor,

except as follows

NONE

Police Department

Crystal

Title

Chief of Police

Signature

James F. Mossey

## IMPORTANT NOTICE

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



CITY OF CRYSTAL

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

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

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

N/A

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.

N/A

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

David G. Schwappach 100 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.

N/A

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

One

(b) State dates and places of holding meetings.

April 18, 1991 6001 42nd ave N. Crystal, MN.

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

David G. Schwappach 1901 44th Ave N. Mpls, MN. SAME

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

Same As Above

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

Same As Above

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

Same As 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.

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.

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

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

**PRODUCER**

Jim Nesser Agency, Inc.  
204 Lowry Ne  
Minneapolis, Minn 55418

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** St Paul Companies  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

**INSURED**

Adair Liquors  
4169 Adair N  
Crystal, Minn 55422

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b> <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR. <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$ PERSONAL & ADV. INJURY \$ EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> GARAGE LIABILITY				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	<b>EXCESS LIABILITY</b> <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE—POLICY LIMIT \$ DISEASE—EACH EMPLOYEE \$
<b>OTHER</b>					
A	Liquor Liability	B006613352	7-1-91	6-30-92	Limit of Liab \$500,000

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

6001 42nd Ave N  
Crystal, Minn

City of Crystal Additional Insured

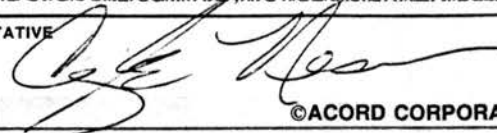
**CERTIFICATE HOLDER**

City of Crystal  
4141 Douglas Drive  
Crystal, Minn 55422

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



## PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

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

Policy Number or Self-Insurance Permit Number: 04-023011-3

Dates of Coverage: July 1, 1991 thru June 30, 1992

(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)

Form  
SP:C1

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

OFF SALE LIQUOR

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

CRYSTAL

License renewal date

JULY 1, 1991

**Personal information:**

Applicant's last name

Schwappach

First name and initial

David G.

Social Security number

Applicant's address

1901 44th Ave N

City

Mpls

State

MN

Zip Code

55412

**Business information (if applicable):**

Business name

Handy Superette, Inc.

Business address

6001 42nd Ave N.

City

Crystal

State

MN

Zip Code

55422

Minnesota tax identification number

7428982

Federal tax identification number

41-0954941 021609

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature

Pres.

Title

05-08-91

Date



04/30/91

PAGE 001

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004006	LARCENY	052290	THEFT - 1 CASE OF BEER FROM TRUCK #11

REMARKS	DISPOSITION
	AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004171	BURGLARY	052890	ATTEMPT BURG/BUSINESS, FORCED, NIGHT 3 AM'S 1AM

REMARKS	DISPOSITION
ASSISTED BY ROBBINGDALE PD	JA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90006092	ALARM/OTHER	071990	ALARM/ ELECT. STORM SECURE KEYS CALLED

REMARKS	DISPOSITION
	FC

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90008438	ASSAULT	092590	ASSAULT BJM 4-8-77

REMARKS	DISPOSITION
	JA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90008979	SUSP/INFO	101290	SUSPICION/INFO 4 JUVENILE MALES IN PKG LOT TRYING TO GET

REMARKS	DISPOSITION
CUSTOMERS TO BUY THEM LIQUOR 60A	GG

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009015	ALL OTH PUBS	101390	MISC PUBLIC BROTHER TOOK CAR WITHOUT PERMISSION

REMARKS	DISPOSITION
HE RET'D CAR AS OFFICER ARRIVED	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009073	BURGLARY	101690	ATTEMPTED BURGLARY DAMAGE 4000

REMARKS	DISPOSITION
	AR

04/70, P1

PAGE 02

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000768	ALL QTH FUGS	020291	MISC PUBLIC POSSIBLE OK DRIVER, #355ECT, PK'D LIQUOR STORE

REMARKS	DISPOSITION
LOT DRIVER TRANSPORTED TO STATION FOR RIDE HOME	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001077	SUSP/INFO	021291	SUS/INFO - SUSP PERSON - CHECKED OK

REMARKS	DISPOSITION
	SS



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

PS 9136 (11/89)

Receipt  
# 56019

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

APPLICATION TYPE  
CHECK ONE

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

2081	Crystal	OFSL
Louie's Liquors Inc.		06/30/91
4920 W Broadway		\$ 200.00
Crystal, MN 55429		\$ 0.00
		\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <u>Louie's Liquors Inc</u>		Trade Name or DBA <u>Louie's Liquors Inc</u>		
	License Location (Street Address lot & Block No.) <u>4920 West Broadway</u>		License Period From _____ To _____		
	Municipality <u>Crystal</u>		County <u>Hennepin</u>	State <u>MN</u>	
	Name of Store Manager <u>Gary Paulsen</u>		Business Phone Number <u>(612) 537-5945</u>	Applicant's Home Phone <u>(612) 537-1986</u>	
			Zip Code <u>55429</u>	Date of Birth (Individual Applicant)	
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	<u>Gary Paulsen</u>		<u>2045 Unity N</u>	<u>Golden Valley</u>	<u>Pie</u>
	Partner Officer	DOB	Address	City	Title Shares
	<u>Janice Paulsen</u>		<u>2045 Unity N</u>	<u>Golden Valley</u>	<u>Sec</u>
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

