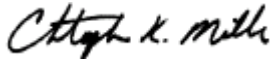


**ROSEVILLE**  
**REQUEST FOR COUNCIL ACTION**

Date: 3/13/2017  
Item No.: 7.g

Department Approval



City Manager Approval



Item Description: Public Hearing to Consider the Approval of an Off Sale Liquor License to Target Corporation dba Target Store T2101.

1 **BACKGROUND**

2 City Code permits a maximum of 10 Off-Sale Liquor Licenses within the city. At this moment, there  
3 are only 9 issued due to the non-renewal of Taste of Minnesota at the end of 2016.

4  
5 Target Corporation has completed all the application materials for an Off-Sale License within the city.  
6 The store will be attached to the main store located at 1515 County Rd B W.

7  
8 Target currently holds a 3.2% Non-Intoxicating Off-Sale License and has no liquor violations at the  
9 Roseville location within the past 5 years.

10  
11 **POLICY OBJECTIVE**

12 Required by City Code.

13 **FINANCIAL IMPACTS**

14 Not applicable.

15 **STAFF RECOMMENDATION**

16 City Staff recommends that the City Council approve the issuance of the 10<sup>th</sup> Off-Sale Liquor License.

17 **REQUESTED COUNCIL ACTION**

18 Motion to approve the issuance of the 10<sup>th</sup> Off-Sale Liquor License to Target Corporation.

19  
Prepared by: Chris Miller, Finance Director  
Attachments: A: Application from Target



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 Indemnity Insurance Co of North America Policy # WLRC49105381

Licensee's MN Sales and Use Tax ID # 9086874 To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # 41-0215170

**If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.**

Licensee Name (Individual, Corporation, Partnership, LLC) <u>Target Corporation</u>	Social Security #	Trade Name or DBA <u>Target Store T2101</u>	
License Location (Street Address & Block No.) <u>1515 County Road B W</u>	License Period From To	Applicant's Home Phone # <u>612-761-1015 (HQ)</u>	
City <u>Roseville</u>	County <u>Ramsey</u>	State <u>MN</u>	Zip Code <u>55113</u>
Name of Store Manager <u>Drew Anderson</u>	Business Phone Number <u>651-631-0330</u>	DOB (Individual Applicant)	

**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
<u>See attached list of officers</u>					
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

- If a corporation, date of incorporation 02/11/1902, state incorporated in Minnesota, amount paid in capital see Annual Report <http://investors.target.com> If a subsidiary of any other corporation, so state --- and give purpose of corporation n/a. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state.  
First floor
- Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No If yes state approximate distance. \_\_\_\_\_
- Name and address of building owner: Target Corporation, 33 S 6th Street CC-1028, Minneapolis, MN 55402  
Has owner of building any connection, directly or indirectly, with applicant?  Yes  No
- 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? \_\_\_\_\_
- 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. N/A
- 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. See attached list of Target Stores in MN with liquor licenses

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. N/A
12. State Number of Employees TBD
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)? N/A
14. If this license is being issued by a County Board, is it located in an organized township? **If so, attach township approval.**

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.  
See attached Violations list
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

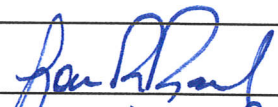
- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.
- or
- B. A surety bond from a surety company with minimum coverage as specified in A.
- or
- C. A certificate from the 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
Janine L Brown-Wiese, Vice President		2/7/2017

**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:

<u>ROSEVILLE POLICE DEPT.</u>	<u>ACTING CHIEF OF POLICE</u>	
Police/Sheriff's Department	Title	Signature <u>Lorne P. Rosand</u> <u>3-6-2017</u>
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