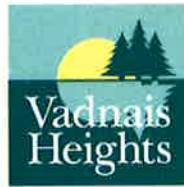


Kevin P. Watson
City Administrator

651.204.6010 Phone
651.204.6110 Fax
kevin.watson@cityvadnaisheights.com



The City of Vadnais Heights
800 East County Road E
Vadnais Heights, MN 55127

Memorandum:

TO: Mayor Gunderson and City Council Members

FROM: Kevin P. Watson, City Administrator *KW*

DATE: January 8, 2019

SUBJECT: Conditionally Approve an On-Sale – Sunday On-Sale Intoxicating Liquor License for Element Indoor Golf Club, Inc. located at 4255 White Bear Parkway

Recommended Council Action

Approve an On-Sale / Sunday On-Sale Intoxicating Liquor License for Element Indoor Golf Club, Inc. conditioned upon them receiving their Fire Certificate of Occupancy from the building department.


Background

Element Indoor Golf Club, Inc. has applied for a liquor on-sale license with Sunday sales effective January 9, 2019 to June 30, 2018. Following approval from the City Council, the license will be sent to the Alcohol and Gambling Enforcement Division of the Department of Public Safety of the State of Minnesota for their approval as well. It is anticipated that Element Indoor Golf Club will open for business on January 19, 2019.

The city requires a number of licensing materials from each licensee as follows:

- **Application form(s) and fee(s)** – Appropriate Certification of an On Sale Liquor License form.
- **Proof of insurance** – Insurance in the limits required by State Law need to cover the entire license period.
- **Submittal of bond** – Bonds, in the amount of \$3,000 for on-sale covering the entire license period.
- **Fire Certificate of Occupancy Inspection** – All applicants must have had a current year Fire Certificate of Occupancy inspection and made any corrections as required by the Fire Department.
- **Status of property taxes and utility bills** – All applicants must have paid their 2018 property taxes. All applicants must also be current on utility bill payments.

As of this memo, Element Indoor Golf Club is waiting on receiving their Fire Certificate of Occupancy Inspection and certificate from the City building department.

Enclosure 



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 VADNAIS HEIGHTS license Period From 01/09/19 to 6/30/19

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: \$ 6300⁰⁰⁰ Sunday License fee: \$ 200⁰⁰ 3.2% On Sale fee: \$ 300⁰⁰ 3.2% Off Sale fee: \$ _____

Licensee Name: ELEMENT INDOOR GOLF CLUB, INC DOB 10/22/91 Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name ELEMENT INDOOR GOLF CLUB Business Address 4255 WHITE BEAR City VADNAIS HEIGHTS

Zip Code 55110 County RAMSEY Business Phone 651-373-4648 Home Phone 8 PLOW SUITE 2100

Home Address 383 TESSIER CIR City VADNAIS HEIGHTS Licensee's MN Tax ID # _____
VADNAIS HEIGHTS, MN 55127
(To Apply call 651-296-6181)

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

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

BRADLEY CHARLES WOHLERS _____ 383 TESSIER CIRCLE
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address
VADNAIS HEIGHTS, MN
55127

LAURIE BETH BARGER _____ 383 TESSIER CIRCLE
 (Partner/Officer Name (First Middle Last) DOB Social Security # Home Address
VADNAIS HEIGHTS MN
55127

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: FFM MUTUAL Policy # 103445.201

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.