SECTION 2	1. If a corporation, date of incorporation <u>3/26/74</u> , state incorporated in <u>Minnesota</u> amount of authorized capitalization <u>\$ 50,000.00</u> , amount of paid in capital <u>\$ 1,000.00</u> , if a subsidiary of any other corporation, so state _____ give purpose of corporation _____ if incorporated under the laws of another state, is corporation authorized to do business in the State of Minnesota? _____. Number of certificate of authority _____
	2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) _____ or if entire building, so state <u>Entire Building</u>
	3. Is establishment located near any state university, state hospital, training school, reformatory or prison? <u>No</u> , state approximate distance _____
	4. State name and address of owner of building <u>Gary Paulsen</u> ; has owner of building any connection, directly or indirectly, with applicant? <u>Yes</u>
	5. Is applicant, or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? <u>No</u> . If so in what capacity _____
	6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures, or equipment for which license is applied, and if so give name and details. <u>None</u>
	7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? <u>None</u> Give name and address of such establishment _____

## SECTION 2 CONTINUED

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

## SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
No
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
No
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details No
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

## SECTION 4

This Licensee must have one of the following:

CHECK ONE

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

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

Douglas A. Paulsen  
Signature of Applicant

4/26/91  
Date

## REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor,

except as follows NONE

Police Department

Crystal

Title

Chief of Police

Signature

James T. Mossey

## IMPORTANT NOTICE

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

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.

Gary Robert Paulsen  
2045 Unity, Av N. 55422

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.

5000 Common Stock

Voting  
Gary Paulsen 5000 shares

- (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.

2/20/1991

4920 West Broadway Crystal

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

Gary Paulsen Pres

Janice Paulsen Sec

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

One

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

2/20/91

4920 West Broadway Crystal

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

Gary Paulsen Pres

Janice Paulsen Sec

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

None

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

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



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 grantees 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.
- 

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

# ACORD CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

04/23/91-at

## PRODUCER

MURPHY INSURANCE AGENCY  
PLYMOUTH BUILDING  
12 SOUTH 6TH STREET SUITE 820  
MINNEAPOLIS MN 55402-1563  
(612) 333-2271

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

## COMPANIES AFFORDING COVERAGE

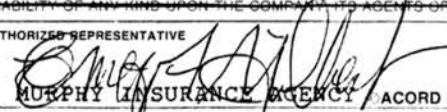
COMPANY LETTER A ST. PAUL FIRE & MARINE INSURANCE CO.  
COMPANY LETTER B  
COMPANY LETTER C  
COMPANY LETTER D  
COMPANY LETTER E

## INSURED

LOUIE'S LIQUORS, INC.  
4920 WEST BROADWAY  
CRYSTAL MN 55429

## COVERAGES

THIS IS TO CERTIFY THAT 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)	LIMITS
	<b>GENERAL LIABILITY</b>				
A X	COMMERCIAL GENERAL LIABILITY CLAIMS MADE XX OCCUR. OWNER'S & CONTRACTOR'S PROT.	RBO6612312	07/01/91	07/01/92	GENERAL AGGREGATE \$ 2,000,000. PRODUCTS-COMP/OP AGG. \$ 1,000,000. PERSONAL & ADV. INJURY \$ INCLUDED EACH OCCURRENCE \$ 1,000,000. FIRE DAMAGE (Any one fire) \$ INCLUDED MED. EXPENSE (Any one person) \$ 5,000.
	<b>AUTOMOBILE LIABILITY</b>				
	ANY AUTO				COMBINED SINGLE LIMIT \$
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	HIRED AUTOS				PROPERTY DAMAGE \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				
	<b>EXCESS LIABILITY</b>				
	UMBRELLA FORM				EACH OCCURRENCE \$
	OTHER THAN UMBRELLA FORM				AGGREGATE \$
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS EACH ACCIDENT \$ DISEASE-POLICY LIMIT \$ DISEASE-EACH EMPLOYEE \$
	<b>OTHER</b>				
A	LIQUOR LIABILITY	RBO6612312	07/01/91	07/01/92	\$1,000,000. Bodily Injur & Property Damage \$1,000,000. General Aggregate
	DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS				* 10 day notice for non-payment of premium * 60 day notice for non-renewal * 30 day notice for other reasons As per Minnesota Statute
	Certificate Holder is				
	Additional Insured for purpose				
	of assuring notification.				
	<b>CERTIFICATE HOLDER</b>				<b>CANCELLATION</b>
					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL <del>SEND</del> 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.
	CITY OF CRYSTAL 4141 DOUGLAS DRIVE CRYSTAL, MN 55422 ATTN: DARLENE GEORGE, CITY CLERK				AUTHORIZED REPRESENTATIVE  MURPHY INSURANCE AGENCY

ACORD 25-S (7/90)

ACORD CORPORATION 1990

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

04/23/91-at

**PRODUCER**

MURPHY INSURANCE AGENCY  
PLYMOUTH BUILDING  
12 SOUTH 6TH STREET SUITE 820  
MINNEAPOLIS MN 55402-1563  
(612) 333-2271

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** STATE FUND MUTUAL INSURANCE COMPANY  
COMPANY LETTER **B**  
COMPANY LETTER **C**  
COMPANY LETTER **D**  
COMPANY LETTER **E**

