



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

## **Copyright Notice:**

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

Insurance  
Certificate not in g.  
6-14-91 D.H.

Receipt # 56547

## APPLICATION FOR LICENSE

15332

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I Dorian Enterprises, Inc. dba

WE The Iron Horse

5630 Lakeland Ave. N.

Crystal, MN 55429

Fee, \$ 5,500 + bond + ins.

New ..... Renewal ☒ .....

Telephone 533-2504

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

NOW, THEREFORE, I

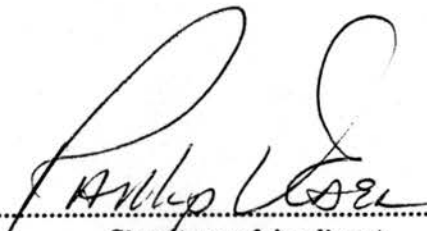
Dorian Enterprises, Inc. dba The Iron Horse

hereby make application to

sell liquor on-sale at 5630 Lakeland Ave. N.

for the period 7-1-91 through 6-30-92 subject to all  
conditions and provisions of said Ordinance.

City Use Only



Signature of Applicant

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,  
GENTLEMEN:

Business Phone: 533-2504

Home Phone: 920-9103

1. I, Phillip L. Eder, as President for and in behalf of  
(Name of person making application) (Individual owner, officer or partner)  
Dorian Enterprises, Inc. hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor  
(myself, names of partners, name of corporation)  
to be located at 5630 Lakeland Avenue North; Legal Description of premises to be used for the sale of such liquors:  
(street address and/or block number)  
Lot 1 Block 1 Dorian's 2nd Addition  
Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing  
July 1, 19 91, and ending June 30, 19 92

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

NAME

ADDRESS

NAME

ADDRESS

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

3. If a corporation, date of incorporation 11/3/76; State in which incorporated Minnesota;  
States in which licensed to do business Minnesota amount of authorized capitalization 25,000;  
amount of paid in capital 1,000. If a subsidiary of any other corporation, so state \_\_\_\_\_  
Is corporation organized for profit or not? \_\_\_\_\_ Purpose of corporation Gen. Bus.

Name and address of all officers, directors and stockholders and number of shares held by each:

Phillip L. Eder, Pres., 4100 Cedarwood Rd., St. Louis Pk. MN 1,000

Susan S. Eder, Secy., 4100 Cedarwood Rd., St. Louis Pk MN 1,222

NAME

ADDRESS

SHARES HELD

NAME

ADDRESS

SHARES HELD

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

Name of certificate of authority. \_\_\_\_\_



## **Partially Scanned Material**

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



CITY OF CRYSTAL

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

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

1. During the past license year to date, state the name or names including home and business address, date of birth, places of birth, citizenship of each and every person directly or indirectly owning, operating or controlling your applicant's operation other than manager, stockholders, officers and directors. State the nature, percent and type of such ownership, operation and control.  
None
2. List all changes of officers and directors that have occurred in the past license year, from whom, to whom with the percentage of stock ownership of each.  
None
3. (a) List amount and type of shares of stock issued by said corporation, indicate whether voting or non-voting and list each shareholder of record as of this date together with the number and types of shares owned by each person, indicate whether voting or non-voting.  
Phillip L. Eder      1,000 Shares      Voting  
Susan S. Eder      1,222      "      Voting  
(b) List each and every share of stock that has been transferred from one stockholder to another during the past license year. State type and indicate whether voting or non-voting. State the name and address of the transferor and the name and address of the transferee.  
N/A
4. (a) How many stockholder's meetings were held during the past license year?  
One  
(b) State dates and places of holding meetings.  
5/31/91 Mpls., Mn.  
(c) The names and addresses of all persons in attendance and relationship to corporate license holder.  
Minutes
5. (a) How many directors' meetings were held during the past license year?  
Minutes One  
(b) State the dates and places of holding each meeting.  
5/31/91 Mpls., Mn.  
(c) The names and addresses of all persons in attendance and their relationship to the corporation.  
Minutes
6. (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting.  
None  
(b) List the name and address of the owner and name and address of the person to whom such proxy was given, the number of shares involved and whether such proxy is a single purpose proxy or good for more than one meeting.  
None
7. (a) During the past license year to date, list each share of stock in which the owner thereof is a limited owner such as a trustee, 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 grantee and other details pertaining thereto.

N/A

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

None

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

N/A

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

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

Policy Number or Self-Insurance Permit Number: 003450.205

Dates of Coverage: 07/01/90 - 07/01/91

(or)

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

( ) I have no employees covered by the law.

( ) Other (Specify) \_\_\_\_\_

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

*F. A. M. P. L. Co., Inc.*  
(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

On Sale

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

City of Crystal

License renewal date

07/01/91

**Personal information:**

Applicant's last name

First name and initial

Social Security number

Applicant's address

City

State

Zip Code

**Business information (if applicable):**

Business name

Dorian Enterprises, Inc., dba The Iron Horse

Business address

City

State

Zip Code

5630 Lakeland Avenue North

Crystal

MN

55429

Minnesota tax identification number

5020292

Federal tax identification number

41-1285266

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

Signature

Title

Date

President

06/04/91

Receipt #56546

# APPLICATION FOR LICENSE

15336

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

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

6014 Lakeland Ave. N.  
Crystal, MN 55429

Fee, \$ 5,500 + bond + ins.

New ..... Renewal ☒ X

Telephone 537-7431

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

NOW, THEREFORE, I

Rostamo's Inc., dba Rostamo's ..... hereby make application to  
sell liquor on-sale at 6014 Lakeland Ave. N.

for the period 7-1-91 ..... through 6-30-92 ..... subject to all  
conditions and provisions of said Ordinance.

City Use Only

R.C. Rostamo

Signature of Applicant

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,  
GENTLEMEN:

Business Phone: 537 7431

Home Phone: 420 6690

1. I, RICHARD ROSTAMO, as PRESIDENT for and in behalf of  
(Name of person making application) (Individual owner, officer or partner)  
ROSTAMOS INC. hereby apply for an on-sale Intoxicating Liquor and Non-Intoxicating Malt Liquor  
(myself, names of partners, name of corporation)  
to be located at 6014 LAKELAND AV.; Legal Description of premises to be used for the sale of such liquors:  
(street address and/or block number)

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing  
JUNE 30, 19 91, and ending JUNE 30, 19 92

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

N/A  
NAME ADDRESS

N/A  
NAME ADDRESS

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

3. If a corporation, date of incorporation 12-26-84; State in which incorporated Minn;  
States in which licensed to do business Minn amount of authorized capitalization \_\_\_\_\_;  
amount of paid in capital 1,000 If a subsidiary of any other corporation, so state N/A  
Is corporation organized for profit or not? YES Purpose of corporation GENERAL

BUSINESS PURPOSE Name and address of all officers, directors and stockholders and number of shares held by each:

RICHARD C ROSTAMO 7461 DALLAS CT MALECKNE 1,000  
NAME ADDRESS SHARES HELD  
55369

NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

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

Name of certificate of authority. N/A



## **Partially Scanned Material**

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



NO CHANGE  
R.C. Rott

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.

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

ISSUE DATE (MM/DD/YY)

06/06/91

## PRODUCER

REVISED

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

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** Acceptance Indemnity Ins. Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

## INSURED

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

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
	<b>GENERAL LIABILITY</b>				BODILY INJURY OCC.	\$
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG.	\$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC.	\$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG.	\$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER.				BI & PD COMBINED OCC.	\$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED AGG.	\$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG.	\$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE					
	<input type="checkbox"/> PERSONAL INJURY					
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person)	\$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident)	\$
	<input type="checkbox"/> ALL OWNED AUTOS ( Priv. Pass. )				PROPERTY DAMAGE	\$
	<input type="checkbox"/> ALL OWNED AUTOS ( Other Than Priv. Pass. )				BODILY INJURY & PROPERTY DAMAGE COMBINED	\$
	<input type="checkbox"/> HIRED AUTOS					
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE	\$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE	\$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM					
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS	
					EACH ACCIDENT	\$
					DISEASE—POLICY LIMIT	\$
					DISEASE—EACH EMPLOYEE	\$
OTHER	<b>A Liquor Liability</b>	IL 383289	07/01/91	07/01/92	POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Tavern - Renewal of IL 381391

**CERTIFICATE HOLDER**

## ADDITIONAL INSURED:

City of Crystal  
4141 Douglas Drive  
Crystal, MN 55422

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: EMPLOYEE BENEFIT ADMINISTRATION CO  
(NOT the insurance agent)

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

Dates of Coverage: 5/17/91 - 5/17/92

(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.

RE Rutter  
(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.

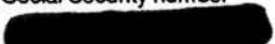
Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- 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.

On-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)  
7-1-91  
License renewal date

**Personal information:**

Applicant's last name	First name and initial	Social Security number	
<u>ROSTAMU</u>	<u>RICHARD C.</u>		
Applicant's address	City	State	Zip Code
<u>7461 DALLAS CT</u>	<u>MAPLE GROVE</u>	<u>MN.</u>	<u>55369</u>

**Business information (if applicable):**

Business name			
<u>ROSTAMOS</u>			
Business address	City	State	Zip Code
<u>6014 LAKELAND AV</u>	<u>CRYSTAL</u>	<u>MN</u>	<u>55428</u>
Minnesota tax identification number	Federal tax identification number		
<u>3265727</u>	<u>411505563</u>		

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

Signature	Title	Date
<u>R.E. Rosta</u>	<u>PRES</u>	<u>6/5/91</u>

Receipt # 56 550

# APPLICATION FOR LICENSE

15338

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

## COUNCIL MEMBERS:

I Sellman Enterprises, Inc. dba  
WE Chalet Bowl

3520 Lilac Drive North

Crystal, MN 55422

Fee, \$ 5,500 + bond + ins.

New ..... Renewal ☒

Telephone 521-4729

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

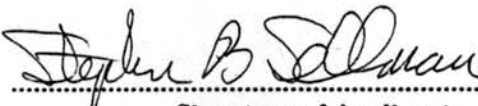
NOW, THEREFORE, I

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

sell licuor on-sale at 3520 Lilac Drive North

for the period 7-1-91 through 6-30-92 subject to all  
conditions and provisions of said Ordinance.

City Use Only

  
Signature of Applicant

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 521-4729

Home Phone: 493-4490

1. I, STEPHEN B SELLMAN, as OWNER - OFFICER for and in behalf of  
(Name of person making application) (Individual owner, officer or partner)

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

to be located at 3520 NO LILAC DRIVE; Legal Description of premises to be used for the sale of such liquors:  
(street address and/or block number)

TRAC C REGISTERED LAND SURVEY # 860 HENNEPIN CO MN

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

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

NAME ADDRESS

NAME ADDRESS

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

3. If a corporation, date of incorporation 7-2-76; State in which incorporated MINN;  
States in which licensed to do business MINN amount of authorized capitalization \$1000-;  
amount of paid in capital \$50,000- If a subsidiary of any other corporation; so state \_\_\_\_\_  
Is corporation organized for profit or not? PROFIT Purpose of corporation \_\_\_\_\_

Name and address of all officers, directors and stockholders and number of shares held by each:

NAME	ADDRESS	SHARES HELD
<u>STEPHEN B SELLMAN</u>	<u>8737 KILBURN TERRACE BROOKLYN PARK MN</u>	<u>60</u>
<u>DARREN M SELLMAN</u>	<u>" " " "</u>	<u>10</u>
<u>JUSTIN R SELLMAN</u>	<u>" " " "</u>	<u>10</u>
<u>DOUGLAS J SELLMAN</u>	<u>1701 53 RD BROOKLYN PARK</u>	<u>10</u>

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

Name of certificate of authority. \_\_\_\_\_





## **Partially Scanned Material**

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

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.

*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.

*Curtis L. Sellman - Son*

*Douglas J. Sellman - Son*

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.

*Curtis L. Sellman - Son*

*Douglas J. Sellman - Son*

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.

*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)

06/05/91

PRODUCER

**REVISED**

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

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

**COMPANIES AFFORDING COVERAGE**

COMPANY LETTER **A** Acceptance Indemnity Ins. Co.

