REQUEST FOR COUNCIL ACTION

Date: 05-23-11 Item No.: 11.a

Department Approval

City Manager Approval

Ctton K. mill

Item Description: Outback Steakhouse of Florida LLC's application for On-Sale and Sunday Intoxicating Liquor License.

Background

Outback Steakhouse of Florida, LLC has applied for an On-Sale and Sunday Intoxicating Liquor License at 2181 Snelling Ave N. The Outback Midwest II, LP has transferred ownership to its sole general partner Outback Steakhouse of Florida, LLC.

The City Attorney will review the application prior to the issuance of the license to ensure that it is in order.

A representative from Apple Minnesota, LLC will attend the hearing to answer any questions the Council

A representative from Apple Minnesota, LLC 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

Motion approving/denying Outback Steakhouse of Florida, LLC's application request for On-Sale & Sunday Intoxicating Liquor License located at 2181 Snelling Ave N.

Prepared by: Chris Miller, Finance Director

Attachments: A: Application

10

11

12 13

14

17

18



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 Count | y Issuing Liquor Licer | nse City of Rose | ville License Period From: 1/1/20 | To: 12/31/2011 |
| Circle One: New Lice | ense License Transfe | or Outback/Midwe (former licen | | on Cancel(Give dates) |
| License type: (circle al | l that apply) On Sal | le Intoxicating | Sunday Liquor 3.2% On sa | ale 3.2% Off Sale |
| Fee(s): On Sale Licens | e fee:\$Sund | ay License fee: \$ | 3.2% On Sale fee: \$ | 3.2% Off Sale fee: \$ |
| Licensee Name: Outba | ck Steakhouse of Fl poration, partnership, LLC, | or Individual) | OOB Social Security | #_ ^F |
| Business Trade Name_ | Outback Steakhouse | Busin | ness Address 2181 Snelling Avenu | e N City Roseville |
| Zin Code 55113 County Ramsey Business Phone (651) 697-1224 Home Phone | | | | |
| Home Address 2202 N. West Shore Blvd. City Tampa, FL 33607 Licensee's MN Tax ID # | | | | |
| Licensee's Federal Tax | | | C | Го Apply call 651-296-6181) |
| Diodisco 5 1 oddia: 145 | (To apply call IRS | | - | |
| If above named license Dirk A. Montgomery | • • • • | tnership, or LLC, | complete the following for each par | tner/officer: |
| Partner/Officer Name (Firs Joseph J. Kadow, E | t Middle Last) xec. Vice Presiden | DOB t | Social Security # | Homo Addross |
| (Partner/Officer Name (Fir | st Middle Last) | DOB | Social Security # | Home Address |
| Partner/Officer Name (Firs | t 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 Compensatio | n Insurance is also req | uired by all licens | ees: Please complete the following: Oak Fire Insurance Co. | : |
| Workers Compensatio | n Insurance Company | Name: | Policy # TC2 | 20UB395J499509 |
| I Certify that this licen City Clerk or County | se(s) has been approve Auditor Signature | ed in an official m | eeting by the governing body of the (title) | city or county. |
| | | | ase a \$20 Retailer Buyers Card. | . To obtain the |

(Form 9011-12/09)