**INSURED**

LOUIE'S LIQUORS, INC.  
4920 WEST BROADWAY  
CRYSTAL MN 55429

**COVERAGES**

THIS IS TO CERTIFY THAT 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)	LIMITS
	<b>GENERAL LIABILITY</b>				GENERAL AGGREGATE \$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$
	CLAIMS MADE OCCUR.				PERSONAL & ADV. INJURY \$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$
					FIRE DAMAGE (Any one fire) \$
					MED. EXPENSE (Any one person) \$
	<b>AUTOMOBILE LIABILITY</b>				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				
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	UMBRELLA FORM				AGGREGATE \$
	OTHER THAN UMBRELLA FORM				
<b>A</b>	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	001015.207	07/01/91	07/01/92	STATUTORY LIMITS EACH ACCIDENT \$ 100,000. DISEASE-POLICY LIMIT \$ 500,000. DISEASE-EACH EMPLOYEE \$ 100,000.
	<b>OTHER</b>				

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

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

**CERTIFICATE HOLDER**

CITY OF CRYSTAL  
4141 DOUGLAS DRIVE  
CRYSTAL, MN 55422  
ATTN: DARLENE GEORGE, CITY CLERK

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~SEND~~ 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

*[Signature]*  
MURPHY INSURANCE AGENCY ©ACORD CORPORATION 1990

ACORD 25-S (7/90)

Form  
SP:C1

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

Off Sale Liquor #5

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

Crystal MN.

License renewal date

July 1 1991

**Personal information:**

Applicant's last name

Paulsen

First name and initial

Gary R.

Social Security number

[REDACTED]

Applicant's address

2045 Unity Ave N Golden Valley

City

State

Zip Code

MN

55422

**Business information (if applicable):**

Business name

Louie's Liquors Inc Crystal MN 55429

Business address

4920 West Broadway

City

State

Zip Code

41-1236898

Minnesota tax identification number

6538945

Federal tax identification number

41-1236898

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Gary R Paulsen Pres

Signature

Title

4/26/91

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: STATE FUND Mutual Insurance Co.  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: #001015.207

Dates of Coverage: 7-1-91 to 7-1-92

(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 H. Kuebler  
(SIGNATURE)

JA/lc (J) 7/87



04/20/79

JUNE 8 1979

PAGE 11

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90001989	FALSE ALARM	052190	ALARM, AUDIBLE, KEYS NOTIFIED

REMARKS

DISPOSITION  
FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004154	FALSE ALARM	052790	ALARM-AUDIBLE GLDG CHECKED W/KEYS

REMARKS

DISPOSITION  
FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90005082	WARRANT ARR	062290	WARRANT ARREST/ MAN DOB/05-03-67

REMARKS

DISPOSITION  
AA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90005174	FALSE ALARM	062490	ALARM - AUDIBLE SECURE KEYS CALLED

REMARKS

DISPOSITION  
FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90005747	FORGERY/COUN	070990	FORGERY/UTTERING

REMARKS

DISPOSITION  
AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90006219	FALSE ALARM	072790	ALARM, CHECKED OKAY, HELEN PAULSEN CALLED

REMARKS

DISPOSITION  
FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007068	VANDALISM	081090	CRIMINAL DAMAGE TO PROPERTY - WINDOW BROKEN BY ROCK #700

REMARKS

DISPOSITION  
AR

04/03/91

ROUTE 8 LIGORRE

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007735	FALSE ALARM	090290	ALARM BLDG SECURE

REMARKS	ROBERTSONALE RESISTED	DISPOSITION	FA
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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007762	FALSE ALARM	090950	ALARM/AUDIBLE BLDG SECURE RE-SET KEYS ADVISED

REMARKS		DISPOSITION	FA
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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009526	BURGLARY	103190	BURG BUS NIGHT FORCED - #150 CIGARETTES

REMARKS		DISPOSITION	RR
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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001223	DOMESTIC	021791	DOMESTIC BOYFRIEND-GIRLFRIEND ADVISED

REMARKS	KLINE, ROBERT DAVID 1-25-63/SADLER, CHRISTINE 21 YRS	DISPOSITION	SS
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MINNESOTA DEPARTMENT OF PUBLIC SAFETY  
LIQUOR CONTROL DIVISION  
ROOM 440 333 SIBLEY STREET  
ST. PAUL, MN 55101  
PHONE 612-296-6159

PS 9136 (11/89)

Receipt  
#55986

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

APPLICATION TYPE  
CHECK ONE

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

2071	Crystal	CMBS
Palace Inn Pizza Inc.		06/30/91
5607 W Broadway		\$ 200.00
Crystal, MN 55428		\$ 5,500.00
		\$ 200.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) <u>STANLEY JAMES WODZIAK</u>		Trade Name or DBA <u>PALACE INN PIZZA INC.</u>		
	License Location (Street Address Lot & Block No.) <u>5607 W. Broadway</u>		License Period From <u>7-1-91</u> To <u>6-30-92</u>		
	Municipality <u>CRYSTAL</u>		County <u>HENN</u>	State <u>MN.</u>	
	Name of Store Manager <u>Jim Wodziak</u>		Business Phone Number <u>(612) 535-540</u>	Applicant's Home Phone <u>(612) 427-2595</u>	
			Date of Birth (Individual Applicant)	Zip Code <u>55428</u>	
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	<u>GERALD F. BAKIEWICZ</u>		<u>11561 N. ZACHARY LN.</u>	<u>DAYTON</u>	<u>150</u>
	Partner Officer	DOB	Address	City	Title Shares
	<u>S. J. WODZIAK</u>		<u>12170 MISS. DR.</u>	<u>CHAMPLIN</u>	<u>150</u>
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

