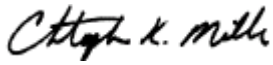


ROSEVILLE
REQUEST FOR COUNCIL ACTION

Date: 07-27-09
Item No.: 11.a

Department Approval

City Manager Approval



Item Description: Conduct public hearing for EVADO, Inc. DBA ZPizza application for On-Sale Wine And On-Sale 3.2% Liquor License.

Background

EVADO, Inc. DBA ZPizza has applied for an On-Sale Beer and an On-Sale Wine license at 1607 County Road C West. The City Attorney will review the application prior to the issuance of the license to ensure that it is in order. A representative from ZPizza 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

Conduct public hearing and consider approving/denying the On-Sale 3.2% Liquor and an On-Sale Wine license, for EVADO, Inc. DBA ZPizza located at 1607 County Road C West.

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



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar St., Suite 133, 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 Transloy Insurance Policy # 2333M877 UB
 LICENSEE'S MN SALES & USE TAX ID # _____ To apply for MN Sales Tax # call (651) 296-6181
 LICENSEE'S FEDERAL TAX ID # _____

Applicants Name (Business, Partnership, Corporation) EVADO Inc		Trade Name or DBA ZPIZZA	
Business Address 1607 County Rdc W		Business Phone (651) 633-3131	Applicant's Home Phone (612) 929-8448
City Roseville	County Ramsey	State MN	Zip Code 55113
Is this application ☒ New or ☐ Transfer	If a transfer, give name of former owner	License period From _____ To _____	
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		Address	DOB
Partner/Officer Name and title		Address	DOB
Partner/Officer Name and title		Address	DOB
Partner/Officer Name and title		Address	DOB

CORPORATIONS

Date of incorporation 11/6/2006	State of incorporation Minnesota	Certificate Number	Is corporation authorized to do business in Minnesota? ☒ Yes ☐ No
---	--	--------------------	---

If a subsidiary of another corporation, give name and address of parent corporation

BUILDING AND RESTAURANT

Name of building owner KPERS Realty Holding #41 Inc		Owner's address World Trade Ctr EAST Wd MA Boston	
Are Property Taxes delinquent? ☐ Yes ☒ No	Has the building owner any connection, direct or indirect, with the applicant? ☐ Yes ☒ No	Restaurant seating capacity 40	
Hour's food will be available Daily 11AM-10PM	No. of people restaurant employs 15	No. of months per year restaurant will be open 12	Will food service be the principle business? ☒ Yes ☐ No

Describe the premises to be licensed

Fast Casual Pizza restaurant 1650 sq.ft.

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