INTEROFFICE MEMORANDUM

TO: MAYOR PERSKE & SARTELL COUNCIL MEMBERS

FROM: PEGGY SCHUPP

SUBJECT: LIQUOR LICENSE RENEWAL-BENTON DRIVE MINI SERV INC DBA QWIK STOP

DATE: 5/8/2014

CC:

Attached is the renewal application for an off sale intoxicating liquor license for the new Benton Drive Mini Serv Inc., dba Qwik Stop. As you may recall during his site plan approval process, Mr. Yarmon applied for and was granted, his off sale liquor license for this establishment. Now that the store is close to opening, he has brought in his renewal application and insurance certificates. I'm asking that this renewal be approved contingent on the updated background checks showing no reason for denial, inspection by the state is completed, and a certificate of occupancy for the building is issued. Thank you.

Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar St., Suite 222, St. Paul, MN 55101-5133
(651) 201-7507 FAX (651)297-5259 TTY(651)282-6555
WWW.DPS.STATE..MN.US

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the $20 Retailer ID Card fee is received

Workers compensation insurance company. Name GRINNELL MUTUAL Policy # 89251

Licensee's MN Sales and Use Tax ID # 2277896 *To apply for a MN sales and use tax ID #, call (651) 296-6181*

Licensee's Federal Tax ID # 41-1612489

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

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA
BENTON DRIVE MINI SERV INC		QUIK STOP
License Location (Street Address & Block No.)	License Period From 6/1/14 To 12/31/14	Applicant's Home Phone #
208 1ST NE SARTELL, MN		320-253-3608
City: SARTELL	County: BENTON / State: MN	Zip Code: 56377
Name of Store Manager: LOREN YARMON [redacted]	Business Phone Number: NOT INSTALLED YET	DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
LOREN YARMON			VP		2380 35TH ST SARTELL MN
JANE YARMON			PRES		"

1. If a corporation, date of incorporation 4/1/89, state incorporated in MINNESOTA, amount paid in capital 2000. If a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? ☐ Yes ☐ No N/A

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

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

4. Name and address of building owner: LOREN "PETE" YARMON PETE'S LLC. 2380 35TH ST SARTELL MN 56377
Has owner of building any connection, directly or indirectly, with applicant? ☒ Yes ☐ No SAME PERSON

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

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. INTEGRITY BANK

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? ☒ Yes ☐ No If yes, give name and address of establishment. ST AUGUSTA MINI SERV OFF SALE 24876 Co Rd 7 ST CLOUD MN.

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? ☒ Yes ☐ No SEE Plan

9. State whether applicant has or will be granted, an On sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises. ☐ Yes ☒ No ☐ Will be granted

10. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. ☐ Yes ☒ No ☐ Will be granted

11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. _____

12. State Number of Employees 6

13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? _____

14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

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1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. No

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

3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor Control penalties? ☐ Yes ☒ No If yes, give dates, charges and final outcome.

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

This licensee must have one of the following: **(ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)**

Check one

☒ A. Liquor Liability Insurance (Dram Shop) - $50,000 per person, $100,000 more than one person; $10,000 property destruction; $50,000 and $100.000 for loss of means of support.

or

☐ B. A surety bond from a surety company with minimum coverage as specified in A.

or

☐ C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of $100,000 or $100,000 in cash or securities.

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

Print name of applicant & title	Signature of Applicant	Date
LOREN K YARMON	[signature]	4/1/2014

REPORT BY POLICE\SHERIFF'S DEPARTMENT

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

_____

_____

Police/Sheriff's Department	Title	Signature

PS 9136-(2009)

County Attorney's Signature

IMPORTANT NOTICE

All retail liquor licensees must register with the Alcohol, Tobacco Tax and Trade Bureau.
For information call (513) 684-2979 or 1-800-937-8864