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

## SECTION 2 CONTINUED

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

## SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
NONE
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
NO
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details \_\_\_\_\_.
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

## SECTION 4

This Licensee must have one of the following:

CHECK ONE

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

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

Stacy James Wofch  
 Signature of Applicant

4-22-91  
 Date

## REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except as follows NONE

Police Department

CRYSTAL

Title

Chief of Police

Signature

James P. Mossey

## IMPORTANT NOTICE

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

CITY OF CRYSTAL

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

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

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

STANLEY J. WODZIAK 150  
GERALD F. BATKIEWICZ 150

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.

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.

WODZIAK 150 VOTING  
BATKIEWICZ 150 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?

(1) NONE

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

4-22-91 Crystal

- (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?

(1) None

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

4-22-91 Crystal

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

Stanley J. Wodziazk Partner  
Gerald F. Batkiewicz Partner

6. (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting. NONE

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

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

NONE



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

**CERTIFICATE OF INSURANCE**ISSUE DATE  
5/3/91 lmb**INSURED**Palace Inn Pizza, Inc.  
5607 West Broadway  
Crystal, MN 55428**PRODUCER****Swett & Crawford**JOHN H. CROWTHER, INC.  
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**Renewal of  
LLP 750 75 35**EFFECTIVE DATE**

7/1/90

**EXPIRATION DATE**

7/1/91

**LOCATION (s) OF INSURED**

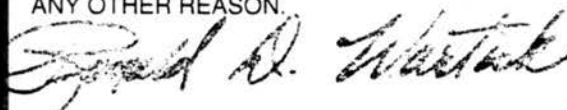
Location - Same

**LIMITS OF LIABILITY (check only one limit)**

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

**CERTIFICATE HOLDER**City of Crystal  
4141 North Douglas Drive  
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.



AUTHORIZED REPRESENTATIVE

Form  
SP:C1

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

OFF SALE LIQUOR

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

License renewal date

7-1-91

**Personal information:**

Applicant's last name

First name and initial

Social Security number

WODZICK

STANLEY

J

Applicant's address

City

State

Zip Code

12170 MISS. DR.

CHAMPLIN

MN.

55316

**Business information (if applicable):**

Business name

PALACE INN PIZZA INC.

Business address

City

State

Zip Code

5607 W. BROADWAY

CRYSTAL

MN.

55428

Minnesota tax identification number

Federal tax identification number

4455636

41-1428128

If a Minnesota tax identification number is not required, please explain on the reverse side of this form.

Stanley J. Wodzick

Pres

7-23-91

Signature

Title

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

Policy Number or Self-Insurance Permit Number: 004094 204

Dates of Coverage: 7-09-90 to 7-09-91

(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 J. [Signature]  
(SIGNATURE)

STATE OF MINNESOTA)

SS

COUNTY OF HENNEPIN)

AFFIDAVIT

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

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

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

PALACE INN PIZZA INC  
Name of Business

Stanley J. and W. J. W. W.  
By (Signature)

President  
Title

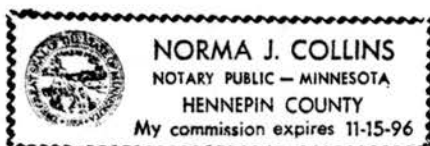
5607 - W. Broadway  
Business Address

Subscribed to and sworn to before me, a Notary Public, on this 23rd day of April, 1981.

Norma J. Collins  
Notary Public, Hennepin County

My Commission expires on 11/15/96.

Form B





03/01/80

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000356	FIGHT	050790	FIGHT ADVISED A GROUP	SS
REMARKS				DISPOSITION
				SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000364	LOCK OUT	051090	LOCKOUT '80 CAMARO #43271H ASSISTED	SS
REMARKS				DISPOSITION
				SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000382	HEALTH/WELFA	052090	HEALTH & WELFARE/BLUMPER IN HANDICAPPED SPACE/CHECKED OK	SS
REMARKS				DISPOSITION
				SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000426	LOCK OUT	053090	LOCKOUT/ASSISTED	SS
REMARKS				DISPOSITION
				SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000482	MEDICAL	061590	MEDICAL, AGE 35, ABBOTT VIA NORTH	SS
REMARKS				DISPOSITION
				SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000587	H&R P.D. ACC	071290	H & R PD ACCIDENT/REPORT	AR
REMARKS				DISPOSITION
				AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS	DISPOSITION
9000770	LOCK OUT	090190	LOCKOUT T-4180 (BROKEN LOCK)	SS
REMARKS				DISPOSITION
				SS

05/01/91

PAGE 002

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007714	DOMESTIC	090290	VERBAL DOMESTIC IN PKB LOT/UNFOUNDED

REMARKS	DISPOSITION
	UU

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007802	ASSAULT	090490	DOMESTIC ASSAULT WAM 2-14-86