COMPANY LETTER **B**

COMPANY LETTER **C**

COMPANY LETTER **D**

COMPANY LETTER **E**

INSURED

Sellman Enterprises  
CHALET BOWL  
3520 North Lilac Drive  
Crystal, MN 55422

**COVERAGES**

THIS IS TO CERTIFY THAT 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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	<b>GENERAL LIABILITY</b>				BODILY INJURY OCC. \$
	<input type="checkbox"/> COMPREHENSIVE FORM				BODILY INJURY AGG. \$
	<input type="checkbox"/> PREMISES/OPERATIONS				PROPERTY DAMAGE OCC. \$
	<input type="checkbox"/> UNDERGROUND EXPLOSION & COLLAPSE HAZARD				PROPERTY DAMAGE AGG. \$
	<input type="checkbox"/> PRODUCTS/COMPLETED OPER.				BI & PD COMBINED OCC. \$
	<input type="checkbox"/> CONTRACTUAL				BI & PD COMBINED AGG. \$
	<input type="checkbox"/> INDEPENDENT CONTRACTORS				PERSONAL INJURY AGG. \$
	<input type="checkbox"/> BROAD FORM PROPERTY DAMAGE				
	<input type="checkbox"/> PERSONAL INJURY				
	<b>AUTOMOBILE LIABILITY</b>				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS ( Priv. Pass. )				PROPERTY DAMAGE \$
	<input type="checkbox"/> ALL OWNED AUTOS ( Other Than Priv. Pass. )				BODILY INJURY & PROPERTY DAMAGE COMBINED \$
	<input type="checkbox"/> HIRED AUTOS				
	<b>EXCESS LIABILITY</b>				EACH OCCURRENCE \$
	<input type="checkbox"/> UMBRELLA FORM				AGGREGATE \$
	<input type="checkbox"/> OTHER THAN UMBRELLA FORM				
	<b>WORKER'S COMPENSATION AND EMPLOYERS' LIABILITY</b>				STATUTORY LIMITS
					EACH ACCIDENT \$
					DISEASE—POLICY LIMIT \$
					DISEASE—EACH EMPLOYEE \$
<b>OTHER</b>	<b>A Liquor Liability</b>	<b>IL 383161</b>	<b>07/01/91</b>	<b>07/01/92</b>	<b>POLICY LIMITS MEET THE MINIMUM REQUIREMENTS OF THE LIQUOR ACT</b>

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Bowling Alley - Renewal of IL 381607

**CERTIFICATE HOLDER****ADDITIONAL INSURED:**

City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55429

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE

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

ON SALE LIQUOR 15338  
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

First name and initial

Social Security number

SELLMAN

STEPHEN B

[REDACTED]

Applicant's address

City

State

Zip Code

8737 KILBIRANE TERRACE BROOKLYN PARK MN 55443

**Business information (if applicable):**

Business name

CHALK BOWL

Business address

City

State

Zip Code

3580 NO LILAC DRIVE CRYSTAL MN 55422

Minnesota tax identification number

Federal tax identification number

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

Stephen B Sellman  
Signature

President  
Title

6-3-91

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: EBA  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 04-039958-1

Dates of Coverage: 7-1-90 To 7-1-91 (Renewal applied for)

(or)

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

( ) I have no employees covered by the law.

( ) Other (Specify) \_\_\_\_\_

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

Stephen B. Solomon  
(SIGNATURE)

Receipt # 56549

## APPLICATION FOR LICENSE

15335

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

COUNCIL MEMBERS:

I Palace Inn Pizza, Inc. dba

WE Palace Inn Pizza

5607 West Broadway

Crystal, MN 55428

Fee, \$ 5,500 + bond + ins..

New ..... Renewal ☒ X .....

Telephone 535-5010

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

NOW, THEREFORE, I

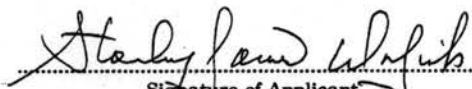
Palace Inn Pizza, Inc. dba Palace Inn Pizza

hereby make application to

sell liquor on-sale at 5607 West Broadway

for the period 7-1-91 through 6-30-92 subject to all  
conditions and provisions of said Ordinance.

City Use Only

  
Signature of Applicant

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_  
Registration Bureau

TO THE HONORABLE CITY COUNCIL,  
GENTLEMEN:

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing  
7-1, 1991, and ending 6-30, 1992

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

NAME	ADDRESS

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

3. If a corporation, date of incorporation \_\_\_\_\_; State in which incorporated \_\_\_\_\_;  
States in which licensed to do business \_\_\_\_\_ amount of authorized capitalization \_\_\_\_\_;  
amount of paid in capital \_\_\_\_\_ If a subsidiary of any other corporation, so state \_\_\_\_\_  
Is corporation organized for profit or not? \_\_\_\_\_ Purpose of corporation \_\_\_\_\_

NAME	ADDRESS	SHARES HELD
<u>S.J. WODZIAK</u>	<u>12170 MISS. DR</u>	<u>CHAMPLIN</u>
<u>G.F. BATKIEWICZ</u>	<u>11581- NO. ZACHARY LN.</u>	

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

Name of certificate of authority. \_\_\_\_\_



## **Partially Scanned Material**

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



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.  
*1*  
(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.  
*Crystal, Ill.*  
(c) The names and addresses of all persons in attendance and relationship to corporate license holder.  
*Wodzinski*  
*R. M. G. ewicz*
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.

**Swett & Crawford****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*Original certificate  
w/ off-sale license  
D.G.***COMPANY AFFORDING COVERAGE**

TRANSCONTINENTAL INSURANCE COMPANY

**TYPE OF INSURANCE**

LIQUOR LIABILITY

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

**POLICY NUMBER****EFFECTIVE DATE****EXPIRATION DATE****LOCATION (s) OF INSURED**Renewal of  
LLP 750 75 35

7/1/90

7/1/91

Location - Same

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

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

**CERTIFICATE HOLDER**City of Crystal  
4141 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.

*[Signature]*  
AUTHORIZED REPRESENTATIVE

SC-3054-6 (11/90)

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

*Original Copy  
with Off-Sale  
License J.S.*

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: 7-09-91 to 7-09-92

(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.

*Stanley J. Jankowski*  
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

LID - DN + DFF SALE

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

CRYSTAL

License renewal date

7-1-91

**Personal information:**

Applicant's last name

WODZINK

First name and initial

STANLEY J

Social Security number

[REDACTED]

Applicant's address

12170- MISS. DR. CHAMPLIN

State

MN.

Zip Code

55316

**Business information (if applicable):**

Business name

PALACE INN PIZZA INC - CRYSTAL MN.

55425

Business address

City

State

Zip Code

Minnesota tax identification number

4455636

Federal tax identification number

41-1428128

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

Stanley James Wodzink

Signature

Date

6-5-91

Date

Receipt  
# 56435

# APPLICATION FOR LICENSE

15340

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

## COUNCIL MEMBERS:

I Ground Round, Inc. dba

WE The Ground Round

6830 - 56th Ave. N.

Crystal, MN 55428

Fee, \$ 5,500 ~~head~~ + ins.

New ..... Renewal ☒

Telephone 535-0565

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

NOW, THEREFORE, I

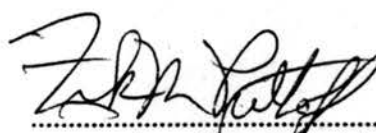
Ground Round Inc., dba The Ground Round

hereby make application to

sell liquor on-sale at 6830 - 56th Ave. N.

for the period July 1, 1991 through June 30, 1992 subject to all  
conditions and provisions of said Ordinance.

City Use Only



Signature of Applicant

Frank M. Puthoff, Secretary

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,  
GENTLEMEN:

Business Phone: 617 380-3100

Home Phone: 617 848-0960

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

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing  
July 1, 19 91, and ending June 30, 19 92

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

n/a

NAME

ADDRESS

NAME

ADDRESS

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

Copy on file

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

See attached list - Attachment A

NAME

ADDRESS

SHARES HELD

NAME

ADDRESS

SHARES HELD

NAME

ADDRESS

SHARES HELD

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

Name of certificate of authority. C T Corporation System

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

See attached list - Attachment A

NAME

DATE OF BIRTH

PLACE OF BIRTH

CITIZEN

NAME

DATE OF BIRTH

PLACE OF BIRTH

CITIZEN

NAME

DATE OF BIRTH

PLACE OF BIRTH

CITIZEN

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

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

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

See attached list - Attachment B

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

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

See attached list Attachment B

NAME	ADDRESS	BIRTHDATE	BIRTHPLACE
NAME	ADDRESS	BIRTHDATE	BIRTHPLACE
NAME	ADDRESS	BIRTHDATE	BIRTHPLACE
NAME	ADDRESS	BIRTHDATE	BIRTHPLACE
NAME	ADDRESS	BIRTHDATE	BIRTHPLACE

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

See attached list Attachment B

EMPLOYER	ADDRESS	OCCUPATION
EMPLOYER	ADDRESS	OCCUPATION
EMPLOYER	ADDRESS	OCCUPATION
EMPLOYER	ADDRESS	OCCUPATION

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

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

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

The Ground Round, Inc. 35 Braintree Hill Office Park, P.O. Box 9078, Braintree, MA 02184

NAME	ADDRESS
NAME	ADDRESS

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

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

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

(a) Date Purchased \_\_\_\_\_ (b) Purchased from Deed on file;  
(c) Purchase Price \_\_\_\_\_ (d) Amount of Down Payment \_\_\_\_\_ (e) Amount of Mortgage \_\_\_\_\_  
(f) Who currently holds mortgage \_\_\_\_\_ (g) Amount of Contract for Deed \_\_\_\_\_;  
(h) Who Currently holds Contract for Deed? \_\_\_\_\_ (i) Term of Mortgage \_\_\_\_\_  
(j) Term of Contract for Deed \_\_\_\_\_ (k) Rate of Interest on Contract for Deed \_\_\_\_\_ (l) Rate of Interest on Mortgage \_\_\_\_\_;  
(m) State the rate at which the Mortgage and/or Contract for Deed is being liquidated: \_\_\_\_\_ (n) Are the payments on Mortgage and/or Contract for Deed up to date? \_\_\_\_\_

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



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

n/a

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

n/a

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

n/a

20. Has applicant, or spouse, if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever had an application for a liquor license denied by any municipality or state authority during the past 10 years? If so, give date and details: \_\_\_\_\_

no

21. Has applicant, or spouse; if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever had a license under the Minnesota Liquor Control Act revoked or suspended for any violation of State Laws or local ordinances during the past 10 years? If so, give date and details: \_\_\_\_\_

no

22. Has applicant, or spouse; if partnership, any partner or spouse; if corporation, any officer or director or spouse, ever been convicted of any violation of any municipal ordinance; or of any liquor law violation; or the violation of any municipal ordinance relating to intoxicating or non-intoxicating malt liquor; or any felony or crime in this State, or any other state, or under federal laws in the last five years? \_\_\_\_\_ If so, give details and date: \_\_\_\_\_

no

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

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

25. State whether (a) any person other than applicant; if partnership, any partner; if corporation, any officer director or stockholder, has any right, title or interest, directly or indirectly, in the furniture, fixtures, inventory or equipment in the premises for which license is applied: no

(b) any person other than applicant and associates shares directly or indirectly in any profits or is in any manner connected financially with the licensed business. If so, give name and details: \_\_\_\_\_

26. Has applicant; if partnership, any partner; of corporation, any officer or director and/or their spouses, any interest whatsoever, directly or indirectly, in any other liquor establishment in the State of Minnesota? yes

Give name and address of such establishment See attached list of Minnesota Ground Round locations

Attachment C

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

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

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

n/a

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS



30. Do you possess a retail dealer's identification card issued by the Liquor Control Commissioner which will expire December 31st of this year?  
yes Give number: 08910
31. Will intoxicating liquor be sold to other than the consumer? no
32. Does applicant; if partnership, any partner; if corporation, any officer or director, intend to possess, operate or permit the possession or operation of, on the licensed premises, or in any adjoining room of the licensed premises, any slot machine, dice, gambling device and apparatus, or permit any gambling therein, or allow any person to use the licensed premises for purposes of prostitution or soliciting? no
33. Do you agree not to dilute or tamper with the contents of distilled spirits in original containers? yes
34. If application is for a license in a club, state number of members: n/a
35. State trade name to be used: The Ground Round
36. State name of person who will operate or manage licensed premises: \_\_\_\_\_
37. Attach to this application a list of persons employed in a managerial or supervisory capacity by applicant and his associates in connection with the licensed premises, including their job titles; state whether, upon your best information and belief, any such employee has ever been convicted of any liquor law violation, either under State statute or local ordinance, or any crime in this State or any other State, or under federal laws within the past 5 years; if so, give details: none
38. State whether an "Off Sale" Liquor License has or will be applied for in conjunction with this Retail Liquor License, and for the same premises: no
39. State whether an "On Sale" Non-Intoxicating Malt Beverage License has or will be granted in conjunction with this Retail Liquor License, and for the same premises: yes
40. Give Federal Retail Liquor Dealer's Tax Stamp Number: 1989164-117-001; in whose name is the stamp issued, and at what address: The Ground Round, Inc.
41. Do you agree to give to the City of Crystal the name of the person or firm who acted as agent or broker in connection with the sale or transfer of property, stock and/or fixtures for this transfer of licenses: n/a

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

Subscribed and sworn to before me  
 this 20th day of may 19 91

Notary Public, County of Hennepin Norfolk

Katherine A. Kleppe

My com. expires: KATHERINE A. KLEPPE  
 NOTARY PUBLIC

Commonwealth of Minnesota **REPORT ON APPLICANT OR APPLICANTS BY POLICE DEPARTMENT**

My Commission Expires June 13, 1997

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

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

CITY OF CRYSTAL POLICE DEPARTMENT

Approved by: \_\_\_\_\_

Title

REPORT ON PREMISES BY THE FIRE DEPARTMENT

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

CITY OF CRYSTAL FIRE DEPARTMENT

Approved by: \_\_\_\_\_

Title

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.

