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

Attachment A

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 Travelers 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)	Trade Name or DBA		
EVADO Inc	ZPIZZA		
Business Address	**Business Phone**	**Applicant's Home Phone**	
1607 County Rd C W	(651) 633-3131	(612) 929-8448	
City	**County**	**State**	**Zip Code**
Roseville	Ramsey	MN	55113
Is this application X **New** or a ☐ **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	Social Security #	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	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota?
11/6/2006	Minnesota		X Yes ☐ No

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

BUILDING AND RESTAURANT

Name of building owner	Owner's address	
KPERS Realty Holding #41 Inc	World Trade Ctr EAST Boston MA 02210-2021	
Are Property Taxes delinquent? ☐ Yes X No	**Has the building owner any connection, direct or indirect, with the applicant?** ☐ Yes X 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? X 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