REMARKS	DISPOSITION
	AA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90008584	ALL OTH PUBS	092990	MISC PUBLIC ASSIST FAMILY MEMBERS TALKING TO FAMILY MEMBER

REMARKS	DISPOSITION
THEY FEEL NEEDS DETOXING ADVISED	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90008891	FOUND BIKE	100990	FOUND BIKE - BOYS 26" GRAY JC PENNYS SERIAL #E1013751

REMARKS	DISPOSITION
BIKE ROOM	BC

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009823	FIGHT	111190	FIGHT CALL - TWO SENT

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009989	DETOX PICKUP	111690	OK INSIDE HARASSING CUSTOMERS CLEVE DOB 10-2-43 TO DETOX

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010121	SUSP/INFO	112190	SUS/INFO - ADVISED ON POSS H&R ACCIDENT - OFFICER TO GO

REMARKS	DISPOSITION
FOLLOWUP	SS

05/01/91

PAGE 003

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010126	HEALTH/WELFA	112190	SUSPICION/INFO, CHECK ON FATHER/PAUL, YELLING AT SON, UN-

REMARKS  
FOUNDED, CHECKED OKAY, MOTHER-DIANE

DISPOSITION  
JU

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010475	ALL BTH PUBS	120590	MISC PUBLIC. CUSTOMER WOULDN'T PAY BILL

REMARKS  
CANCELLED-CUSTOMER PAID BILL AND LEFT

DISPOSITION  
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010826	ALL BTH PUBS	122090	MISC PUBLIC - ADVISE ON FOSS HMR #YUB1646

REMARKS

DISPOSITION  
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000044	FIGHT	010291	FIGHT, ADVISED AND SENT 2

REMARKS

DISPOSITION  
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000468	HEALTH/WELFA	012091	HEALTH & WELFARE POSSIBLE SEIZURES IN CAR DK ONLY

REMARKS

TOOK HOME BY TOWN TAXI

DISPOSITION  
SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000521	DAR/DAS/DAC	012391	DAR WAM DOB/4-9-61 167CAJ/NST

REMARKS

DISPOSITION  
IT

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000701	LOCK OUT	013091	LOCKOUT #RMAB45 ASSISTED

REMARKS

DISPOSITION  
SS

05/01/91

PAGE 004

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001145	ALL OTH PUBS	021491	MISC PUBLIC STANDBY TO KEEP PEACE-PICKUP MAIL FROM MOTHER

REMARKS

DISPOSITION

SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001281	AG-DWI/ACCID	021991	AGG DWI/LEAVING SCENE PD ACCIDENT WAM DOB/ 11-14-46

REMARKS

DISPOSITION

NV LIC/769CDR VS NKL721

AA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001341	AST OT AGENC	022291	AGENCY ASSIST PICKUP BAW DOMESTIC ASSAULT TRANSPORTED

REMARKS

DISPOSITION

VICTIM TRANSPORTED FROM B.P. TO NORTH MPLS.

SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001466	HEALTH/WELFA	022691	HEALTH & WELFARE MAN IN WHEELCHAIR IN PKG LOT, POSSIBLY

REMARKS

DISPOSITION

OK SENT HOME IN CAB

SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001862	SUSP/INFO	031391	SUSPICION/INFO BLK FEMALE INVOLVED IN THEFT IN NEW HOPE

REMARKS

DISPOSITION

TUESDAY NIGHT IN BAR NO NEED TO CHECK AS NEW HOPE HAS I.D.

SS



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

PS 9136 (11/89)

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

APPLICATION TYPE  
CHECK ONE

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

2085	Crystal	OFSL
<del>XXXXXXX</del> M.G.M. Wine & Spirits, Inc.		06/30/91
MGM Liquor Warehouse		\$ 200.00
355 Willow Bend		\$ 0.00
Crystal, MN 55428		\$ 0.00

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

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

SECTION 1	Applicant's Name (Individual, Corporation, Partnership) M.G.M. Wine & Spirits, Inc.		Trade Name or DBA M.G.M. Liquor Warehouse		
	License Location (Street Address Lot & Block No.) 355 Willow Bend		License Period From 7/1/91 To 6/30/92		
	Municipality Crystal		Applicant's Home Phone (612) 922-4488		
	Name of Store Manager Tim Praska		County Hennepin	State MN	
			Zip Code 55422		
			Business Phone Number 537-0082	Date of Birth (Individual Applicant)	
	If a corporation, state name, date of birth, address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.				
	Partner Officer	DOB	Address	City	Title Shares
	Michael G. Maglich		2725 Sunset Blvd.	Mpls.	President
	Partner Officer	DOB	Address	City	Title Shares
Terrance J. Maglich		2950 Dean Parkway	Mpls.	VP	
Partner Officer	DOB	Address	City	Title Shares	
Partner Officer	DOB	Address	City	Title Shares	

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



SECTION 2 CONTINUED

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

SECTION 3

1. State whether applicant, or any of the associated in this application, have ever had an application for a Liquor License rejected by any municipality or State authority; if so give date and details  
no \_\_\_\_\_
2. Has the applicant, or any of the associated in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give date and details  
no \_\_\_\_\_
3. State whether applicant, or any of the associates in this application, and employees while employed by applicant during the past five years were convicted of any Liquor Law in this state, or under Federal Laws, and if so, give date and details \_\_\_\_\_ no
4. During the past license year has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802. ☐ Yes ☒ No. If yes, attach a copy of the summons.

