REQUEST FOR COUNCIL ACTION

Date: 10/12/09
Item No.: 11.a

Department Approval

City Manager Approval

Item Description: Public Hearing to Consider an Off Sale Liquor License for MGM Liquors

BACKGROUND

MGM Liquors has applied for an Off-Sale and Intoxicating liquor license at 1149 Larpenteur Avenue. The City Attorney will make a final review of the application prior to the issuance of the license to ensure that it is in order. A representative from MGM Liquors has been invited to attend the hearing to answer any questions the Council may have.

The City currently has 9 Off-Sale liquor Intoxicating licenses issued. Per current City Code, a maximum of 10 Off-Sale Intoxicating liquor licenses are allowed. If granted, this will be the 10th and final license.

POLICY OBJECTIVE

Not applicable.

FINANCIAL IMPACTS

Not applicable.

STAFF RECOMMENDATION

It has been the City's past practice to issue liquor licenses on a first-come, first-serve basis. The applicant has met all of the licensing requirements. As such, City Staff will be recommending approval at the public hearing.

REQUESTED COUNCIL ACTION

Open the public hearing to solicit public comments, and approve an Off-Sale Intoxicating liquor license for MGM Liquors.

Prepared by: Chris Miller, Finance Director
Attachments: A: MGM's Off-Sale Liquor License.

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 OFF SALE INTOXICATING LIQUOR LICENSE

No license will be approved or released until the $20 Retailer ID Card fee is received

Workers compensation insurance company. Name State Fund Mutual Policy # ___

Licensee's MN Sales and Use Tax ID # _____ *To apply for a MN sales and use tax ID #, call (651) 296-6181*

Licensee's Federal Tax ID # ___

If a corporation, an officer shall execute this application If a partnership, a partner shall execute this application.

Licensee Name (Individual, Corporation, Partnership, LLC)	Social Security #	Trade Name or DBA	
M6M Wine + Spirits, Inc.	[redacted]	M6M Wine + Spirits	
License Location (Street Address & Block No.)	License Period From 11-1-09 To 6-30-2010		Applicant's Home Phone #
1149 Larpenteur Ave W.			
City: Roseville	County: Ramsey	State: MN	Zip Code: 55113
Name of Store Manager: TBD	Business Phone Number: No phone # yet		DOB (Individual Applicant)

If a corporation or LLC state name, date of birth, Social Security # address, title, and shares held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Address, City, State, Zip Code

1. If a corporation, date of incorporation ___, state incorporated in _____, amount paid in capital _____, a subsidiary of any other corporation, so state _____ and give purpose of corporation _____. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota? ☐ Yes ☐ No

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. _____

3. Is establishment located near any state university, state hospital, training school, reformatory or prison? ☐Yes ☒No If yes state approximate distance. _____

4. Name and address of building owner: Centro Bradley SPE 5 LLC
98 W. 66th St. #204 Richfield, MN 55423
Has owner of building any connection, directly or indirectly, with applicant? ☐ Yes ☒No

5. Is applicant or any of the associates in this application, a member of the governing body of the municipality in which this license is to be issued? ☐ Yes ☒No If yes, in what capacity? _____

6. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. No

7. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota? ☒Yes ☐ No If yes, give name and address of establishment. See attached