Frank Puthoff replaced Warren Hutchins as Secretary of The Ground Round, Inc. with no stock change

3. (a) List amount and type of shares of stock issued by said corporation, indicate whether voting or non-voting and list each shareholder of record as of this date together with the number and types of shares owned by each person, indicate whether voting or non-voting.  
1,000 shares common stock, voting  
Shareholder - Ground Round Holdings, Inc.

(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.

February 4, 1991

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

Michael O'Donnell, Director/Pres, 520 Jerusalem Road, Cohasset, MA  
Charles Woodhouse, Director/V.P., 2010 Pine Street, Philadelphia, PA  
Robert King, Director/Treasurer, 50 Fulling Mill Lane, Hingham, MA  
Michael Jorgensen, Director/V.P., 210 Frederick St., Paramus, NJ

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

six

(b) State the dates and places of holding each meeting.  
6/1/90, 6/5/90, 7/30/90, 10/15/90, 2/1/91, 2/4/91

(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.

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.

N/a

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

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

None

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

N/a

LEGAL DESCRIPTION

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

---

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

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

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

February 1991

The Ground Round, Inc.  
Officers and Directors

<u>Name and Address</u>	<u>Date and Place of Birth</u>	<u>Official Position</u>
Michael P. O'Donnell 520 Jerusalem Road Cohasset, MA 02025 Tel. 617-383-2506	[REDACTED]	Director, President and Chief Executive Officer
Robert G. King 5C Fulling Mill Lane Hingham, MA 02043 Tel. 617-740-1655	[REDACTED]	Director, Senior Vice President and Treasurer
Michael R. Jorgensen 210 Frederick Street Paramus, NJ 07652 Tel 201-261-3738	[REDACTED]	Director and Vice President
Charles F. Woodhouse 2010 Pine Street Philadelphia, PA 19103 Tel. 215-735-4225	[REDACTED]	Director and Vice President
Frank M. Puthoff 44 Bradley Road Milton, MA 02186 Tel. 617-333-0807	[REDACTED]	General Counsel and Secretary
Robin L. Moroz P.O. Box 234 Braintree, MA 02184 Tel. 617-848-0960	[REDACTED]	Assistant Secretary
Diana E. Burton 185 Kingfisher Drive Middletown, NJ 07748 Tel. 201-671-7045	[REDACTED]	Assistant Secretary

One hundred percent of the stock of The Ground Round, Inc. is owned by Ground Round Holdings Inc., a Delaware corporation with offices at 229 South State Street, Dover, Delaware, 19901.

4978.5L

ATTACHMENT B

MICHAEL PAUL O'DONNELL

DIRECTOR, PRESIDENT AND CHIEF EXECUTIVE OFFICER

Home Address:

520 Jerusalem Road  
Cohasset, MA 02025  
617-383-2506

Home Tel. No:

ATTACHMENT B

4978.6L

ROBERT GRAHAM KING

DIRECTOR, VICE PRESIDENT AND TREASURER

Home Address:

5C Fulling Mill Lane  
Hingham, MA 02043  
740-1655

Home Tel. No:



4978.6L

ATTACHMENT B

MICHAEL ROBERT JORGENSEN

DIRECTOR & VICE PRESIDENT

Home Address:

210 Frederick Street  
Paramus, NJ 07652  
201-261-3738

Home Tel. No:

4978.8L

ATTACHMENT B

CHARLES FRANCIS WOODHOUSE

DIRECTOR & VICE PRESIDENT

Home Address:

2010 Pine Street  
Philadelphia, PA 19103  
215-735-4225

Home Tel. No:

4978.17L

FRANK MATHEW PUTHOFF

Home Address:

Home Tel. No.:

VICE PRESIDENT OF FRANCHISE/SECRETARY/GENERAL  
COUNSEL

44 Bradlee Road  
Milton, MA 02186  
617 333-0807

ATTACHMENT B

4978.11L

ROBIN LEE MOROZ

ASSISTANT SECRETARY

Home Address:

80 Herbert Road  
Braintree, MA 02184  
617-848-0960

Home Tel. No.:

ATTACHMENT B

4978.10L

DIANA E. BURTON

ASSISTANT SECRETARY

Home Address:

185 Kingfisher Drive  
Middletown, NJ 07748  
201-671-7045

Home Tel. No.:



## **Partially Scanned Material**

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

ATTACHMENT C

THE GROUND ROUND, INC.

MINNESOTA LOCATIONS

2545 County Road 10  
Brooklyn Center, MN

5277 Central Ave., NE  
Fridley, MN

2100 North Snelling Ave.  
Roseville, MN

26th & West Division  
St. Cloud, MN

1825 Suburban Ave.  
St. Paul, MN

1504 East 78th Street  
Richfield, MN

2102 Maple Grove Road  
Duluth, MN

2900 Coon Rapids Blvd.  
Coon Rapids, MN

6830 Bass Lake Road  
Crystal, MN

2379 McKnight Road  
N. St. Paul, MN

1755 South Robert Street  
West St. Paul, MN

14200 Nicollet Avenue  
Burnsville, MN



5/1/91

SEDGWICK JAMES  
OF NEW JERSEY, INC.  
830 MORRIS TURNPIKE  
SHORT HILLS, NJ 07078

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

## INSURED

The Ground Round, Inc.  
35 Braintree Hill Office Park  
P.O. Box 9078  
Braintree, MA 02184-9078

COMPANY LETTER A **National Union Fire Ins. Co.**

COMPANY LETTER **B**

COMPANY C  
LETTER

COMPANY LETTER **D**

COMPANY LETTER **E**

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	
A	GENERAL LIABILITY	GL2498875	7/1/91	6/30/92	GENERAL AGGREGATE	\$ 5000000
X	COMMERCIAL GENERAL LIABILITY	GL2498876			PRODUCTS-COMP/OP AGG.	\$ 5000000
	CLAIMS MADE <input checked="" type="checkbox"/> OCCUR.				PERSONAL & ADV. INJURY	\$ 1000000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE	\$ 1000000
X	Liquor Law Liability (Dram Shop) Coverage				FIRE DAMAGE (Any one fire)	\$ 100000
					MED. EXPENSE (Any one person)	\$ 1000
A	AUTOMOBILE LIABILITY	BA5629771	11/27/90	11/27/91	COMBINED SINGLE LIMIT	\$ 1000000
X	ANY AUTO	BA5629772			BODILY INJURY (Per person)	\$
X	ALL OWNED AUTOS				BODILY INJURY (Per accident)	\$
X	SCHEDULED AUTOS				PROPERTY DAMAGE	\$
X	HIRED AUTOS					
X	NON-OWNED AUTOS					
	GARAGE LIABILITY					
	EXCESS LIABILITY				EACH OCCURRENCE	\$
	UMBRELLA FORM				AGGREGATE	\$
	OTHER THAN UMBRELLA FORM					
A	WORKER'S COMPENSATION	WC4196077	11/27/90	11/27/91	STATUTORY LIMITS	
	AND	(AZ, ID, OR, MD)			EACH ACCIDENT	\$ 1000000
	EMPLOYERS' LIABILITY	WC4196076 (A/D/S)			DISEASE—POLICY LIMIT	\$ 1000000
					DISEASE—EACH EMPLOYEE	\$ 1000000
OTHER	"\$50,000 for Loss of Means of Support of any one person in any one occurrence, and subject to the limit for one person, \$100,000 for Loss of Means of Support of two or more persons in one occurrence."					

<p>DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS</p>
---

**"THE CERTIFICATE HOLDER IS INSURED PER CONTRACTUAL AGREEMENT (S) WITH THE GROUND ROUND, INC." Ground Round Restaurant, 6830 Bass Lake Road Crystal. MN #99799**

**CERTIFICATE HOLDER**

City of Crystal  
City Clerk  
4141 Douglas Drive  
Crystal, MN

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ~~XXXXXXXXXX~~  
MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~XX~~  
~~THE LIABILITY OF AND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.~~

**AUTHORIZED REPRESENTATIVE**

Laurel H. Stone

©ACORD CORPORATION 1990

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: NATIONAL UNION FIRE INSURANCE CO. OF PITTSBURGH  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: WC 4193330

Dates of Coverage: 11/27/90 - 11/27/91

(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.

Meredith LaDremmond  
(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

On-Sale Liquor Renewal

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

City of Crystal, Minnesota

License renewal date

July 1, 1991

**Personal information:**

Applicant's last name

First name and initial

Social Security number

Applicant's address

City

State

Zip Code

**Business information (if applicable):**

Business name

The Ground Round, Inc.

Business address

6830 Bass Lake Road, Crystal, MN 55428

City

State

Zip Code

04-2883224

Minnesota tax identification number

3470586

Federal tax identification number

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

Signature

Title

Date

Frank M. Puthoff

Secretary

May 17, 1991

*The*  
**Ground Round, Inc.**

Via Federal Express

May 20, 1991

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

Re: The Ground Round  
6830 Bass Lake Road

Dear Ms. George:

Enclosed please find the following documents necessary for the renewal of the above-captioned license:

Application for On-Sale intoxicating liquors with required attachments

Application for License to sell liquor On-Sale on Sundays together with "Special Sunday Liquor" License application

Application for License to operate a tavern

Application for License to Sell Liquor On-Sale

Notice of Minnesota Business Tax Identification Information

Proof of Worker's Compensation Insurance Coverage

Addendum for Corporation Liquor Licenses

Certificate of Insurance (in duplicate)

Check in the amount of \$6,222.50

Should you have any questions or require additional information, please feel free to contact me at 617 380-3203.

Sincerely,

*Katherine Kleppe*

Katherine Kleppe  
Paralegal

kk  
enc

*Quality*

Receipt  
#56481

# APPLICATION FOR LICENSE

15337

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

## COUNCIL MEMBERS:

I Steven Weisman Industries, Inc. dba

WE Steve O's

4900 West Broadway

Crystal, MN 55429

Fee, \$ 5,500 + bond + ins.

New ..... Renewal ☒ X

Telephone W-537-5970  
H-577-5448

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

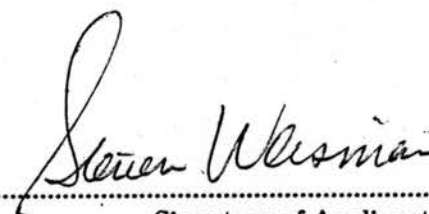
NOW, THEREFORE, I

Steven Weisman Industries, Inc. dba Steve O's

hereby make application to  
sell liquor on-sale at 4900 West Broadway to include outside cafe as  
identified on Exhibit "A", on file with City Clerk, ~~through Nov 1 1990~~

for the period 7-1-91 through 6-30-92 subject to all  
conditions and provisions of said Ordinance.

City Use Only



Signature of Applicant



# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422  
537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,  
GENTLEMEN:

Business Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

1. I, STEVEN WEISMAN, as OFFICER for and in behalf of  
(Name of person making application) (Individual owner, officer or partner)

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

to be located at 4900 W BROADWAY; Legal Description of premises to be used for the sale of such liquors:  
(street address and/or block number)

UNPLATTED 09-11P-21 NE 164 OF SW 164

Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minnesota Statutes, Chapter 340, commencing  
JULY 1, 19 91, and ending JUNE 30, 19 92

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

NAME ADDRESS

NAME ADDRESS

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

3. If a corporation, date of incorporation 9/21; State in which incorporated MN;  
States in which licensed to do business MN amount of authorized capitalization \$1000.00;  
amount of paid in capital - 0 - If a subsidiary of any other corporation, so state \_\_\_\_\_

Is corporation organized for profit or not? PROFIT Purpose of corporation BAR & REST.

Name and address of all officers, directors and stockholders and number of shares held by each:

STEVEN WEISMAN 1530 ST CROIX CIRCLE GOLDEN VALLEY, MN  
NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

NAME ADDRESS SHARES HELD

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

Name of certificate of authority. \_\_\_\_\_

54  
1001



## **Partially Scanned Material**

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



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.  
  