SECTION 4

This Licensee must have one of the following:

CHECK ONE

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

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

*[Signature]*  
Signature of Applicant

4/29/91

Date

REPORT BY POLICE DEPARTMENT

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor,

except as follows

NONE

Police Department

CRYSTAL

Title

Chief of Police

Signature

*[Signature]*

IMPORTANT NOTICE

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

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.  

Mr. John J. Lanners is no longer a stockholder  
and Mr. Michael G. Maglich and Mr. Terrance J.  
Maglich now own 50% each of the corporation stock.
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.  

Terrance J. Maglich, 300, voting  
Michael G. Maglich, 300, 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.  

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

Three

(b) State dates and places of holding meetings. 11/1/90, 12/1/90  
and 4/1/91 1124 Larpenteur Avenue West, St. Paul, MN 55113

(c) The names and addresses of all persons in attendance and relationship to corporate license holder. John J. Lanners, former Pres/Treasurer  
Michael G. Maglich, Pres/Treasurer; Terrance J. Maglich, VP/Secretary
5. (a) How many directors' meetings were held during the past license year?  

Same as #4

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

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

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

None

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

None

8. (a) During the past license year to date, state any and all powers of attorney (general or 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

## REGISTER OF ORIGINAL AND

[illegible]

## RE-ISSUED CERTIFICATES

[illegible]





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

May 7th, 1991

Ms. Darlene George  
City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55422-1696

RE: 355 Willow Bend

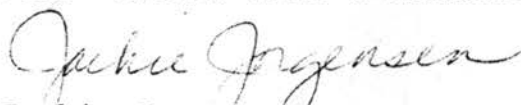
Dear Darlene:

Enclosed is the certificate of insurance for M.G.M. Wine & Spirits, Inc. showing the City of Crystal as an additional insured. Please note the workers compensation policy expired on 5/4/91. The new policy number is 009103.101 effective 5/4/91 to 5/4/92 with State Fund Mutual Insurance Company.

Also enclosed are the Articles of Amendment filed with the Secretary of State on 4/12/91.

Please contact me if you need any further information.

Very truly yours,  
FOR: M.G.M. WINE & SPIRITS, INC.

  
Jackie Jorgensen  
Office Manager

/jj  
Enc.

52-298

ARTICLES OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
LAMA CORPORATION

The undersigned, Michael Maglich, the President of LAMA CORPORATION, a Minnesota corporation, does hereby certify that by Minutes of Action of the Shareholders dated 4/1/91, 1991, the shareholders of the Corporation assented to and adopted the resolution hereinafter set forth changing the name of the Corporation to M.G.M. WINE & SPIRITS, INC.:

Resolution Authorizing Amendment of  
Articles of Incorporation

WHEREAS, it is deemed in the best interest of the Corporation to change its corporate name to M.G.M. Wine & Spirits, Inc.;

NOW, THEREFORE, IT IS HEREBY

RESOLVED, that the undersigned, the holders of all issued and outstanding shares of Lama Corporation, a Minnesota corporation, hereby consent that Article 1 of the Articles of Incorporation be amended by deleting it in full and inserting in its place the following Article 1:

"ARTICLE 1.

NAME

The name of the Corporation shall be M.G.M. WINE & SPIRITS, INC."

FURTHER RESOLVED, that the President of the Corporation be and hereby is authorized and directed to make, execute and acknowledge Articles of Amendment embracing the foregoing amendment and to cause such Articles of Amendment to be filed for record in the manner required by law.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 1<sup>st</sup> day of APRIL, 1991.

STATE OF MINNESOTA  
DEPARTMENT OF STATE  
FILED

APR 12 1991

CSM:FA5

*Joan Anderson Howe*

Secretary of State

*Michael Maglich*  
Michael Maglich, President

all Caps  
572795

**ACORD.****CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

04/22/91

## PRODUCER

NORTHERN CAPITAL INSURANCE  
33 SOUTH FIFTH STREET  
SUITE 400  
MINNEAPOLIS, MN 55402-1054

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

**COMPANIES AFFORDING COVERAGE**COMPANY LETTER **A** ST. PAUL COMPANIESCOMPANY LETTER **B** WAUSAU INSCOMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

## CODE

## SUB-CODE

## INSURED

MGM Wine & Spirits Inc  
DBA MGM Liquor Warehouse  
1124 Larpenteur Ave  
St. Paul MN 55113

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	ALL LIMITS IN THOUSANDS	
A	<b>GENERAL LIABILITY</b>	B006678933	07/01/91	06/30/92	GENERAL AGGREGATE	\$ 1,000.
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$ 1,000.
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADVERTISING INJURY	\$ 1,000.
	<input checked="" type="checkbox"/> OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1,000.
					FIRE DAMAGE (Any one fire)	\$ 50.
					MEDICAL EXPENSE (Any one person)	\$ 5.
	<b>AUTOMOBILE LIABILITY</b>				COMBINED SINGLE LIMIT	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE	\$
	<input type="checkbox"/> HIRED AUTOS					
	<input type="checkbox"/> NON-OWNED AUTOS					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				AGGREGATE	\$
B	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>	0311-00-107281	05/04/90	05/04/91	STATUTORY	
					\$	100. (EACH ACCIDENT)
					\$	500. (DISEASES-POLICY LIMIT)
A	<b>OTHER</b>	B006678933	07/01/91	06/30/92	\$	100. (DISEASES-EACH EMPLOYEE)
	Liquor Liability				1,000.	

