REQUEST FOR COUNCIL ACTION

Date: 04/20/2015
Item No.: 12.a

Department Approval

City Manager Approval

Item Description: Public Hearing to Approve/Deny an On-Sale Wine and On-Sale 3.2% Liquor License for LISU LLC, dba Lisu Thai Taste, a new restaurant located at 2575 Fairview Avenue.

BACKGROUND

Under City Code, a public hearing is required to consider approving liquor licenses for the current calendar year. The City has received applications for 2015 Liquor Licenses as follows:

- LISU LLC, dba Lisu Thai Taste – On-Sale Wine License
- LISU LLC, dba Lisu Thai Taste – On-Sale 3.2% Liquor License

Neither State Statute nor City Code limits the number of licenses that can be issued for On-Sale Wine or On-Sale 3.2% Liquor Licenses.

POLICY OBJECTIVE

The regulation of establishments that sell alcoholic beverages has been a long-standing practice by the State and the City.

FINANCIAL IMPACTS

The revenue that is generated from the license fees is used to offset the cost of police compliance checks, background investigations, enforcement of liquor laws, and license administration.

STAFF RECOMMENDATION

The applicant meets all requirements set forth under City Code. Staff recommends approval of the licenses pending successful background checks.

REQUESTED COUNCIL ACTION

Motion to approve LISU LLC's request for an On-Sale Wine License and On-Sale 3.2% Liquor License located at 2575 Fairview Avenue pending successful background checks.

Prepared by: Chris Miller, Finance Director
Attachments: A: Applications from LISU LLC

Attachment A

Print Form

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

APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE

(Not to exceed 14% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name SFM RICK SOLUTION Policy Number 065299801

Licensee's MN sales and Use Tax ID # 510-720 Licensee's Federal Tax ID # 47243028

Applicants Name (Business, Partnerships, Corporation LISU LLC	Trade Name or DBA LISU THAI TASTE		
Business Address 2575 FAIRVIEW AVE	Business Phone 651 633 4981	Applicant's Home Phone 651-230-6865	
City ROSEVILLE	County RAMSEY	State MN	Zip Code 55113
Is this application ☑ New or a ☐ Transfer	If a transfer, give name of former owner	License Period From To 12/31/2015	

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.

Partner/Officer Name and title	Address	DOB	SSN
MAW WIN OWNER			
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN
Partner/Officer Name and title	Address	DOB	SSN

CORPORATIONS

Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? ☑ Yes ☐ No
DEC 1 2014	MINNESOTA	7864393000027	

If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner	Owner's address	
ROSEVILLE PROPERTIES LLP	2575 FAIRVIEW AVE, ROSEVILLE MN 55113	
Are property taxes delinquent ☐ Yes ☑ No	Has the building owner any connection, direct or indirect with the applicant? ☐ Yes ☑ No	Restaurant seating capacity 70	Hours food will be available 11AM - 9PM
Number of restaurant employees 4	Number of months per year restaurant is open 12	Will food service be the principal business? ☑ Yes ☐ No	

Describe the premises to be licensed
THAI RESTAURANT SIT DOWN

If the restaurant is in conjunction with another business (resort etc.), describe business
NO

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE $20 RETAILER ID CARD FEE IS RECEIVED BY AGED

☐ Yes ☑ No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?

☐ Yes ☑ No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
(if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.

☐ Yes ☑ No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

☐ Yes ☑ No Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

☐ Yes ☑ No Does any person other than the applicants, have any right, title or interest in the furniture, fixtures or equipment in the licensed premises? If yes, give names and details.

☐ Yes ☑ No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature of Applicant — Date: 04/01/15

The licensee must have one of the following:

☑ 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.

○ A surety bond from a surety company with minimum coverage as specified above in.

○ 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.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

☒ Yes ☐ No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

Signature County Attorney | County | Date

REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

Signature | Department and Title | Date

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

A $30.00 service charge will be added to all dishonored checks You may also be subjected to a civil penalty of $100.00 or 100 % of the value of the check, whichever is greater, plus interest and attorney fees.

Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
Telephone 651-201-7507 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types:
1) City issued on sale intoxicating and Sunday liquor licenses
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License ROSEVILLE License Period From: _____ To: DEC 31 -2015

Circle One: (New License) License Transfer _____ Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (circle all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee:$ _____ Sunday License fee:$ 200.00 3.2% On Sale fee: $ 100.00 3.2% Off Sale fee: $ _____

Licensee Name: LISU LLC. DOB _____ Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name LISU THAI TASTE Business Address 2575 FAIRVIEW AVE City ROSEVILLE

Zip Code 55113 County RAMSEY Business Phone 651 633 4981 Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # 510-720
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # 472430228
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
MAW WIN			
(Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:
1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Circle One: (Yes (No) During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: SFM RISK SOLUTIONS Policy # 065299801

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.
City Clerk or County Auditor Signature _____ Date _____
(title)

On Sale Intoxicating liquor licensees must also purchase a $20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.

(Form 9011-12/09)