

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

Date: November 29, 2021  
Item No.: 7.c

Department Approval

City Manager Approval



Item Description: Public Hearing to Approve/Deny the transfer of the On-Sale Wine and Beer license for Amira Choice Roseville at Lexington LLC located at 2680 Lexington Ave.

**BACKGROUND**

The Council approved an On-Sale liquor license for Cherrywood Pointe on December 7, 2020. Amira Choice Roseville at Lexington LLC has requested a transfer of the license. Under City Code, a public hearing is required to consider approving transfer of liquor licenses. The City has received applications for a 2021 Liquor License as follows:

- ❖ Amira Choice Roseville at Lexington LLC – On-Sale Wine and Beer

**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 pending submittal of outstanding application materials.

**REQUESTED COUNCIL ACTION**

Motion to approve the request from Amira Choice Roseville at Lexington LLC for an On-Sale Wine and Beer license, located at 2680 Lexington Ave

Prepared by: Katie Bruno, Deputy City Clerk

Attachments: A: Application from Amira Choice Roseville at Lexington LLC



Minnesota Department of Public Safety  
 Alcohol and Gambling Enforcement Division  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555  
**APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE**  
 (Not to exceed 24% 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 Self-insured Policy Number \_\_\_\_\_

Licensee's MN sales and Use Tax ID # 4970422 Licensee's Federal Tax ID # 47-4525760

Business Name (Business, Partnerships, Corporation) <u>Amira Choice Roseville at Lexington LLC</u>		Trade Name or DBA <u>N/A</u>	
Business Address <u>2680 Lexington Ave. N.</u>		Business Phone <u>651-766-2266</u>	Applicant's Home Phone <u>---</u>
City <u>Roseville</u>	County <u>Ramsdell</u>	State <u>MN</u>	Zip Code <u>55113</u>

Is this application  new License Transfer from Cherrywood Pointe of Roseville at Lexington License Period From 1/2022 To 12/31/2022

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 <u>Matt Van Slooten, President and CIO</u>	[REDACTED]
Partner/Officer Name and title <u>Mark Nelson, EVP Senior Residential</u>	[REDACTED]
Partner/Officer Name and title <u>James Hall, SVP Residential Development</u>	[REDACTED]
Partner/Officer Name and title	[REDACTED]

**CORPORATIONS**

Date of incorporation <u>6/8/2015</u>	State of incorporation <u>MN</u>	Certificate Number <u>829175500028</u>	Is corporation authorized to do business in Minnesota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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If a subsidiary of another corporation, give name and address of parent corporation  
Amira Investment LLC, 651 Nicollet Mall #450 Minneapolis, MN 55402

**BUILDING AND RESTAURANT**

Name of building owner <u>Amira Choice Roseville at Lexington LLC</u>	Owner's address <u>651 Nicollet Mall, Suite 450 Minneapolis MN 55402</u>
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Are property taxes delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Restaurant seating capacity <u>120</u>	Hours food will be available <u>all day dining 7a-9p</u>
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Number of restaurant employees <u>5-10</u>	Number of months per year restaurant is open <u>12 months - all year</u>	Will food service be the principal business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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Describe the premises to be licensed  
dining facilities and pub area community room cafe, enhanced cave suite dining room - all within an

If the restaurant is in conjunction with another business (resort etc.), describe business  
assisted living facility an assisted living facility

**NO LICENSE WILL BE APPROVED OR RELEASD 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.  
Loan w/ Protective Life and the bank has a security interest
- 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.

 11/4/2  
 Signature of Applicant Date

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)**  
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
 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: 11/2022 To: 12/31/2022

Circle One: New License  License Transfer <sup>Cherrywood Pointe of</sup> Roseville at Lexington Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

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

Fee(s): On Sale License fee: \$ 1500- Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ 100- 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: Amira Choice Roseville at Lexington LLC DOB \_\_\_\_\_ Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or individual)

Business Trade Name Amira Choice Roseville at Lexington LLC Business Address 2680 Lexington Ave N City Roseville

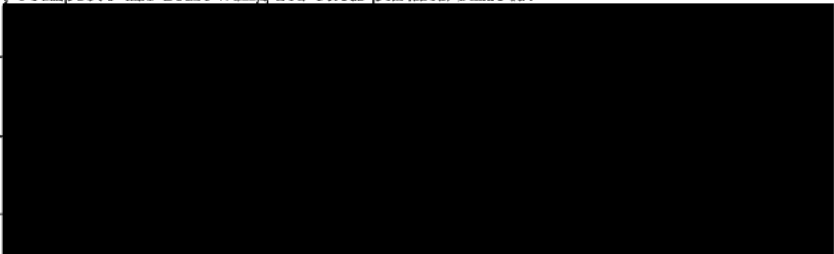
Zip Code 55113 County Ramsey Business Phone 651-766-2266 Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Licensee's Federal Tax ID # 47-4525760 Licensee's MN Tax ID# 4978422  
(To apply call IRS 800-829-4933)

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

<u>Matt Van Slooten</u>	<u>8/14/1966</u>
Partner/Officer Name (First Middle Last)	DOB
<u>Mark Nelson</u>	<u>3/4/1965</u>
Partner/Officer Name (First Middle Last)	DOB
<u>Alex Hall</u>	<u>10/18/1961</u>
Partner/Officer Name (First Middle Last)	DOB



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.

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: self insured (Ebenezer) Policy # \_\_\_\_\_

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 ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>**