

Kevin P. Watson  
City Administrator

651.204.6010 Phone  
651.204.6110 Fax  
[Kevin.watson@cityvadnaisheights.com](mailto:Kevin.watson@cityvadnaisheights.com)



## *Memorandum:*

TO: Mayor Krachmer and City Council Members

FROM: Kevin P. Watson, City Administrator

DATE: April 18, 2023

SUBJECT: Temporary On-Sale Liquor License for the Roseville Lion's Club for June 20, 2023

### **Recommended Council Action**

Approve application for a Temporary On-Sale Liquor License submitted by the Roseville Lions Club to allow strong beer, wine, and 3.2 beer sales on June 20, 2023 from 8:00 am to 11:00 pm and waive the license fee, conditioned that the required certificate of insurance is submitted.

### **Background**

Roseville Lions are requesting to sell strong beer, wine, alcohol and 3.2 beer for an event at Anderson Barbecue Supply located at 1632 East County Road E, Vadnais Heights.

They plan to show proof of insurance listing the carrier's name and amount of coverage: Minnesota Joint Underwriting Association – Coverage for Bodily Injury, Loss of Means of Support and Pecuniary Loss \$1,000,000 per Person and per Occurrence; Property Damage \$300,000 per Occurrence and Annual Aggregate \$1,000,000. Deductible amount: None.



organ	organ	exempt
Rosevil	6/2	82-

rgan	City		p
2750	Roseville		55113

person ng ppl	phone
Erica	65

5/20/2
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Organ	City		p
Beth	Roseville		55113

Organ	City		p

rgan			p

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**CLERKS NOTICE:** Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event  
 No Temp Applications faxed or mailed. Only emailed.

**ONE SUBMISSION PER EMAIL, APPLICATION ONLY.**

**PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US**



## Ramsey County Sheriff's Office

Bob Fletcher, Sheriff

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### Public Safety Services Division

1411 Paul Kirkwold Drive • Arden Hills, Minnesota 55112

Phone: 651-266-7300 • Fax: 651-266-7306

[www.RamseyCountySheriff.us](http://www.RamseyCountySheriff.us)

April 4, 2023

City of Vadnais Heights  
Attn: Lisa Comstock  
800 East County Road E  
Vadnais Heights, MN 55127

RE: Criminal History Check

SALZL, BETH JANE  
LINEBERGER  
LINEBENGER  
LINEBERGEN

Dear Lisa,

Upon your request, this department has searched Minnesota records only and found no arrests for the above-named individual and their aliases.

Sincerely,

A handwritten signature in black ink, appearing to read "K. H. J.", is written over the printed name of the sender.

RCSO Patrol Records



# CERTIFICATE OF LIABILITY INSURANCE

7B

DATE (MM/DD/YYYY)

03/21/2023

**THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.**

**IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).**

<b>PRODUCER</b> American Family Brokerage Inc 6000 American Parkway  Madison WI 53783		<b>CONTACT NAME:</b> Brandon L Anderson	
		<b>PHONE (A/C, No, Ext):</b> (763) 367-6800	<b>FAX (A/C, No):</b>
		<b>E-MAIL ADDRESS:</b> banders7@amfam.com	
		<b>INSURER(S) AFFORDING COVERAGE</b>	
		<b>INSURER A:</b> USLI - United States Liability Insurance	
		<b>INSURER B:</b>	
		<b>INSURER C:</b>	
		<b>INSURER D:</b>	
		<b>INSURER E:</b>	
		<b>INSURER F:</b>	
<b>INSURED</b>  Anderson, Robert Anderson Barbecue Supply 1035 Edgewater Ave  Saint Paul MN 55126		<b>NAIC #</b>	

**COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>  CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			CP1755831A	05/01/2022	05/01/2023	EACH OCCURRENCE \$ 1,000,000
			DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000				
			MED EXP (Any one person) \$ 5,000				
							PERSONAL & ADV INJURY \$ 1,000,000
							GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
							\$
	<b>AUTOMOBILE LIABILITY</b>  <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS  <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	<b>UMBRELLA LIAB</b> <b>EXCESS LIAB</b>  DED RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
							\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE OTH-ER
							E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**CERTIFICATE HOLDER**

**CANCELLATION**

Roseville Lions Foundation 2750 Dale Steet North  Roseville MN 55113	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Tell Post</i>
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# CERTIFICATE OF LIABILITY INSURANCE

**7B**  
DATE (MM/DD/YYYY)  
**3/23/2023**

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> AMERICAN FAMILY BROKERAGE, INC. 6000 American Pkwy Madison, WI 53783	<b>CONTACT NAME</b> <b>PHONE (A/C No, Ext):</b> _____ <b>FAX (A/C No):</b> _____ <b>EMAIL ADDRESS:</b> _____  <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="width: 20%;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: United States Liability Insurance Company</td> <td>25895</td> </tr> <tr> <td>INSUREB B:</td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: United States Liability Insurance Company	25895	INSUREB B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>														
INSURER A: United States Liability Insurance Company	25895														
INSUREB B:															
INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															
<b>INSURED</b> ROBERT ANDERSON ANDERSON BARBECUE SUPPLY 1035 EDGEWATER AVE SHOREVIEW, MN 55126															

**COVERAGES** \_\_\_\_\_ **CERTIFICATE NUMBER:** \_\_\_\_\_ **REVISION NUMBER:** \_\_\_\_\_

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS			
<b>A</b>	<b>GENERAL LIABILITY</b>			<b>CP 1755831A</b>	<b>05/01/2022</b>	<b>05/01/2023</b>	EACH OCCURENCE \$1,000,000			
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000			
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$5,000			
	GEN'L AGGREGATE LIMIT APPLIES PER:									PERSONAL & ADV INJURY \$1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC									GENERAL AGGREGATE \$2,000,000
										PRODUCTS-COMP/OP AGG \$2,000,000
										\$
	<b>AUTOMOBILE LIABILITY</b>						COMBINED SINGLE LIMIT (Ea accident) \$			
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$			
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per accident) \$			
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					PROPERTY DAMAGE (Per accident) \$			
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR					\$			
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE					EACH OCCURENCE \$			
	<input type="checkbox"/> DED	<input type="checkbox"/> RETENTION \$					AGGREGATE \$			
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>						\$			
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N		N / A				WC STATUTORY LIMITS OTHER			
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$			
							E.L. DISEASE-EA EMPLOYEE \$			
							E.L. DISEASE-POLICY LIMIT \$			

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (See attached Acord 101 for additional liability limits)  
 Location: 1632 County Rd E, Saint Paul, MN 55119

<b>CERTIFICATE HOLDER</b> Roseville Lions Foundation 2750 Dale Street North Roseville, MN 55113	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b> 
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AGENCY CUSTOMER ID: 2420

LOC #: All



## ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY AMERICAN FAMILY BROKERAGE, INC.		INSURED ROBERT ANDERSON ANDERSON BARBECUE SUPPLY 1035 EDGEWATER AVE SHOREVIEW, MN 55126	
POLICY NUMBER CP 1755831A		EFFECTIVE DATE: 5/1/2022	
CARRIER United States Liability Insurance Company	NAIC CODE 25895		

### ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,**

**FORM NUMBER: ACORD 25      FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE**

COVERAGE PART	LIMITS
<b>Commercial Liability</b>	
Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit (Any One Person/Organization)	\$1,000,000
Medical Expense (Any One Person)	\$5,000
Damages To Premises Rented To You (Any One Premises)	\$100,000
Products/Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit	\$2,000,000