

ROSEVILLE
REQUEST FOR COUNCIL ACTION

Date: 09-27-2010
Item No.: 11 . a

Department Approval



City Manager Approval



Item Description: Solem Management, LLC dba Café Zia has applied for a Wine and 3.2% liquor license at 2723 Lexington Ave.

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Background

Solem Management, LLC dba Café Zia has applied for a Wine and 3.2% Liquor License at 2723 Lexington Ave. The City Attorney will review the application prior to the issuance of the license to ensure that it is in order. A representative from Café Zia will attend the hearing to answer any questions the Council may have.

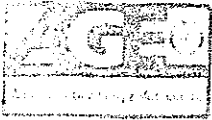
Financial Implications

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

Council Action

Motion approving/denying Café Zia application request for a Wine and 3.2% Liquor License, located at 2723 Lexington Avenue.

Prepared by: Chris Miller, Finance Director
Attachments: A: Applications



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: 9-13-10 To: 9-13-11

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: \$ _____ 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: SLEM Management LLC DOB _____ Social Security _____
(corporation, partnership, LLC, or Individual)

Business Trade Name CAFE ZIA Business Address 2723 Lexington City Roseville

Zip Code 55113 County Ramsey Business Phone 651-484-0434 Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____

Licensee's Federal Tax ID # _____ (To apply call IRS 800-829-4933)
(To Apply call 651-296-6181)

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

SUSAN ELIZABETH SLEM

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

(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: TRAVELERS 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 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.



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 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.

Workers compensation insurance company. Name TRAVELERS Policy # UB-7633R721
 LICENSEE'S MN SALES & USE TAX ID # 1719137 To apply for MN Sales Tax # call (651) 296-6181
 LICENSEE'S FEDERAL TAX ID # 27-2510541

Applicants Name (Business, Partnership, Corporation) <u>Solem Management LLC</u>		Trade Name or DBA <u>CAFE 21A</u>	
Business Address <u>2723 LEXINGTON AVE NO.</u>		Business Phone <u>(651) 484-0434</u>	Applicant's Home Phone ()
City <u>ROSEVILLE</u>	County <u>RAMSEY</u>	State <u>MN.</u>	Zip Code <u>55113</u>
Is this application <input checked="" type="checkbox"/> New or a <input type="checkbox"/> Transfer	If a transfer, give name of former owner	License period From <u>9-7-10</u> To <u>9-7-11</u>	
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>SUSAN SOLEM</u>	Address <u>E</u>	Social Security # <u>2</u>	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
Partner/Officer Name and Title	Address	Social Security #	DOB
CORPORATIONS			
Date of incorporation <u>4-23-10</u>	State of incorporation <u>MINNESOTA</u>	Certificate Number <u>3811674-5</u>	Is corporation authorized to do business in Minnesota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If a subsidiary of another corporation, give name and address of parent corporation			
BUILDING AND RESTAURANT			
Name of building owner <u>Crawahan Co.</u>		Owner's address <u>56 E. BROADWAY, FOREST LAKE, MN 55025</u>	
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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Restaurant seating capacity <u>30</u>	
Hour's food will be available <u>7:00 AM - 10:00 PM</u>	No. of people restaurant employs <u>5</u>	No. of months per year restaurant will be open <u>12</u>	Will food service be the principle business? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Describe the premises to be licensed <u>COFFEE HOUSE / CAFE</u>			
If the restaurant is in conjunction with another business (resort etc.), describe business			
NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED			

OTHER INFORMATION

- Yes No 1. Has the applicant or associates been granted an on-sale non-intoxicating malt beverage (3.2) and/or a "set-up" license in conjunction with this wine license?
- Yes No 2. 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 3. During the past license year, has a summons been issued under the liquor civil liability (Dram Shop) (M.S. 340A.802). If yes, attach a copy of the summons.
- Yes No 4. 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. _____
- Yes No 5. 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 6. Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of the establishment. _____

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

Signature of Applicant Susan Solem

The licensee must have one of the following: (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. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM.
- B. A Surety bond from a surety company with minimum coverage as specified above in A.
- C. 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

NOTICE

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.