REQUEST FOR COUNCIL ACTION

Date:November 9, 2020
Item No.: 7.a

Department Approval

City Manager Approval

Item Description: Public Hearing to Consider the Approval of an Off Sale Liquor License and Cigarette/Tobacco Products License to Lustrous Spirits, Inc. dba MGM Wine & Spirits located at 1149 Larpenteur Avenue West

BACKGROUND

City Code permits a maximum of 10 Off-Sale Liquor Licenses within the city and no limit to the number of Cigarette/Tobacco Products License. Currently, there are 6 Off-Sale Licenses issued.

Lustrous Spirits, Inc. have submitted application materials to operate the store located at 1149 Larpenteur Ave W, currently be operated by MGM Wine & Spirits, Inc.

MGM Wine & Spirits, Inc have completed all the application materials for an Off-Sale License and Cigarette/Tobacco Products License within the city.

POLICY OBJECTIVE

Required by City Code.

FINANCIAL IMPACTS

Not applicable.

STAFF RECOMMENDATION

City Staff recommends that the City Council approve the transfer of the 6th Off-Sale Liquor License and Cigartette/Tobacco Products License, pending a successful backgeorund check.

REQUESTED COUNCIL ACTION

Motion to approve the issuance of the 6th Off-Sale Liquor License and a Cigarette/Tobacco License to Lustrous Spirits, Inc., pending a successful backgeorund check.

Prepared by: Katie Bruno, Deputy City Clerk
Attachments: A: Applications from Lustrous Spirits, Inc.

Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
OFFICE (651) 201-7510 FAX (651) 297-5259 TTY (651) 282-6555
DPS.MN.GOV

APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE

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

PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.
INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.

Licensee's MN Sales and Use Tax ID # 6973672 — To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # 85-1922049 — Licensees must register with the Federal Tax and Trade Bureau (TTB), for information call (513) 684-2979 or 1-800-937-8864

Applicant:

Licensee Name (Business, Partnership, Corporation)	Business Name (DBA)		[redacted]
LUSTROUS SPIRITS, INC.	MGM WINE AND SPIRITS		
Licensee Location (Physical Address)	License Period		[redacted]
1149 LARPENTEUR AVE W	From To		
City	County	State	Zip Code
ROSEVILLE	RAMSEY	MN	55113
E-mail Address	Business Phone Number		[redacted]
JOEHAJJALI@GMAIL.COM	651-488-6685		

If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)					[redacted]
KELLY ANN HAJJALI					
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
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Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
—					
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code
—					

1. If a corporation, date of incorporation 7.8.2020, state incorporated in MINNESOTA If a subsidiary of any other corporation, so state _____.
   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. FIRST FLOOR, STRIP MALL
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 BRIXMOR SPE 5, LLC., 420 LEXINGTON AVE, 7TH FLR, NEW YORK, NY 10170
   Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☑ No

5. Is/are applicant(s), 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. 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. _____

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

8. 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

9. 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

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

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

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

Violations

1. Has applicant(s) had a liquor license revoked in the last 5 years; ☐ Yes ☑ No If so, give dates and details. _____

2. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? ☐ Yes ☑ No
If yes, give dates, charges and final outcome _____

3. 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.

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 felonies or municipal ordinances relating to intoxicating liquor except as follows:

_____

_____

_____ _____ _____

Police/Sheriff's Department Title Signature

_____

County Attorney's Signature

Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)
Licensee must obtain one of the following PER Minnesota Statute 340A.409:
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.

Please review Insurance Certificate before submitting:

Must be Certificate of Insurance (Declarations or Binders not accepted)
Licensee name on this application and the Insurance Certificate must match EXACTLY.
Must provide physical address of licensed location (No PO Boxes accepted)
Dates of coverage must cover the entire license period.

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.

Minnesota Statutes, 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 or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. If the required information is not provided or is falsely stated, it shall result in a $2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

Workers compensation insurance company: Name _____

Policy # _____ Number of employees: _____

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

ROSEVILLE

Finance Department, License Division
2660 Civic Center Drive, Roseville, MN 55113
(651) 792-7036

Cigarette/Tobacco Products License Application

Note: All applicants are subject to a background check as a part of the license approval process. Background check procedures may take up to 30 days to complete.

Business Name LUSTROUS SPIRITS INC 1149 Larpenteur Ave W

Business Address [redacted]

Business Phone 612-206-1364

Email Address JOEHAJJALI@GMAIL.COM

Person to Contact in Regard to Business License:

Name JOE HAJJALI

[redacted]

I hereby apply for the following license(s) for the term of one year, beginning July 1, 2020, and ending June 30, 2021, in the City of Roseville, County of Ramsey, State of Minnesota.

License Required	Fee
Cigarette/Tobacco Products	$200.00

The information that you are asked to provide on the application is classified by State law as either public, private or confidential. All data will constitute public record if and when the license is granted. Our intended use of the information is to perform the background check procedures required prior to license issuance. If you refuse to supply the information, the license application may not be processed.

The undersigned applicant makes this application pursuant to all the laws of the State of Minnesota and regulation as the Council of the City of Roseville may from time to time prescribe, including Minnesota Statue #176.182.

Signature _____

Date 10-28-2020

If completed license should be mailed somewhere other than the business address, please advise.