## REQUEST FOR COUNCIL ACTION

Date: 06/13/2016

City Manager Approval

Farm / Trugger

Item No.: 12.b

Department Approval

Ctton K. mille

Item Description: Public Hearing to Approve/Deny an On-Sale Wine License for MIAMSP, LLC

dba Painting With A Twist located at 2100 Snelling Ave N Suite 72C.

#### BACKGROUND

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Under City Code, a public hearing is required to consider approving liquor licenses for the current calendar year. The City has received an application for a 2016 Liquor License as follows:

❖ MIAMSP, LLC – On-Sale Wine License

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

#### 16 STAFF RECOMMENDATION

The applicant meets all requirements set forth under City Code. Staff recommends approval.

#### 18 REQUESTED COUNCIL ACTION

Motion to MIAMSP, LLC's request for an On-Sale Wine License located at 2100 Snelling Ave N Suite 72C.

Prepared by: Chris Miller, Finance Director Attachments: A: MIAMSP Application

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-SALEWINE LICENSE

(Not to exceed 14% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED.	If a corporation, an office	r shall execute this applic	ation. If a partnershi	p, LLC, a partner shall	
execute this application. To apply for MN so Workers compensation insurance company	name to contract management	stual/	ov Number V	12 22 24	
Licensee's MN sales and Use Tax ID#	HAINONIO SECOL	Licenson's Foderal T	cy runner MD2	77 72 1510 500	
			ax ID# 81 - 15	116007	
Applicants Name (Business, Partnerships, Corporation		Trade Name or DBA Painting with a Twist			
Business Address		Business Phone			
2100 Snelling Ave N. 3	A72c	954)295-111-	1		
aty Roseville		County	Jaiale	∠ip coae	
		Ramsey	mn	55113	
Is this application If a transfer, given the same of t	e name of former owner	•	License Period From	То	
If a corporation, give name, title, address and date of b	irth of each officer. If a partners	ship, LLC, give name, address an	l nd date of birth of each par	rtner.	
Partner/Officer Name and title Pres.	•				
Danielle Kubin.					
Partner/Officer Name and title	Address		DOR	SSN	
Partner/Officer Name and title	Address		DOB	SSN	
Partner/Officer Name and title	Address		DOB	SSN	
CORPORATIONS					
Date of incorporation State of incorpor		1 1	ion authorized to do	businessin	
2/18/2016 Minnesota \$7367480025 Minnesota? Yes \ No					
If a subsidiary of another corporation, give name and address of parent corporation					
BUILDING AND RESTAURANT					
Name of building owner Owner's address Clo Van Borbon Group					
Are property taxes delinquent Has the building owner any connection, direct Restaurant seating capacity Hours food will be available					
Are property taxes delinquent Has the build	ling owner any connection	on, direct Restaurant sea	ting capacity Hours	ood will be available	
Yes No or indirect with	ith the applicant? 🔲 Yes	s 12-No   50 - 67	) // ex	n - 12 midnight	
Number of restaurant employees Number of			vice be the principal	business?	
Approx. 6	12	☐ Yes [	No		
Describe the premises to be licensed					
If the restaurant is in conjunction with another business (resort etc.), describe business					
in the restaurant is in conjunction with anoth	iei business (resort etc.),	describe business			
NO LICENSE WILL BE APPROVE	ED ORRELEASED UNTIL	THE \$20 RETAILER ID CA	ARD FEE IS RECEIVE	D BY AGED	
Yes No Has the applicant or association license in conjunction with	ates been granted an on- this wine license?	sale malt liquor (3.2) and/	or a "set-up"		
Yes You 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	T I HAVEREAD THEABOVE QUESTIONS AND THAT	THE ANSWERS ARE TRUE AND (	CORRECT TO THE BEST OF MY			
1 lun		may 24, 7	2016			
Signature of Ap	•	Date				
	ust 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.						
Sanduro Coun	4. Attama					
Signature Coun	ty 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.