REQUEST FOR COUNCIL ACTION

Date: January 9, 2023 Item No.: 10.b

Department Approval City Manager Approval

fam / Trugen

Item Description: Approval of Temporary Liquor License

BACKGROUND

- Chapter 301 of the City Code requires all applications for business and other licenses to be submitted to the
- City Council for approval. The following application is submitted for consideration:

5 Temporary Liquor License

- 6 Bent Brewstillery
- 7 1744 Terrace Dr
- 8 Roseville, MN 55113

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- Bent Brewstillery will be hosting a Winter Luau on January 28, 2023. This is their first event in 2023, their total number of days is 1 out of the limit of 12 for the calendar year.
- 13 POLICY OBJECTIVE
- 14 Required by City Code
- 15 **BUDGET IMPLICATIONS**
- The correct fees were paid to the City at the time the application(s) were made.
- 17 RACIAL EQUITY IMPACT SUMMARY
- 18 NA
- 9 STAFF RECOMMENDATION
- 20 Staff has reviewed the application(s) and has determined that the applicant(s) meet all City requirements.
- 21 Staff recommends approval of the license(s).
- 22 REQUESTED COUNCIL ACTION
- 23 Motion to approve the Temporary Liquor License for Bent Brewstillery.

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- Prepared by: Katie Bruno, Deputy City Clerk
- 26 Attachments: A: Application, Bent Brewstillery



Minnesota Department of Public Safety Alcohol and Gambling Enforcement Division 445 Minnesota Street, Suite 222, St. Paul, MN 55101 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

APPLICATION AND PERMIT FOR A 1 DAY TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

Name of organization		Date organized		Tax exempt number		
Bent Brewstillery		Jun 11, 2011		45-2650832		
Address	City		State		Zip Code	
1744 Terrace Dr	Roseville		Minnesota		55113	
Name of person making application		Business pho	ne	Home ph	one	
Bartley Blume		651-233-384	3	destinations with the second second		
Date(s) of event	Type of org	anization				
1/28/23		Charitable	Religiou	s 🔲 Othe	r non-profit	
Organization officer's name	City		State		Zip Code	
Bartley Blume	Roseville		Minnesota		55113	
Organization officer's name	City		State		Zip Code	
			Minnesota			
organization officer's name City			State		Zip Code	
			Minnesota			
Organization officer's name City			State		Zip Code	
			Minnesota			
If the applicant will contract for intoxicating liquor service give the If the applicant will carry liquor liability insurance please provide th West Bend Insurance Company Aggregate Limit \$2,000,000 Each Common \$1,000,000					·	
	PROVAL					
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEF	ORE SUBMITTIN	NG TO ALCOHOL AI	ND GAMBLING I	ENFORCEMEN	Г	
City or County approving the license		Date Approved				
Fee Amount	Permit Date					
Date Fee Paid	City or County E-mail Address					
	City or County Phone Number					
Signature City Clerk or County Official		ed Director Alc		mbling Enfo	orcement	
CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforce	ement Divisi	on 30 days prio	r to event.			

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US