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

RE: Location at 355 Willow Bend, Crystal, MN

The City of Crystal is additional insured as their interest may appear

**CERTIFICATE HOLDER**

City of Crystal  
4141 N. Douglas Drive  
Crystal MN 55422

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE  
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~BE RESPONSIBLE~~  
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER, ~~WHICH IS 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



**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

05/14/91

**PRODUCER**

NORTHERN CAPITAL INSURANCE  
33 SOUTH FIFTH STREET  
SUITE 400  
MINNEAPOLIS, MN 55402-1054

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

**COMPANIES AFFORDING COVERAGE****CODE**

SUB-CODE

**INSURED**

MGM Wine & Spirits, Inc  
1124 Larpentaur Avenue  
St. Paul  
MN 55113

COMPANY  
LETTER

A

State Fund Mutual

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	
<input type="checkbox"/>	GENERAL LIABILITY				GENERAL AGGREGATE	\$
	COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OPS AGGREGATE	\$
	<input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR				PERSONAL & ADVERTISING INJURY	\$
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$
<input type="checkbox"/>	AUTOMOBILE LIABILITY				FIRE DAMAGE (Any one fire)	\$
	ANY AUTO				MEDICAL EXPENSE (Any one person)	\$
	ALL OWNED AUTOS				COMBINED SINGLE LIMIT	\$
	SCHEDULED AUTOS				BODILY INJURY (Per person)	\$
	HIRED AUTOS				BODILY INJURY (Per accident)	\$
	NON-OWNED AUTOS				PROPERTY DAMAGE	\$
<input type="checkbox"/>	EXCESS LIABILITY				EACH OCCURRENCE	\$
	OTHER THAN UMBRELLA FORM				AGGREGATE	\$
A	WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY	009103.101	05/04/91	05/04/92	STATUTORY	\$ 100 (EACH ACCIDENT)
						\$ 500 (DISEASES-POLICY LIMIT)
						\$ 100 (DISEASES-EACH EMPLOYEE)
OTHER						

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

**CERTIFICATE HOLDER**

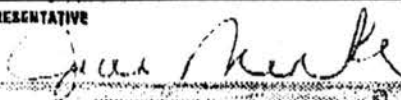
City of Crystal  
4141 N. Douglas Drive

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





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

April 29th, 1991

Ms. Darlene George  
City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55422-1696

RE: MGM Liquor Warehouse  
355 Willow Bend, Crystal

Dear Darlene:

Enclosed is the paperwork for the renewal of our off-sale liquor license from 7/1/91 to 6/30/92.

On April 1st, 1991, LAMA Corporation which owns the M.G.M. Liquor Warehouse located at 355 Willow Bend changed it's name to M.G.M. Wine & Spirits, Inc., dba M.G.M. Liquor Warehouse.

Enclosed for your reference are the minutes of the shareholders meeting and articles of amendment authorizing this change.

We will forward the certificate from the Secretary of State as soon as it is available.

Please let me know if any other information will be required for the City of Crystal to complete this change in corporation name.

Very truly yours,  
FOR: M.G.M. WINE & SPIRITS, INC.

Jackie Jorgensen  
Office Manager

/jj  
Enc.



MINUTES OF ACTION  
OF  
SHAREHOLDERS  
OF  
LAMA CORPORATION

The undersigned, being all of the shareholders of LAMA CORPORATION, a Minnesota corporation, acting pursuant to the provisions of Section 302A.441, Minnesota Statutes, do hereby adopt the following resolution and take the following action as of the 1st day of APRIL, 1991:

Resolution Authorizing Amendment of  
Articles of Incorporation

WHEREAS, it is deemed in the best interest of the Corporation to change its corporate name to M.G.M. Wine & Spirits, Inc.;

NOW, THEREFORE, IT IS HEREBY

RESOLVED, that the undersigned, the holders of all issued and outstanding shares of Lama Corporation, a Minnesota corporation, hereby consent that Article 1 of the Articles of Incorporation be amended by deleting it in full and inserting in its place the following Article 1:

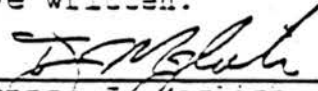
"ARTICLE 1.

NAME

The name of the Corporation shall be M.G.M. WINE & SPIRITS, INC."

FURTHER RESOLVED, that the President of the Corporation be and hereby is authorized and directed to make, execute and acknowledge Articles of Amendment embracing the foregoing amendment and to cause such Articles of Amendment to be filed for record in the manner required by law.

Done as of the day and year first above written.

  
Terrance J. Maglich

  
Michael G. Maglich

ARTICLES OF AMENDMENT  
OF  
ARTICLES OF INCORPORATION  
OF  
LAMA CORPORATION

The undersigned, Michael Maglich, the President of LAMA CORPORATION, a Minnesota corporation, does hereby certify that by Minutes of Action of the Shareholders dated 4/1/91, 1991, the shareholders of the Corporation assented to and adopted the resolution hereinafter set forth changing the name of the Corporation to M.G.M. WINE & SPIRITS, INC.:

Resolution Authorizing Amendment of  
Articles of Incorporation

WHEREAS, it is deemed in the best interest of the Corporation to change its corporate name to M.G.M. Wine & Spirits, Inc.;

NOW, THEREFORE, IT IS HEREBY

RESOLVED, that the undersigned, the holders of all issued and outstanding shares of Lama Corporation, a Minnesota corporation, hereby consent that Article 1 of the Articles of Incorporation be amended by deleting it in full and inserting in its place the following Article 1:

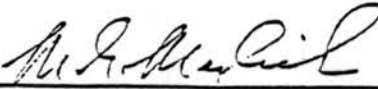
"ARTICLE 1.