(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. *27-May 1991*  
(c) The names and addresses of all persons in attendance and relationship to corporate license holder. *STEVEN WEISMAN*
5. (a) How many directors' meetings were held during the past license year? *1*  
(b) State the dates and places of holding each meeting. *27-May 1991*  
(c) The names and addresses of all persons in attendance and their relationship to the corporation.  
*STEVEN WEISMAN*
6. (a) During the past license year list the number and types of each share of stock voted by proxy in any stockholder's meeting. *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.  
*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

**CERTIFICATE OF INSURANCE**

ISSUE DATE

6/4/91 lmb

**INSURED**

Steven Weisman Industries, Inc.  
DBA: Steve O's  
4900 West Broadway Avenue  
Crystal, MN 55429

**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****EFFECTIVE DATE****EXPIRATION DATE****LOCATION (s) OF INSURED**

Renewal of  
LLP 750 78 16

7/1/91

7/1/92

Location - Same

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

<input type="checkbox"/> 50,000	<input checked="" type="checkbox"/> 100,000	<input 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  
City Hall  
4149 Douglas Dr. North  
Crystal, MN 55422

**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

**ACORD. CERTIFICATE OF INSURANCE**

ISSUE DATE (MM/DD/YY)

6-6-91

## PRODUCER

Bloom Insurance Agency  
Griggs-Midway Building Suite N496  
1821 University Avenue  
St. Paul, MN 55104

*original in bldg. file*

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

GRE-Tower Ins. Co.

COMPANY  
LETTER BCOMPANY  
LETTER CCOMPANY  
LETTER DCOMPANY  
LETTER E

## INSURED

Steven Weisman Industries, Inc.  
DBA Steve O's  
4900 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
A	GENERAL LIABILITY	85-171220	8-14-90	8-14-91	GENERAL AGGREGATE \$ 500,000
	X COMMERCIAL GENERAL LIABILITY				PRODUCTS-COMP/OP AGG. \$ 500,000
	CLAIMS MADE X OCCUR.				PERSONAL & ADV. INJURY \$ 500,000
	OWNER'S & CONTRACTOR'S PROT.				EACH OCCURRENCE \$ 500,000
					FIRE DAMAGE (Any one fire) \$ 50,000
					MED. EXPENSE (Any one person) \$ 1,000
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT \$
	ANY AUTO				
	ALL OWNED AUTOS				BODILY INJURY (Per person) \$
	SCHEDULED AUTOS				
	HIRED AUTOS				BODILY INJURY (Per accident) \$
	NON-OWNED AUTOS				
	GARAGE LIABILITY				PROPERTY DAMAGE \$
	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				

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

RE: Sidewalk cafe - City of Crystal is listed as additional insured.

## CERTIFICATE HOLDER

City of Crystal  
City Hall  
4141 Douglas Drive North  
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



Darlene George, City Clerk  
ACORD 25-S (7/90)

©ACORD CORPORATION 1990

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: EBA  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 041547

Dates of Coverage: 9/21/90 - 9/21/91

(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.

Steven Weisman President  
(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

LICOR

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

CITY OF CRYSTAL HENNINGEN MN

License renewal date

7/1/91

**Personal information:**

Applicant's last name

First name and initial

Social Security number

STEVEN WEISMAN

Applicant's address

City

State

Zip Code

1570 ST CROIX CIRCLE GOLDEN VALLEY MN 55422

**Business information (if applicable):**

Business name

STEVE'S

Business address

City

State

Zip Code

4900 W BROADWAY CRYSTAL MN 55424

Minnesota tax identification number

Federal tax identification number

423748

41-1408626

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

Steven Weisman

President

5-27-91

Signature

Title

Date

May 14, 1991

Steven Weisman Industries Incorporated  
4900 West Broadway  
Crystal, Minnesota 55429

*Original in the  
1991 Agreement file*

RE: City of Crystal Owner Indemnity Agreement for Steve O's  
Outside Cafe

Dear Steve:

Enclosed is your copy of the Hold Harmless Agreement between  
the City of Crystal and yourself for the operation of the  
outside cafe at 4900 West Broadway.

If you have any questions or need anything further, feel  
free to contact me.

Sincerely,

Darlene George, City Clerk  
City of Crystal

DG/js

enclosure



CITY OF CRYSTAL  
OWNER INDEMNITY AGREEMENT FOR  
STEVEO'S OUTSIDE CAFE

Steven A. Weisman, as owner of SteveO's, agrees to hold harmless, indemnify, and defend the City of Crystal from and against any and all incidents, claims, losses, damages, liability and costs, including but not limited to all costs of defense, excepting any caused by City of Crystal, its agents or employees, arising out of or any way connected with the operation of an outside cafe and all associated design, construction, operation and maintenance of that cafe at owner's property located at 4900 West Broadway, Crystal, Minnesota.

CITY OF CRYSTAL

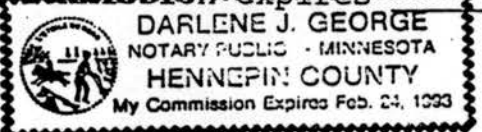
Betty Herbes  
MAYOR  
[Signature]  
CITY MANAGER  
May 13, 1991  
DATE

STEVEN A. WEISMAN  
BY: Steven A. Weisman, President  
OWNER OF STEVEO'S  
May 8-1991  
DATE

STATE OF MINNESOTA)  
COUNTY OF HENNEPIN) SS


On this 13<sup>th</sup> day of May, 1991, before me, a Notary Public within and for said County, personally appeared Mayor Betty Herbes and City Manager Jerry Dulgar known to me to be the persons described herein, and who executed the foregoing instrument, and acknowledged that they executed the same as their free act and deed.

Darlene J. George  
Notary Public

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

STATE OF MINNESOTA)  
COUNTY OF HENNEPIN) SS

On this 8th day of May, 1991, before me, a Notary Public within and for said County, personally appeared Steven Weisman, as Owner of Steve O's, known to me to be the person described herein, and who executed the foregoing instrument, and acknowledged that he executed the same as his free act and deed.

Joan M. Schmidt  
Notary Public  
  
JOAN M. SCHMIDT  
Notary Public, Hennepin Co., Minn.  
My Commission Expires Sept. 2, 1991  
My Commission Expires

# APPLICATION FOR LICENSE

15331

4141 Douglas Drive, Crystal, Minnesota 55422

HONORABLE CITY COUNCIL  
CRYSTAL, MINNESOTA

## COUNCIL MEMBERS:

I The Nicklow Corporation dba  
WE Nicklow's

3516 Lilac Drive North

Crystal, MN 55422

Fee, \$ 5,500 + bond + ins..

New ..... Renewal ☒ X

Telephone 529-7751

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

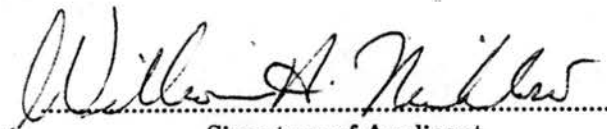
NOW, THEREFORE, I

The Nicklow Corporation dba Nicklow's ..... hereby make application to

sell liquor on-sale at 3516 Lilac Drive North

for the period 7-1-91 ..... through 6-30-92 ..... subject to all  
conditions and provisions of said Ordinance.

City Use Only



Signature of Applicant

# CITY OF CRYSTAL

4141 Douglas Drive North  
Crystal, Minnesota 55422

537-8421

## APPLICATION FOR ON-SALE INTOXICATING LIQUOR LICENSE

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

Every Question Must be Answered in Ink or on Typewriter

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

Date \_\_\_\_\_

By: \_\_\_\_\_

Registration Bureau

TO THE HONORABLE CITY COUNCIL,

GENTLEMEN:

Business Phone: 529-7751  
Home Phone: 935-2712

1. I, William A. Nicklow, as President for and in behalf of  
(Name of person making application) (Individual owner, officer or partner)  
Nicklow Corporation hereby apply for an on-sale Intoxicating Liquor and Non-  
(myself, names of partners, name of corporation)

Intoxicating Malt Liquor to be located at 3516 N. Lilac Dr; Legal Description of premises  
(street address and/or block number)

to be used for the sale of such liquors: West 180 feet of Tract E Survey No. 860  
Municipality of Crystal, County of Hennepin, State of Minnesota, in accordance with the provisions of Minne-  
sota Statutes, Chapter 340, commencing July 1, 1991, and ending June 30, 1992

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

N/A

NAME ADDRESS

NAME

ADDRESS

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

3. If a corporation, date of incorporation 4/27/76; State in which incorporated Minnesota;  
States in which licensed to do business Minnesota amount of authorized capitalization 25,000;  
amount of paid in capital 1,000.-. If a subsidiary of any other corporation, so state N/A

Is corporation organized for profit or not? Yes. Purpose of corporation \_\_\_\_\_

Business Purposes. Name and address of all officers, directors and stockholders and number  
of shares held by each

NAME	ADDRESS	SHARES HELD
<u>William A. Nicklow</u>	<u>5721 Deville Dr. Edina 55436</u>	<u>50%</u>
<u>Anthony A. Nicklow</u>	<u>1150 Heritage Dr. Orono</u>	<u>50%</u>
NAME	ADDRESS	SHARES HELD

NAME

ADDRESS

SHARES HELD

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

Name of certificate of authority. N/A



## **Partially Scanned Material**

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

Schedule A

Item No. 7

Residence of Officers and Directors for  
past 10 years

William A. Nicklow 5721 DeVille Drive, Edina, Mn. 1979-present

7410 Minnetonka Blvd, Mpls, MN. 1970-1979

Anthony A. Nicklow 1150 Heritage Lane, Orono, MN. 1985-Present

3918 Haven Rd. St.Louis Pk, MN 1978-1985

SCHEDULE B

Item No. 9

Employment of Officers and Directors for Past 10 Years

The officers and directors have all been employed in the past 10 years in the operation and management of the corporations listed for each of the officers and directors under item 16 as source of income.

Schedule C

Item No. 16

Sources of Income for Officers and Directors

William A. Nicklow

1. Part owner of Nicklow's  
3516 North Lilac Dr. Crystal, MN.
2. Part owner of Nicklow's Cafe & Bar  
8466 Highway 65, Spring Lake Park, MN.
3. Part owner of Anthony's Shopping Center  
5311 36th Ave. North, Crystal, Mn.
4. Part owner of Nicklow Brothers Realty  
5311 36th Ave. North, Crystal, Mn.

Anthony A. Nicklow

1. Part owner of Nicklow's  
3516 North Lilac Drive, Crystal, MN.
2. Part owner of Nicklow's Cafe & Bar  
8466 Highway 65, Spring Lake Park, MN.
3. Part owner of Anthony's Shopping Center  
5311 36th Ave. North, Crystal, MN.
4. Part owner of Nicklow Brothers Realty  
5311 36th Ave. North Crystal, MN.



Schedule D

Item No. 18

Bank and Financial Institutions

William A. Nicklow

Northeast State Bank (checking account)  
Americana State Bank of Edina (Home mortgage)  
Norwest Bank

Anthony A. Nicklow

TCF - Home Mortgage  
Marquette National Bank of University (savings account)  
Norwest- checking  
National City Bank

The Nicklow Corporation

Citizen's State Bank of Robbinsdale (2 checking accounts  
& working capital loan)

Northeast State Bank (checking & savings accounts  
& Mortgage Loan)

Schedule F

Item N. 26

Interests in Other Liquor Establishments in the  
State of Minnesota

1. Nicklow's Cafe & Bar 8466 Highway 65 Northeast,  
Fridley, MN. on sale license in the name of J.B.A.Corp,dba Nicklow's  
Cafe and Bar of which William A. Nicklow and Anthony A. Nicklow are  
Officers, Directors and Shareholders.

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.

(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 <sup>12</sup> dates and places of holding meetings.

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

See Schedule A

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

(b) State the <sup>6</sup> dates and places of holding each meeting.

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

First Monday of each Month - Nicklow's Restaurant

First Tuesday of every other Month - Nicklow's Restaurant

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.

