REQUEST FOR COUNCIL ACTION

Date: 06/13/2016
Item No.: 12.a

Department Approval

City Manager Approval

Item Description: Public Hearing to Consider the Transfer of an Off Sale Liquor License and Cigarette/Tobacco Products License to Roseville Liquor, Inc. dba Chucho Liquor.

BACKGROUND

Roseville Liquor, Inc dba Chucho Liquor, located at 700 W. County Rd B is in the process of transferring ownership of the corporation from Chou Vang to Yeng Vang. Yeng Vang will begin operating under the existing Licensee Name, Roseville Liquor Inc, and trade name, Chucho Liquor, upon the approval of the transfer.

The City permits a maximum of ten off-sale liquor licenses, of which nine are currently in use. The license will be transferred to Yeng Vang for the remainder of 2016.

Under State Statute 340A.412 and City Code Chapter 302.07B, the acquisition of an existing off-sale retail location is effectively categorized as a transfer of an existing license; for which City Council consent is required. The City Code reads as follows:

> ***Person and Premises Licensed; Transfer****: Each license shall be issued only to the applicant and for the premises described in the application. No license may be transferred to another person or place without City Council approval. Before a transfer is approved, the transferee shall comply with the requirements for a new application. Any transfer of the controlling interest of a licensee is deemed a transfer of the license. Transfer of a license without prior City Council approval is a ground for revocation of the license. (Ord. 972, 5-13-1985) (Ord. 1390, 3-29-2010)*

Specific to City Code, Yeng Vang's application materials are considered complete and in full compliance with City documentation requirements.

POLICY OBJECTIVE

State Statute and City Code permit the transfer of a liquor license and cigarette/tobacco products license with City Council consent.

FINANCIAL IMPACTS

Not applicable.

STAFF RECOMMENDATION

City Staff recommends that the City Council approve the transfer of the off-sale liquor license and cigarette/tobacco products license from Chou Vang to Yeng Vang, effective upon approval of the transfer.

REQUESTED COUNCIL ACTION

Motion to approve the transfer of the Off-Sale Liquor license and Cigarette/Tobacco Products license to Yeng Vang for the remainder of the 2016 calendar year.

Prepared by: Chris Miller, Finance Director
Attachments: A: Application from Yeng Vang (Roseville Liquor, Inc)

Attachment A

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 NO worker com Policy # _____

Licensee's MN Sales and Use Tax ID # 4545863 *To apply for a MN sales and use tax ID #, call (651) 296-6181*

Licensee's Federal Tax ID # 90 81-2661999

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
Roseville Liquor, Inc		Chucho Liquor

License Location (Street Address & Block No.)	License Period	Applicant's Home Phone #
700 W. County rd. B	From 06/1/16 To	

City	County	State	Zip Code
Roseville, MN 55113	Ramsey	MN	55113

Name of Store Manager	Business Phone Number	DOB (Individual Applicant)
YENG YANG	651-488-1070	

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
YENG YANG					
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation 5/18/2016, state incorporated in Minnesota, amount paid in capital _____. 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

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.
Straight 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: Chou Vang 6518 Ware rd Lino Lakes, MN ~~55104~~ 55014
Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☒ No

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. NO

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. _____

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

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. NO

12. State Number of Employees N/A

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)? NO

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
YENG VANG	Yeng Vang	5/17/16

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
Roseville Police Dept	Chief of Police	

County Attorney's Signature

PS 9136-(2009)

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

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: Roseville Liquors

Business Address: 700 W. Co. Rd. B Roseville, MN 55113

Business Phone: 651-488-1070

Email Address: _____

Person to Contact in Regard to Business License:

Name: Yeng Vang

Address: _____

Phone: _____

I hereby apply for the following license(s) for the term of one year, beginning July 1, 2016, and ending June 30, 2017, 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: Yeng Vang

Date: 5/17/16

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