NAME

The name of the Corporation shall be M.G.M. WINE & SPIRITS, INC."

FURTHER RESOLVED, that the President of the Corporation be and hereby is authorized and directed to make, execute and acknowledge Articles of Amendment embracing the foregoing amendment and to cause such Articles of Amendment to be filed for record in the manner required by law.

1<sup>st</sup> IN WITNESS WHEREOF, I have hereunto subscribed my name this 1<sup>st</sup> day of APRIL, 1991.

  
\_\_\_\_\_  
Michael Maglich, President

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 Company  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 03-107281

Dates of Coverage: 5/4/90 to 5/4/91


(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)

State of Minnesota  
**License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license 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 must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the Department of Revenue.

*Please print or type*

Name of license being applied for and license number

off sale liquor

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

City of Crystal

License renewal date

July 1st, 1991

**Personal information:**

Applicant's last name

Maglich

First name and initial

Michael G.

Social Security number

[REDACTED]

Applicant's address

2725 Sunset Blvd.

City

Minneapolis

State

MN

Zip Code

55416

**Business information (if applicable):**

Business name

M.G.M. Wine & Spirits, Inc., dba M.G.M. Liquor Warehouse

Business address

355 Willow Bend

City

Crystal

State

MN

Zip Code

55422

Minnesota tax identification number

3870305

Federal tax identification number

41-1574059

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

Signature

*Michael G. Maglich*

President  
Title

4/29/91  
Date

LIQUOR WAREHOUSE

05/01/91

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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90003943	LOCK OUT	051990	LOCKOUT FORD ESCORT #302008 ASSISTED

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004635	FALSE ALARM	061190	ALARM - NATIONAL GUARDIAN - EMPLOYEE ERROR TIM PRASKA

REMARKS	DISPOSITION
	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004726	LOCK OUT	061290	LOCKOUT, ASSIST

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90004940	LOCK OUT	061890	LOCKOUT BLUE CHEV #187063 ASSISTED

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90005769	HEALTH/WELFA	070990	OK MALE TRANSPORTED TO 56TH & NEVADA/71YRS

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90006905	PUBLIC PEACE	080990	DISORDERLY CONDUCT BAM 10-16-64

REMARKS	DISPOSITION
	AR

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90006909	LARCENY	080990	THEFT FROM AUTO JVC CASSETTE PLAYER \$500.00

REMARKS	DISPOSITION
	AR



05/01/91

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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007707	FALSE ALARM	090190	ALARM (HOLD UP)/NATIONAL GUARDIAN EMPLOYEE ERROR

REMARKS	DISPOSITION
	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90007892	HEALTH/WELFA	090790	HEALTH & WELFARE OLDER W/M LOOKED CONFUSED

REMARKS	DISPOSITION
CHECKED OK-HOPKINS	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90009104	FALSE ALARM	101790	ALARM - REAR MOTION - NEW HOPE ASSISTED - SECURE - KEYS

REMARKS	DISPOSITION
CALLED AND ROOF CHECKED OKAY	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010539	PD ACC MV/MV	120890	PD ACCIDENT - 4693UK VS 144CPA

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90010994	FALSE ALARM	122390	ALARM/NAT'L GUARDIAN 873-5444/KEYS NOTIFIED/FALSE ALARM

REMARKS	DISPOSITION
	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
90011122	FALSE ALARM	123190	ALARM/SILENT INT ALARM KEYHOLDER CALLED 8108 SECURE

REMARKS	DISPOSITION
	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000051	LOCK OUT	010391	LOCKOUT - A661ST

REMARKS	DISPOSITION
	SS

LIGUOR WAREHOUSE

05/01/91

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INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000217	PD ACC NV/NV	011091	CHECK FOR PD ACCIDENT, UTL

REMARKS	DISPOSITION
	UU

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000228	ALARM/OTHER	011191	ALARM - NATIONAL GUARDIAN - PLDWS AROUND BUILDING

REMARKS	DISPOSITION
	FC

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91000390	LOCK OUT	011791	LOCKOUT/UNABLE TO ASSIST

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001382	LOCK OUT	022391	LOCKOUT TOYOTA #347ESA ASSISTED

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001695	LOCK OUT	030691	LOCKOUT #09980C ASSISTED

REMARKS	DISPOSITION
	SS

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001725	FALSE ALARM	030791	ALARM NATL GUARDIAN FALSE ALARM

REMARKS	DISPOSITION
KEYS ON SCENE	FA

INCIDENT NO	ACTIVITY CD	DATE REPORT	REMARKS
91001992	LARCENY	031891	THEFT FROM AUTO - TELXON ORDER TRANSMITTER UNIT \$1,100

REMARKS	DISPOSITION
	AR

**ADDRESS**[illegible]