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

Schedule A

Item No. 7

Residence of Officers and Directors for  
past 10 years

William A. Nicklow 5721 DeVille Drive, Edina, Mn. 1979-present

7410 Minnetonka Blvd, Mpls, MN. 1970-1979

Anthony A. Nicklow 1150 Heritage Lane, Orono, MN. 1985-Present

3918 Haven Rd. St.Louis Pk, MN 1978-1985

# ACORD. CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

June 7, 1991

**PRODUCER**

Hadtrath & Associates, Inc.  
199 Coon Rapids Blvd.  
Suite 110  
Coon Rapids, MN 55433  
(612) 784-9574

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 <b>A</b>	Park Glen National Insurance Company
COMPANY LETTER <b>B</b>	
COMPANY LETTER <b>C</b>	
COMPANY LETTER <b>D</b>	
COMPANY LETTER <b>E</b>	

**INSURED**

Nicklow Corporation  
DBA: NICKLOW'S  
3516 North Lilac Drive  
Crystal, MN 55422

**COVERAGES**

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

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	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>				
A	Liquor Liability	MNLL 910428	7-1-91	7-1-92	See Below

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

\$100,000 BI Each Person	\$100,000 LOM Each Person
\$100,000 BI Each Common Cause	\$100,000 LOM Each Common Cause
\$100,000 PD Each Common Cause	\$300,000 Aggregate

**CERTIFICATE HOLDER**

ADDITIONAL INSURED:  
City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55422

**CANCELLATION**

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

AUTHORIZED REPRESENTATIVE



PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: Wausau Insurance Co  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: Policy # 0311-00-104878

Dates of Coverage: 12-23-90 to 12-23-91

(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.

William H. Muller  
(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

Liquor License Renewal #15331

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

Nicklow

First name and initial

William A.

Social Security number

[REDACTED]

Applicant's address

5721 DeVille Dr.

City

Edina, Minn.

State

Zip Code

55436

**Business information (if applicable):**

Business name

Nicklow's

Business address

3516 No. Lilac Dr

City

Crystal

State

Mn

Zip Code

55422

Minnesota tax identification number

5085506

Federal tax identification number

41-1274938

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

Signature

William A. Nicklow

Title

Pres.

Date

6/4/91



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

PS 9016 (11-89)

*Receipt  
#56247*

**APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE**

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

**TYPE OR PRINT**

Corporation Name <b>MPLS/CRYSTAL ELKS LODGE #44</b>		Club Trade Name or DBA <b>same as Corportation</b>	
License Location (Street Address) <b>5410 Lakeland Ave. N. Crystal, MN 55429</b>		License Period From <b>7-01-91</b> To <b>6-30-92</b>	Business Phone <b>(612) 533-8360</b>
Municipality <b>Crystal, MN</b>	County <b>Hennepin</b>	State <b>MN</b>	Zip Code <b>55429</b>
Building Owner's Name <b>Mpls/Crystal Elks Lodge #44</b>		Building Owner's Address <b>5410 Lakeland Ave. N. Crystal, MN 55429</b>	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Club Manager's Name <b>N/A</b>	
Name of Member of Managing Board <b>Ed Thonander</b>		Address <b>5409-53rd Ave. N. Crystal, MN 55429</b>	
Name of Member of Managing Board <b>Robert L. Eggleston</b>		Address <b>16115 Temple Lane N. Minnetonka, MN 55345</b>	
Name of Member of Managing Board <b>Roger Claesgens</b>		Address <b>7130 Riverview Terrace Mpls., MN 55432</b>	
Name of Member of Managing Board <b>Robert A. Brown</b>		Address <b>250 Penninsula Road Medicine Lake, MN 55441</b>	
<p>The Licensee must have one of the following: CHECK ONE</p> <p><input checked="" type="checkbox"/> 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</p> <p>OR</p> <p><input type="checkbox"/> B. A Surety bond from a surety company with minimum coverage as specified above in A.</p> <p>OR</p> <p><input type="checkbox"/> C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.</p>			
Give Date of Club Charter if Veterans or Fraternal Organization		Date of Incorporation <b>March 18, 1887</b>	Number of Years of Continuous Existence of the Club <b>105</b>
Number of Years in Current Quarters <b>11</b>	Number of Club Members <b>342</b>	Will the Club be Issued a Lawful Gambling License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

1. Are any members, officers, agents or employees paid profits from the sale of beverages to club members? No
2. Are any employees paid salaries? Yes
3. Has this club or any employee been convicted of a violation of Federal or State law or local ordinance relating to alcoholic beverages? No  
If so, give names, dates and violations \_\_\_\_\_
4. Does any wholesaler or manufacturer of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises? No  
If so, give details \_\_\_\_\_
5. During the past license year has a Summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802? ☐ Yes ☐ No If yes, attach a copy of the Summons.
6. Will you serve liquor on Sunday? ☒ Yes ☐ No Amount of Sunday License Fee 200.00

I certify that I have read the above questions and that the answers are true and correct of my own knowledge. EID 4-24-91

Signature of Applicant

Date

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

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

☐ Yes ☐ No

If no, state reason \_\_\_\_\_

Signature County Attorney

County

Date

**REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE**

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

Police Department or Sheriff's Name

Title

Signature

**LICENSE APPROVAL OR DENIAL**

License

☐

Granted

☐

Denied

License

☐

Granted

☐

Denied

SIGNATURE CITY CLERK OR COUNTY AUDITOR

DATE

SIGNATURE LIQUOR CONTROL DIRECTOR

DATE

**IMPORTANT NOTICE**

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

STATE OF MINNESOTA)

SS

COUNTY OF HENNEPIN)

AFFIDAVIT

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

1. That I am the holder of a duly issued license for selling 3.2 on-sale beer and/or on-sale wine in the City of Crystal.
2. That during the past license year, the licensed business did not have sales of more than \$10,000 in 3.2 on-sale beer and/or on-sale wine.
3. That the undersigned does not expect in the next ensuing license year that the licensed business will have sales in excess of \$10,000 in 3.2 on-sale beer and/or on-sale wine.

The undersigned further states that in the event that the estimated sales of the licensed business in 3.2 on-sale beer and/or on-sale wine for any future 12-month period will exceed \$10,000, that insurance required by Minnesota Statutes Chapter 340A.409, Subd. 4, will be obtained and the City Clerk of the City of Crystal will be notified of such fact.

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

*[Signature]*  
By (Signature)

Chairman of the Board of Trustees  
Title

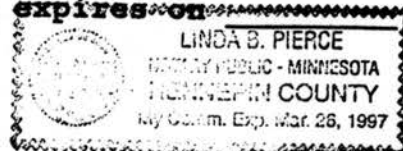
5410 Lakeland Ave. N. Crystal, MN 55429  
Business Address

Subscribed to and sworn to before me, a Notary Public, on  
this 26<sup>th</sup> day of April, 19 91.

*[Signature]*  
Notary Public, Hennepin County

My Commission expires on

Form A



PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

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

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

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

Insurance Company Name: Wausau Insurance Co.  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 031100068729

Dates of Coverage: 2-01-91 - 2-01-92

(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.

  
(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

ON-SALE LIQUOR RENEWAL

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

CITY OF CRYSTAL

License renewal date

JULY 01-91

**Personal information:**

Applicant's last name

First name and initial

Social Security number

N/A

Applicant's address

City

State

Zip Code

**Business information (if applicable):**

Business name

Business address

City

State

Zip Code

Minnesota tax identification number

Federal tax identification number

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

Signature

Title

Date

*[Handwritten Signature]*

*Chrm Board of Trustees*

*4-24-91*



Form SP:CI  
LICENSE APPLICANT:

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

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

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

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

LICENSE BEING APPLIED FOR OR RENEWED: On-Sale Liquor Renewal  
LICENSING AUTHORITY: City of Crystal  
(name of city, county or state agency issuing license)  
LICENSE RENEWAL DATE: July 01, 1990

PERSONAL INFORMATION (if applicable):

Applicant's Name: N/A  
Applicant's Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Social Security Number: \_\_\_\_\_

BUSINESS INFORMATION (if applicable):

Business Name: \_\_\_\_\_  
Business Address: \_\_\_\_\_  
\_\_\_\_\_  
City State Zip Code

Minnesota Tax Identification No.: \_\_\_\_\_

Federal Tax Identification No.: \_\_\_\_\_

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

E. W. [Signature] Chairman of the Board of Trustees  
Signature Position (Officer, Partner, etc.) Date  
4-24-91



# CERTIFICATE OF INSURANCE

ISSUE DATE (MM/DD/YY)

5-5-91

## PRODUCER

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

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

## COMPANIES AFFORDING COVERAGE

COMPANY LETTER **A** Planet Insurance CompanyCOMPANY LETTER **B**COMPANY LETTER **C**COMPANY LETTER **D**COMPANY LETTER **E**

## INSURED

Benevolent & Protective Order of Elks  
of the United States of America, etal  
2750 Lake View Avenue  
Chicago, IL 60614

## 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
<b>A</b>	<b>GENERAL LIABILITY</b>	<b>NGA1253716-03</b>	<b>7-1-91</b>	<b>6-30-92</b>	BODILY INJURY	\$	\$
	<input checked="" type="checkbox"/> COMPREHENSIVE FORM				PROPERTY DAMAGE	\$	\$
	<input checked="" type="checkbox"/> PREMISES/OPERATIONS UNDERGROUND EXPLOSION & COLLAPSE HAZARD				BI & PD COMBINED	\$ 1,000,	\$ 1,000,
	<input checked="" type="checkbox"/> PRODUCTS/COMPLETED OPERATIONS				PERSONAL INJURY	\$ 1,000,	
	<input checked="" type="checkbox"/> CONTRACTUAL						
	<input checked="" type="checkbox"/> INDEPENDENT CONTRACTORS						
	<input checked="" type="checkbox"/> BROAD FORM PROPERTY DAMAGE						
<b>A</b>	<input checked="" type="checkbox"/> PERSONAL INJURY	<b>NGA1263716-03</b>	<b>7-1-91</b>	<b>6-30-92</b>	BODILY INJURY (PER PERSON)	\$	
	<input checked="" type="checkbox"/> <b>LIQUOR LIABILITY</b>				BODILY INJURY (PER ACCIDENT)	\$	
	<b>AUTOMOBILE LIABILITY</b>				PROPERTY DAMAGE	\$	
	<input type="checkbox"/> ANY AUTO				BI & PD COMBINED	\$ 1,000,	
	<input type="checkbox"/> ALL OWNED AUTOS (PRIV. PASS.)						
	<input type="checkbox"/> ALL OWNED AUTOS (OTHER THAN PRIV. PASS.)						
	<input checked="" type="checkbox"/> HIRED AUTOS						
	<input checked="" type="checkbox"/> NON-OWNED AUTOS						
	<input type="checkbox"/> GARAGE LIABILITY						

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

Certificate Holder named as Additional Insured

## CERTIFICATE HOLDER

City of Crystal  
4141 Douglas Drive North  
Crystal, MN 55422-1696

Attn: Darlene George, City Clerk

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL SEND BY FIRST CLASS MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. ~~NO OTHER NOTICE SHALL BE REQUIRED.~~

AUTHORIZED REPRESENTATIVE



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

PS 9016 (11-89)

*Receipt*  
*# 56195*

APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

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

TYPE OR PRINT

Corporation Name <b>VFW Post #494-Charles R Knaeble</b>		Club Trade Name or DBA <b>Crystal VFW Post #494</b>	
License Location (Street Address) <b>5222 56th Ave No</b>		License Period From <b>7/1/91</b> To <b>6/30/92</b>	Business Phone <b>(612) 533-0567</b>
Municipality <b>Crystal</b>	County <b>Hennepin</b>	State <b>Minnesota</b>	Zip Code <b>55429</b>
Building Owner's Name <b>Charles R Knaeble Post #494, Inc</b>		Building Owner's Address <b>5222 56th Ave No Crystal., MN. 55429</b>	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Club Manager's Name <b>Richard Flavin</b>	
Name of Member of Managing Board <b>Kenneth Larson</b>		Address <b>8241 W River Rd, Brooklyn Park., MN. 55444</b>	
Name of Member of Managing Board <b>William Pagel</b>		Address <b>3240 No James, Mpls., MN. 55412</b>	
Name of Member of Managing Board <b>Lloyd Olson</b>		Address <b>4911 52nd Ave No, Mpls., MN. 55429</b>	
Name of Member of Managing Board <b>Harold Lemke</b>		Address <b>5924 Quail Ave No., Mpls., MN. 55429</b>	
The Licensee must have one of the following: CHECK ONE <input checked="" type="checkbox"/> 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 <input type="checkbox"/> B. A Surety bond from a surety company with minimum coverage as specified above in A. OR <input type="checkbox"/> C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.			
Give Date of Club Charter if Veterans or Fraternal Organization <b>March, 1931</b>	Date of Incorporation <b>March 24, 1953</b>	Number of Years of Continuous Existence of the Club <b>38</b>	
Number of Years in Current Quarters <b>60 years</b>	Number of Club Members <b>625</b>	Will the Club be Issued a Lawful Gambling License? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

2. Are any employees paid salaries? Yes

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

If so, give names, dates and violations \_\_\_\_\_

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

If so, give details \_\_\_\_\_

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

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

I certify that I have read the above questions and that the answers are true and correct of my own knowledge. Ronald J. Herman 4/4/91

Signature of Applicant

Date

#### IF LICENSE ISSUED BY THE COUNTY BOARD; REPORT OF COUNTY ATTORNEY

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

☐ Yes ☐ No

If no, state reason \_\_\_\_\_

Signature County Attorney

County

Date

#### REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE

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

Police Department or Sheriff's Name

Title

Signature

#### LICENSE APPROVAL OR DENIAL

License ☐ Granted ☐ Denied

License ☐ Granted ☐ Denied

SIGNATURE CITY CLERK OR COUNTY AUDITOR

DATE

SIGNATURE LIQUOR CONTROL DIRECTOR

DATE

#### IMPORTANT NOTICE

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

State of Minnesota  
**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

Club On-Sale Liquor Lic.

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

Crystal., MN. 55422

License renewal date

1 July, 1991

**Personal information:**

Applicant's last name

Gagnon

First name and initial

Donald L

Social Security number

[REDACTED]

Applicant's address

5302 53rd Ave No

City

Crystal.,

State

MN

Zip Code

55429

**Business information (if applicable):**

Business name

Crystal VFW Post #494

Business address

5222 56th Ave No

City

Crystal.,

State

MN

Zip Code

55429

Minnesota tax identification number

8881631

Federal tax identification number

41-0763665

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

X Donald L Gagnon  
Signature

CFO  
Title

4/4/91

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 Insurance Companies  
(NOT the insurance agent)

Policy Number or Self-Insurance Permit Number: 0311-00-089869

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

(or)

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

( ) I have no employees covered by the law.

( ) Other (Specify) \_\_\_\_\_

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

  
(SIGNATURE)

JA/lc (J) 7/87

**CERTIFICATE OF INSURANCE**ISSUE DATE  
5-10-91 lf**INSURED**Charles R. Kneable VFW 494  
5222 56th Ave No.  
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.

<u>POLICY NUMBER</u>	<u>EFFECTIVE DATE</u>	<u>EXPIRATION DATE</u>	<u>LOCATION (s) OF INSURED</u>
LLP 022 53 40	7-1-91	7-1-92	Location Same

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

<input type="checkbox"/> 50,000	<input type="checkbox"/> 100,000	<input type="checkbox"/> 300,000	<input checked="" 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 Douglas Dr. N  
Crystal, MN 55422**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



CITY OF CRYSTAL  
POLICE DEPARTMENT  
MEMORANDUM

DATE: JUNE 14, 1991  
TO: JAMES F. MOSSEY, CHIEF OF POLICE  
FROM: CRAIG C. THOMSETH, POLICE MANAGER  
SUBJECT: TRAFFIC/SPEED SURVEY

Attached are the results of the Traffic/Speed survey conducted during the past month.

PURPOSE:

The purpose of this survey was to determine the number of vehicles using specific residential streets and the speed of that traffic on those streets.

METHOD:

Officers were assigned to monitor traffic at twenty-two different locations in the City from May 13, 1991 to June 10, 1991 (NOTE: Additional surveys were conducted after the initial May 27th report was made). Site selection was made based upon those residential areas where traffic control devices (stop signs) had been removed to allow for through-traffic.

The surveys were conducted at a minimum of three different times of the day. Those were morning (0700 - 0900), midday (1200 - 1400), and late afternoon (1600 - 1800). In some areas, additional surveys were conducted at times in the early evening (1800 - 2000).

Surveys were conducted by Police Officers, Community Service Officers, and Reserve Officers using HR -12 radar units operated in the stationary mode. Personnel used both UNMARKED POLICE SQUADS and MARKED POLICE SQUADS.

RESULTS:


Although twenty (20) locations were used in the survey, the results have been condensed into thirteen (13) locations which reflect the general traffic patterns on specific residential streets. SEE ATTACHED SUMMARY SHEETS.

The traffic/speed survey results obtained for 31st & Louisiana and 36th & Idaho Ave were not included with this report, since they were initiated after the initial survey was started and were the result of other citizen complaints.

During the survey, Police Officers issued eight (8) warnings for speeding and one (1) traffic citation for speeding. All vehicles travelling more than 37 MPH were stopped by Police Officers. Since CSO's and Reserve Officers are not authorized to make traffic stops, additional vehicles travelling more than 37 MPH were not stopped.

Since the HR-12 radar unit is capable of indicating a vehicle's speed at a distance of 1/4 mile, the speeds recorded in the survey were the vehicle's highest speed indicated by the radar unit and are before the driver sees the Police Squad. As a result there is very little difference in the speeds recorded by either a MARKED or UNMARKED Police Squad. However, it was noted that when the drivers observed the MARKED Police Squad there was a noticeable decrease in the vehicle's speed.

I hope the data contained in this memorandum will assist you in answering the questions raised by the City Council. If you need more information or if you have any additional questions, please let me know.

  
Craig C. Thomseth, Police Manager



# TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: WILSHIRE BETWEEN SCOTT AVE & VERA CRUZ AVE

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	19	14	30	7	53%
25 - 26	7	6	5	2	15%
27 - 28	7	4	4	6	16%
29 - 30	6	3	5	-	11%
31 - 32	4	-	1	-	3.5%
33 - 34	-	-	-	-	-
35 - 36	-	-	1	-	.75%
37 - 38	-	-	1	-	.75%
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 132

# TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: 53rd & HAMPSHIRE AVE

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	20	7	13	9	18%
25 - 26	12	3	6	14	13%
27 - 28	8	9	12	18	18%
29 - 30	12	7	15	19	19%
31 - 32	11	3	14	17	16%
33 - 34	-	1	8	10	6%
35 - 36	4	1	2	10	5%
37 - 38	1	-	-	3	2%
39 - 40	-	-	-	4	2%
41 or more	-	-	-	2	1%

TOTAL # VEHICLES SURVEYED: 275

# TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: HAMPSHIRE AVE at 30th AVE

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	6	4	7	-	50%
25 - 26	4	2	1	-	20%
27 - 28	4	2	1	-	12%
29 - 30	1	-	-	-	3%
31 - 32	-	-	3	-	9%
33 - 34	-	-	-	-	-
35 - 36	-	-	-	-	-
37 - 38	-	-	1	-	3%
39 - 40	-	-	1	-	3%
41 or more	-	-	-	-	-

TOTAL # VEHICLES SURVEYED: 34

# TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: HAMPSHIRE AVE BETWEEN 46th and 49th AVES

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	10	8	37	-	81%
25 - 26	3	3	2	-	12%
27 - 28	2	-	-	-	3%
29 - 30	2	-	-	-	3%
31 - 32	1	-	-	-	.5%
33 - 34	-	-	-	-	-
35 - 36	-	-	-	-	-
37 - 38	-	-	1	-	.5%
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 69

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: HAMPSHIRE AVE BETWEEN 41st and 39th AVES

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	12	5	17	14	29%
25 - 26	4	5	6	7	17%
27 - 28	8	1	10	7	20%
29 - 30	6	3	7	2	14%
31 - 32	4	-	3	3	8%
33 - 34	3	-	2	-	4%
35 - 36	2	1	2	-	4%
37 - 38	-	-	2	-	2%
39 - 40	-	1	-	-	1%
41 or more	1	-	-	-	1%

TOTAL # VEHICLES SURVEYED: 129

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: VERA CRUZ AVE at 49th AVE

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	16	8	17	-	33%
25 - 26	10	5	11	-	21%
27 - 28	6	3	8	-	14%
29 - 30	6	3	5	-	11%
31 - 32	2	1	3	-	5%
33 - 34	6	3	7	-	13%
35 - 36	2	1	1	-	3%
37 - 38					
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 124

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: ADAIR AVE BETWEEN 38th and 39th

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	12	21	16	-	39%
25 - 26	5	1	8	-	11%
27 - 28	8	1	12	-	17%
29 - 30	9	1	11	-	17%
31 - 32	5	-	7	-	10%
33 - 34	2	-	3	-	4%
35 - 36	1	-	2	-	2%
37 - 38					
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 125

# TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: ADAIR AVE BETWEEN 44th and 46th

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	10	5	12	3	38%
25 - 26	2	3	6	1	15%
27 - 28	-	3	6	1	13%
29 - 30	2	-	5	1	10%
31 - 32	6	-	6	1	16%
33 - 34	1	-	2	-	4%
35 - 36	-	-	1	-	1%
37 - 38	1	-	1	-	2%
39 - 40	-	-	1	-	1%
41 or more	-	-	-	-	-

TOTAL # VEHICLES SURVEYED: 80



TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: WELCOME AVE at 3500 block

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	12	16	12	14	56%
25 - 26	2	7	3	3	16%
27 - 28	1	3	9	2	16%
29 - 30	-	1	4	-	5%
31 - 32	1	-	4	-	5%
33 - 34	-	-	2	-	2%
35 - 36	-	-	-	-	-
37 - 38	-	1	-	-	1%
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 97

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: 34th AVE BETWEEN ADAIR & BRUNSWICK AVES

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	21	5	12	13	64%
25 - 26	1	6	1	5	16%
27 - 28	1	1	5	1	10%
29 - 30	1	2	2	-	6%
31 - 32	-	-	2	-	3%
33 - 34	-	-	-	-	-
35 - 36	-	-	-	-	-
37 - 38	-	1	-	-	1%
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 80

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: 38th AVE at FLORIDA AVE

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	4	-	5	-	31%
25 - 26	2	-	3	-	17%
27 - 28	1	-	3	-	14%
29 - 30	1	-	2	-	10%
31 - 32	1	-	6	-	24%
33 - 34	-	-	1	-	4%
35 - 36					
37 - 38					
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 29

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: 38th AVE at XENIA AVE

	TIME				% TOTAL
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	
SPEED (MPH)					
24 or less	15	3	13	-	65%
25 - 26	3	3	3	-	19%
27 - 28	3	-	1	-	8%
29 - 30	1	-	-	-	2%
31 - 32	1	-	1	-	4%
33 - 34	-	-	1	-	2%
35 - 36					
37 - 38					
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 48

TRAFFIC/SPEED SURVEY SUMMARY

LOCATION: MEDICINE LAKE ROAD at BROOKRIDGE AVE

	TIME				
	0700 - 1000	1200 - 1500	1600 - 1800	1800 - 2000	% TOTAL
<hr/>					
SPEED (MPH)					
24 or less	2	3	1	-	34%
25 - 26	1	-	2	-	17%
27 - 28	2	-	1	-	17%
29 - 30	1	-	1	-	11%
31 - 32	1	-	-	-	5%
33 - 34	1	-	1	-	11%
35 - 36	-	-	-	-	-
37 - 38	1	-	-	-	5%
39 - 40					
41 or more					

TOTAL # VEHICLES SURVEYED: 18



DEPARTMENT OF PUBLIC WORKS  
320 Washington Avenue South  
Hopkins, Minnesota 55343-8468

PHONE: (612) 930-2500  
FAX (612) 930-2513  
TDD: (612) 930-2696

DATE: June 13, 1991  
TO: Those Listed Below  
FROM: Jerry D. Smrcka  
Traffic Operations Engineer  
SUBJECT: Traffic Delays on CSAH 9 in Robbinsdale

On Monday, 24 June 1991, a project will begin on CSAH 9 (42nd Avenue North - Lake Drive - 45th Avenue North) to rehabilitate the pavement and overlay with a bituminous surface. The project limits are Adair Avenue to the Minneapolis city limits (Xerxes Avenue North).

Traffic will be restricted through the project causing delays. Motorists are advised to seek and use alternate routes.

It is anticipated that this work will be completed by 16 August 1991.

JDS/JMD:jfe

Hennepin County

Board of Commissioners  
Bureau of Public Service-V.T. Genzlinger  
Public Works Staff  
Sheriff's Department  
Sheriff's Radio Tower  
Library Director-Robert Rohlf

Minnesota Dept. of Transportation

Metro District Engineer-W. Crawford  
Metro District Traffic Engr.-J. Katz  
Road Information & Permit Office  
Minnesota Highway Patrol East  
Minnesota Highway Patrol West

Municipalities

City of Crystal  
Manager, Public Works  
Fire Chief, Police Chief

City of Robbinsdale  
Manager, Public Works  
Fire Chief, Police Chief

Transit

MTC Transit Operating Division  
Dick Loeffler, Mgr., St. Operations.

Emergency Service

Methodist Hospital-Emergency  
North Memorial Medical Center-  
Emergency  
MedPlus Ambulance-Attn: Tom Klyve  
Waconia Ridgeview Hospital  
Ambulance Service  
Midwest Med Kab  
Jennifer Peterson, Hennepin  
County Medical Center

Media

Star Tribune, Editor  
Sun Newspapers, Editor  
Post Publishing, Editor

Radio Station  
WCCO

Metropolitan Traffic Control

American Automobile Association  
Ken Mohr, Domestic Travel

**HENNEPIN COUNTY**

an equal opportunity employer

## Event Committee

### Event Chair

George Townsend  
Senior Vice President, SuperAmerica Midwest

### Event Co-Chairs

Hubert H. Humphrey, III  
Minnesota Attorney General  
Kevin Mahoney  
President, Wilson Center  
President, Minnesota D.A.R.E., Inc.  
William R. Skolnick  
Attorney, Treasurer/Secretary, Minnesota D.A.R.E. Inc.  
Stephen Benton  
Regional VP, Browning-Ferris Industries  
Jack Krenzen  
Krenzen Indoor Auto Mall  
Leeann Chin  
President, Leeann Chin, Inc.  
Lloyd Engelsma  
CEO, Kraus Anderson Construction  
Mendes Napoli  
Vice President, General News, Hubbard Broadcasting Inc.  
John Laux  
Chief, Minneapolis Police Department  
Vivian Jenkins Nelsen  
President, InterRace  
Mark Skubic  
MedCenters  
John Appel  
CEO, Inter-Regional Financial Group, Inc.  
Brenda Draves  
Franklin Business Center  
Wenda Moore  
Mark Dillon  
Public Relations Manager, American Crystal Sugar Company  
Hugh Fleetham  
President, Minnesota D.A.R.E. Officers Association

Paper donated by Turnquist, Inc.  
Printing donated by Select Print of Princeton

# D.A.R.E.

## To Keep Kids Off Drugs

## Celebrity Softball Classic

## Banquet & Silent Auction

### 1991

## DARE CELEBRITY SOFTBALL CLASSIC PRO ATHLETES IN ADDITION TO OTHERS

### National Hockey League

#### Minnesota North Stars

Bobby Smith  
Dave Gagner  
Mike Modano  
Mark Tinordi  
Chris Dahlquist  
Stewart Gavin  
Basil McRae  
former Star Jack Carlson

#### Washington Capitals

former North Star  
Don Beaupre  
Minnesota native  
Tim Bergland

#### Detroit Red Wings

Keith Primeau  
Dominick Marra  
Bob Probert

#### Philadelphia Flyers

Mike Ricci  
Rick Tocchet

### National Football League

#### Minnesota Vikings

Randall McDaniel  
Henry Thomas  
Coach Jerry Burns

#### New York Giants

former Giant Byron Hunt

#### Chicago Bears

former quarterback  
Bob Avellini  
former Bear Dan Jiggets,  
now a CBS announcer

#### Green Bay Packers

Hall of Famer Willie Wood  
Shawn Patterson

### Professional Wrestlers

Vern Gagne  
Wahoo McDaniel

### Former Olympians

Wrestlers Dennis and  
Duane Koslowski

## Minnesota DARE, Inc. (Drug Abuse Resistance Education)

Guest Speaker: Mr. Norman Green  
President of the Minnesota North Stars

## First Annual Banquet 1991

You are cordially invited to attend a dinner in celebration of Minnesota D.A.R.E. on Friday, June 28, 1991 at the St. Paul Radisson, 11 East Kellogg Boulevard with special guests.

Tables of ten: eight guests and two celebrities.  
\$50.00 each

Please mail checks to: Minnesota D.A.R.E., Inc.  
c/o Mary Werner  
P.O. Box 65464  
St. Paul, MN 55165

6:00 PM Social Hour &  
Silent Auction

8:00 PM  
Dinner

# METRO NEWS



6418 bass lake road  
crystal, mn 55428



PHONE  
(612) 533-8642



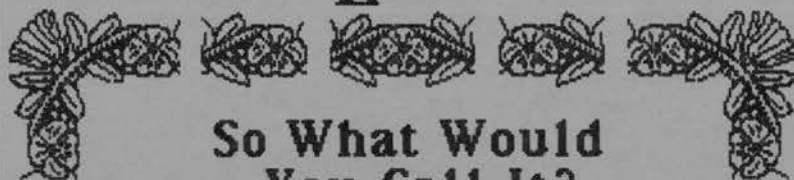
## A CENTER IS BORN



We're open! Praise the Lord.  
The office is set up! Clients  
have been coming in for help  
in response to the sign on  
the building and as a result of

seeing our ad in the yellow pages! Many thanks  
to all who helped in the process of opening  
our doors. Without volunteers it could not  
have happened! Stop in some time and see the  
office. We are very thankful to God for  
providing such a facility.

**PRAISE  
THE  
LORD**



## So What Would You Call It?

The office is ready, volunteers are  
being trained, clients are receiving  
services, but ... our newsletter has  
no name. Put on your creative cap  
and help us choose a name for this  
publication. We want something fresh  
and exciting. Please send us your  
suggestion to:

**MNC**  
6418 Bass Lake Rd.  
Crystal, MN 55428



Title Suggestion

Name: \_\_\_\_\_

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

## Abortions Commence At Area Hospital

Recently, the Fairview Ridges  
Hospital in Burnsville announced  
that they have started performing  
abortions in cases of "fetal  
deformity or the welfare of the  
mother." These include abortions  
of second trimester (up to 24  
weeks) pregnancies. We regret  
that Fairview Ridges has made  
this decision as this marks the  
first time ever that abortions  
have been performed south of  
the river.

## ...How Can We Respond?

First, get out your pen and  
write a letter or pick up your  
phone and call Fairview Ridges  
today. You can convey your  
sentiments to director Mark  
Enger. The Ridges mailing address  
is 201 East Nicollet Boulevard;  
Burnsville, MN 55337. Phone 892-2000

Elective abortions are also performed  
at:

St. Paul Ramsey Medical Center  
640 Jackson St.  
St. Paul, Mn. 55101

Correspondence can be set to the  
attention of Mr. James Dixon. Phone  
221-3456





## DIRECTOR'S CORNER

Three months have passed since the opening of MWC. I continue to praise God for all His guidance and provision. The tendency is to sit back and relax now that all the "heavy work" is done, but now is really the time to dig in our heels and get to work. If you've been thinking about getting involved for some time but haven't done so, here is your chance! God has given each of special and unique talents and we are on the lookout for those of you who would be willing to share those gifts with the center. There is a tremendous opportunity to serve the Lord at MWC. If you don't think you have anything to offer, you're wrong! At the very least each of us can pray and maybe even give a little something financially. Would you please ask God how He would have you get involved? Just as a church is made up of different people with skills and abilities, so is a crisis center. What part can you play? I know it will be something special!

God Bless,  
Colleen Tronson

## Hear Ye, Hear Ye

### Grand Opening to be Held

MWC will hold a Grand Opening in conjunction with the Crystal Frolics July 25, 26, 27. We will be hosting a booth where we will sell donated homemade crafts. If you would like to work at this event or, if you would like to donate crafts let the office know. All proceeds will go to the center.

### Church Contacts Needed

If you are interested in being a church contact person for MWC, please call us. This job involves keeping your church informed about the events and current needs and prayer requests from the center.

### Speakers Available

MWC can provide a pro-life presentation for your church group or activity. We can accommodate teen clubs, ladies meeting, Bible studies or any other assembly you have. Education is the key to fighting the battle of the unborn and we would love to share the ministry with your group. Give us a call.

### Informational Meeting Set

There will be an informational meeting for people interested in volunteering at MWC on June 18, 7:00 P.M. at the Center. If you have been waiting for an opportunity to get involved, here's the place to start.

### Special Talents?

If you have ideas for this newsletter or are gifted in the areas of writing, we need you! Please send ideas or articles to MWC for consideration.

### Volunteer Opportunities

We are in need of:

Daytime office counselors or secretary  
Saturday and evening office counselors  
Hotline volunteers.  
Janitorial help  
Speakers bureau  
Shepherding homes  
Client advocates

### Gift Idea

Is someone you know having a baby? How about donating a gift to MWC in honor of that child? We will send the parents of the baby a card acknowledging your gift. (See the inside flap of enclosed envelope.)

## What do I say if?

(Helps for the Hotline Volunteer)

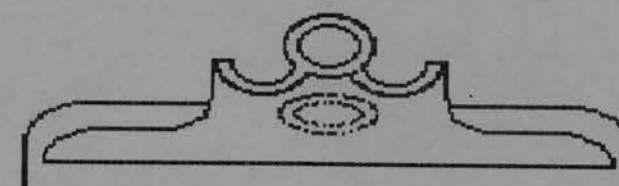


*Caller's Question:* Is there a nurse I could talk to?

*Volunteer's Answer:* We have no nurses in our center. We

are not a medical facility. Is there something I can help you with?

*Our Rationale:* The caller needs to know that we are not a medical facility. We can not portray our services as medical because we are not qualified to give advice in those areas. Refer to our office as a center not a clinic. After you have explored the callers need with her and determined that we cannot assist her, encourage her to contact her doctor or emergency room as needed.



## Volunteer Calendar

June 18: Informational meeting for those interested in volunteering at 7:00 Questions? Call 533-8642

June 25: 7:00 ongoing training meeting for all volunteers.

(topic: Referrals/Resources)

July 1: All craft donations for fundraising event to the center.

July 23: 7:00 ongoing training meeting for all volunteers (topic: Helping skills)

July 25, 26, 27: Booth at Crystal Frolics anyone wishing to help with this event please contact the office 533-8642.

Aug.: No ongoing training. Summer break.

### Thank You!

A big thank you to the people who helped with our phon-a-thon project. Your time and efforts were really appreciated.

If you would like to make any of the items on our needs list available to the center call 533-8642.



## Prayer Alert

- \* for the volunteers as they work with the clients one on one.
- \* financial needs of the center
- \* wisdom for the board and director
- \* fundraising event—that it will be a witness to our community.
- \* volunteers to work in the office
- \* for the Hotline volunteers
- \* for salvation of clients
- \* people to open home to pregnant women

## Needs List

Color TV\cart  
VCR  
Paper cutter  
3-hole paper punch  
24 folding metal chairs  
2 banquet tables  
microwave\cart  
typing table  
shelving units (all sizes)  
electric pencil sharpener  
IBM compatible printer  
Books on pregnancy\childcare  
Maternity\baby clothing

For more information on any of these activities please contact the office at  
533-8642.

Attn: City Council

Crystal Municipal Building  
4141 Douglas Drive N.  
Crystal, MN 55428



6418 Bass Lake Road  
Crystal, MN 55428



## Focus On Pastor Max Day

Pastor Max Day is the president of MWC Board. His wife, Sharon, is also a board member. The Day's have five children, Laurie, Tim, Holly, Amy, and Jeremy. Sharon teaches nursing at Lakeland Academy in Minneapolis. Pastor Day is currently the pastor of West River Road Baptist Church and has been for five and a half years. Prior to this he was pastor in Cannon Falls, Mn. and Jamesville, Wis.

While in Jamesville He was contacted by pro-life people but was not comfortable with their agenda, so he did not get involved. After moving to Minnesota he joined the state Baptist for Life organization. He is currently serving as a member of their board of

### Directors.

Pastor Day felt that something needed to be done to establish a crisis center in Minnesota so he got the ball rolling by having an informational meeting at his church. From that first meeting a center was born. Pastor's life verse is Ecl. 3:14, I know that, whatsoever God doeth, it shall be for ever: Nothing can be put to it, nor anything taken from it: and God doeth it, that men should fear before Him.

We value Pastor and Sharon's deep commitment to helping women in crisis.

### Board of Directors

Pastor Max Day, Pres.  
Wayne Newhouse, VP  
Mary Jane Armstrong  
Sharon Hedges  
Nelda Falk  
Don Gibson  
Nancy Workman  
Pastor Mike Monte  
Gloria Dunshee  
Sharon Day

### Staff

Colleen Tronson,  
Director



*metro women's center*  
*6418 bass lake road*  
*crystal, mn 55428*

Celebrate



*I want to help young women celebrate the gift of new life...  
By giving a gift to celebrate the birth of a child I know.*

\$ \_\_\_\_\_  
amount

Announced by: \_\_\_\_\_  
name

\_\_\_\_\_  
address city zip

Baby's name: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Send Card to: \_\_\_\_\_  
parent's name(s)

\_\_\_\_\_  
parent's address city zip

## RESPONSE FORM

I am making a monthly pledge of: ☐ \$15 ☐ \$25 ☐ \$50 ☐ \$100  
☐ \$ \_\_\_\_\_ one time gift.

Enclosed is my gift of \$ \_\_\_\_\_.

I want to volunteer in these areas:

- ☐ Counseling
- ☐ Telephone Hotline
- ☐ Receptionist
- ☐ Support Home

- ☐ Mailing Projects
- ☐ Fund Raising events
- ☐ Typing
- ☐ Church Representative

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ ☐ Please remove my name from mailing list.

Thank you for your tax-deductible contribution.



North Metro Mayors Association  
North Metro Development Association  
Board of Directors' Meeting  
June 5, 1991

#### Board of Directors' Minutes

The meeting began at 6:30 p.m. following dinner. Those in attendance included the following:

Jay Jensen - MCDA  
Dan Donahue - New Hope City Manager  
Jerry Splinter - Brooklyn Center City Manager  
Dave Rosen - Brooklyn Center City Council  
Bill Barnhart - City of Minneapolis  
Charlie Darth - City of Brooklyn Park  
Todd Paulson - Mayor-Elect of Brooklyn Center  
Joy Robb - Mayor of Robbinsdale  
Bob Benke - Mayor of New Brighton  
David Childs - City of New Brighton  
Bruce Nawrocki - Columbia Heights City Council  
Phil Forseth - Mayor of Dayton  
Shirley Slater - City of Dayton  
Marshall Dahl - Mayor of Circle Pines  
Jerry Dular - Crystal City Manager  
Stu Anderson - Columbia Heights Acting City Manager  
Kurt Ulrich - Champlin City Administrator  
Bill Haas - Mayor of Champlin  
Don Poss - Blaine City Manager  
Ryan Schroeder - Ramsey City Administrator  
Randy Schumacher - Lino Lakes City Administrator  
Harold Bisel - Mayor of Lino Lakes  
Jim Keinath - Circle Pines City Administrator  
Tamara Miltz-Miller - Centerville City Administrator  
Mark Nagel - Anoka City Manager  
Bob Goff - Goff/Wilkie & Associates  
Phil Cohen - Goff/Wilkie & Associates  
Joseph Strauss - NMMA  
Sarah Nelson - NMMA

Mayor William G. Haas and Dan Donahue offered opening comments to the Board.

Joseph Strauss and Phil Cohen reviewed through the 1991 Legislative Session and offered a recap on the issues of concern to the North Metro Mayors Association. (See the attached summary) The Board passed motions on the following legislative issues:

#### Fiscal Disparities

MOTION JOY ROBB, SECOND WILLIAM HAAS TO HAVE NORTH METRO MAYORS ASSOCIATION CONTINUE ITS LEADERSHIP ROLE IN FISCAL DISPARITIES AND WORK WITH THE HOUSE TAX SUBCOMMITTEE ON THIS ISSUE DURING THE INTERIM.

MOTION PASSED.

#### Tax Increment Financing

MOTION KURT ULRICH, SECOND CHARLIE DARTH TO HAVE THE NORTH METRO MAYORS ASSOCIATION WORK WITH THE HOUSE, SENATE ECONOMIC DEVELOPMENT COMMITTEES AND COMMISSIONER E. PETER GILLETTE TO HELP DEVELOP A STATE ECONOMIC DEVELOPMENT POLICY.

MOTION PASSED.

#### Transportation

MOTION JERRY DULGAR, SECOND DAN DONAHUE TO HAVE NORTH METRO MAYORS ASSOCIATION WORK ON THE RECOMMENDATIONS OF THE TRANSPORTATION STUDY BOARD AND RELATED TRANSPORTATION ISSUES FOR THE 1992 SESSION.

MOTION PASSED.

#### Housing

MOTION JAY JENSEN, SECOND MARK NAGEL TO HAVE NORTH METRO MAYORS ASSOCIATION WORK WITH THE HOUSE AND SENATE AUTHORS TO PURSUE URAP AND SUBRAP LEGISLATION DURING THE INTERIM AND DRAFT LEGISLATION FOR THE NEXT SESSION.

MOTION PASSED.

#### Local Option Sales Tax Issue

MOTION WILLIAM HAAS, SECOND PHIL FORSETH TO HAVE THE NORTH METRO MAYORS ASSOCIATION WORK WITH OTHER MUNICIPAL AND COUNTY GROUPS TO GIVE CONSIDERATION TO A BALLOT INITIATIVE TO CONSTITUTIONALLY DEDICATE THE PROCEEDS FROM THE LOCAL OPTION TAX TO CITIES AND COUNTIES.

MOTION PASSED.

The recently formed North Metro Highway 610 Crosstown Council has been very active in its pursuit of its mission; to expedite the completion of Highway 610. A recent success story is a letter sent to Governor Carlson, Commissioner Riley and the Minnesota

Congressional Delegation which was signed by all North Metro legislators. Several of the corridor mayors have made a couple trips to Washington, D.C. to meet with key members of the Transportation Committee. These meetings have been very successful and it appears that Highway 610 has support from many of them.

Dan Donahue reported the findings of the 1990 Audit Committee report; the books are all in order. He asked for a motion to approve the findings of the Audit Committee.

MOTION GEORGE HABERMAN, SECOND JAY JENSEN TO APPROVE THE FINDINGS OF THE AUDIT COMMITTEE.

MOTION PASSED.

Mr. Donahue also offered his comments on the work of the recently formed Budget Committee. This group was organized by the Operating Committee to look at the 1992 budget for the Association, taking all factors into consideration, and then present their findings to the Board of Directors. The Committee will report to the Board at its next meeting.

Sarah Nelson updated the Board on the happenings with the *Focus* publication. Currently, distribution is at approximately 12,000 readers. The July issue will feature the chambers of the North Metro area and their programs. A new section will be added starting in July which will profile a particular individual or organization that has had a dramatic role in the North Metro area.

NMDA has scheduled its second Business Sponsorship Conference for June 26th at the Earle Brown Heritage Center. Joseph Strauss will be contacting each member community for potential business sponsors to be invited. **Please mark your calendars and plan to attend!**

The airport issue was discussed and referred to the Transportation Committee.

MOTION BOB BENKE, SECOND DAN DONAHUE TO HAVE THE TRANSPORTATION COMMITTEE REVIEW THE AIRPORT RELOCATION ISSUE AND DRAFT A RECOMMENDATION FOR THE BOARD OF DIRECTORS.

MOTION PASSED.

Meeting was adjourned.



## MEMORANDUM

TO: Board of Directors  
North Metro Mayors Association  
North Metro Development Association

FROM: Joseph D. Strauss  
Phil Cohen

DATE: June 5, 1991

RE: Legislative Report

This report deals with the following main legislative issues:

- Fiscal Disparities
- Tax Increment Financing
- Housing
- Transportation
- Tax Bill/Sales Tax Issue/Local Option Sales Tax
- 610 Legislative Support Letter

Fiscal disparities, transportation issues, budget balancing, tax increment financing and housing were the main legislative efforts of the North Metro Mayors Association during the 1991 legislative session.

### Fiscal Disparities

The NMMA was the only municipal group unified in purpose and with the determination to block Hennepin County's onerous proposal to "cap" the contribution to the fiscal disparities pool.

NMMA put together a coalition of interested parties to oppose Hennepin County's legislative effort. The group included the Metropolitan Council, Ramsey County, Anoka County, Washington County, the cities of St. Paul and Richfield and the Citizens League.

This group worked closely with key legislators from the North Metro area, and Dakota, Ramsey and Washington county areas. The objective was to maintain the integrity of fiscal disparities. The group succeeded.

The solidarity of NMMA was also very evident as the three communities that actually give more money than they receive under the fiscal disparities program (Brooklyn Center, Fridley and Minneapolis) joined in opposition to any changes.

Our President, Elwyn Tinklenberg, offered dramatic and convincing testimony before both the House and Senate Committee's on the importance of maintaining the integrity of the program for the North Metro communities.

Legislation that did pass was basically "technical" amendments that were non-controversial.

#### Interim Activity/Requested Action

The Operating Committee recommends that the NMMA continue to play a leadership role in the above named coalition and work with the House Tax Subcommittee on Fiscal Disparities during the interim. This sub-committee intends to study the "formula" and the basic policy issues regarding Fiscal Disparities. They will recommend some changes to the formula and we need to be a part of the discussion and be involved in any proposed legislative changes.

#### Tax Increment Financing

The major effort was to remove the LGA/HACA penalty from TIF projects involving housing, redevelopment, polluted land and manufacturing districts.

Working with an Ad Hoc TIF Committee (established by NMMA one year ago) which included AMM, LMC, City of Minneapolis, MCDA and St. Paul. A state-wide bill was put together that addressed the above stated needs, in addition to much needed technical amendments.

We were successful in getting this considered in the Senate TIF bill that came out of the Economic Development & Housing Committee. As a result, our bill was included in the House/Senate Tax Conference Committee Report. The House conferees objected to the inclusion of any TIF policy issues and stripped all such exemptions from the bill.

The House conferees also prevailed by removing the LGA/HACA exemption from the Housing Bill that would have given cities the needed fiscal tool to address housing issues.

However, the LGA/HACA penalty was waived in the Northwest Airlines financing package for the new air bus facility. As part of this effort, TIF districts were actually "mandated" for possible sites for the facility in Duluth, Hibbing and the Twin Cities area.

TIF technical correction amendments were enacted that addressed some of the issues created by the 1990 TIF law.

#### Interim Activity/Requested Action

There are indications that the Senate will work on the issue during the interim. A new TIF bill addressing the issues that NMMA worked on this session is being drafted. The Northwest Airlines/TIF legislation may be one of the door openers, along with the growing pressure in both houses to make TIF a workable tool again.

The Operating Committee recommends that NMMA work with the House and Senate Economic Development Committees and Commissioner E. Peter Gillete to help develop an urgently needed State Economic Development Policy.

This approach may help delineate what role a city should play in how economic development and housing should be financed and managed.

### Transportation

NMMA's key objective in the area of transportation was to ensure that any decision on toll roads or bridges required the consent of locally elected officials. This goal was accomplished and more. In fact, the whole issue of toll roads and bridges was completely removed from the transportation legislation in the final days of the session.

Again, the effective testimony of Mayor Elwyn Tinklenberg and the strong early support of the Chairs of both the Senate and House Transportation Committees, and the work of Reps. Alice Johnson and Linda Runbeck resulted in protecting our interests.

### Interim Activity/Requested Action

The Operating Committee recommends that NMMA work on the recommendations of the Transportation Study Board. The issue of a gas tax increase should be considered for the 1991 session. Also, there is the possibility of a BALLOT INITIATIVE to dedicate a percentage of the MnVET fund to transportation only. This issue will likely be discussed during the interim and be a subject of discussion next session.

### Housing

In addition to the housing issues that were worked on as part of NMMA's TIF effort, NMMA worked to get more funding for housing generally. Programs that were funded included a 1) Shallow Rent Subsidy - which would provide assistance to low income families - \$3.6 million, 2) blighted properties - \$1.8 million, 3) capital reserve program - used for purchasing loans and providing a loan reserve fund - \$1.6 million.

The Community Resource Program (URAP/SUBRAP) was passed through policy committee's in both houses, but did not get through the Finance Committee. This legislation appears to have been line item vetoed by Governor Carlson. It would have permitted first class cities and suburban communities over 50,000 population to eligible for this program.

### Interim Activity/Requested

Recommendation to work with the House and Senate authors to pursue this program during the interim and draft legislation for next session.

## Local Option Sales Tax Issue

The NMMA was one of the early supporters of Rep. Paul Orgen's approach to balancing the state's budget and method of dealing with the related LGA issue. His proposal provided a source of funding for counties and cities as an alternative to that which was recommended by the Governor's office early in the session.

This was one of the key issues in resolving the dilemma faced by the legislature in dealing with funding local units of government while at the same time keeping property taxes down.

The discussion ultimately lead to a resolution between the Governor and legislative leadership to sever the "ties" between local government and the state and provide a source of funding that was designed to meet the needs of local units of government to provide essential services. Only time will tell if the legislature and/or the Governor will be able to keep their hands off of this vehicle. The Governor's recent line item veto would indicate that the discussion is far from finished.

NMMA was well represented in all discussions regarding tax policy. Mayor Benke, as President of the League of Cities, helped set up the Summit Group that worked on various alternative strategies in this area. Mayors Haas and Tinklenberg spent a good bit of time on the subject both with the Summit Group and with the Minneapolis contingent headed up by Bill Barnhart.

### Interim Activity/Requested Action.

Recommend that NMMA work with other municipal and county groups to give consideration to a **BALLOT INITIATIVE** to constitutionally dedicate the proceeds from the local option tax to cities and counties.

### 610 Legislative Support Letter

Of worthy note, all North Metro legislators recently signed a letter to Governor Carlson, Commissioner John Riley and our entire Minnesota Congressional delegation in support of the 610 Crosstown project. It is the first time in recent history that all of our legislators have unanimously agreed on anything. A single, united voice can be deafening. We are very hopeful that the next level of decision makers not only hear the single voice but hear it! See attached letter.

