

**AGENDA
CITY COUNCIL
CITY OF EAST GRAND FORKS
JULY 13, 2010
5:00 PM**

SPECIAL MEETING

CALL TO ORDER

CALL OF ROLL

DETERMINATION OF A QUORUM

1. Consider approving the temporary liquor license application for the VFW Post 3817, for the Bites and Bikes, Ride in Motorcycle Show for July 22, 2010 from 4pm-8pm closing North Riverstreet.
2. Consider approving the transfer of liquor license of Whitey's Café to HRG LLC-dba: Whitey's Steak and Seafood.

ADJOURN

Upcoming Meetings:

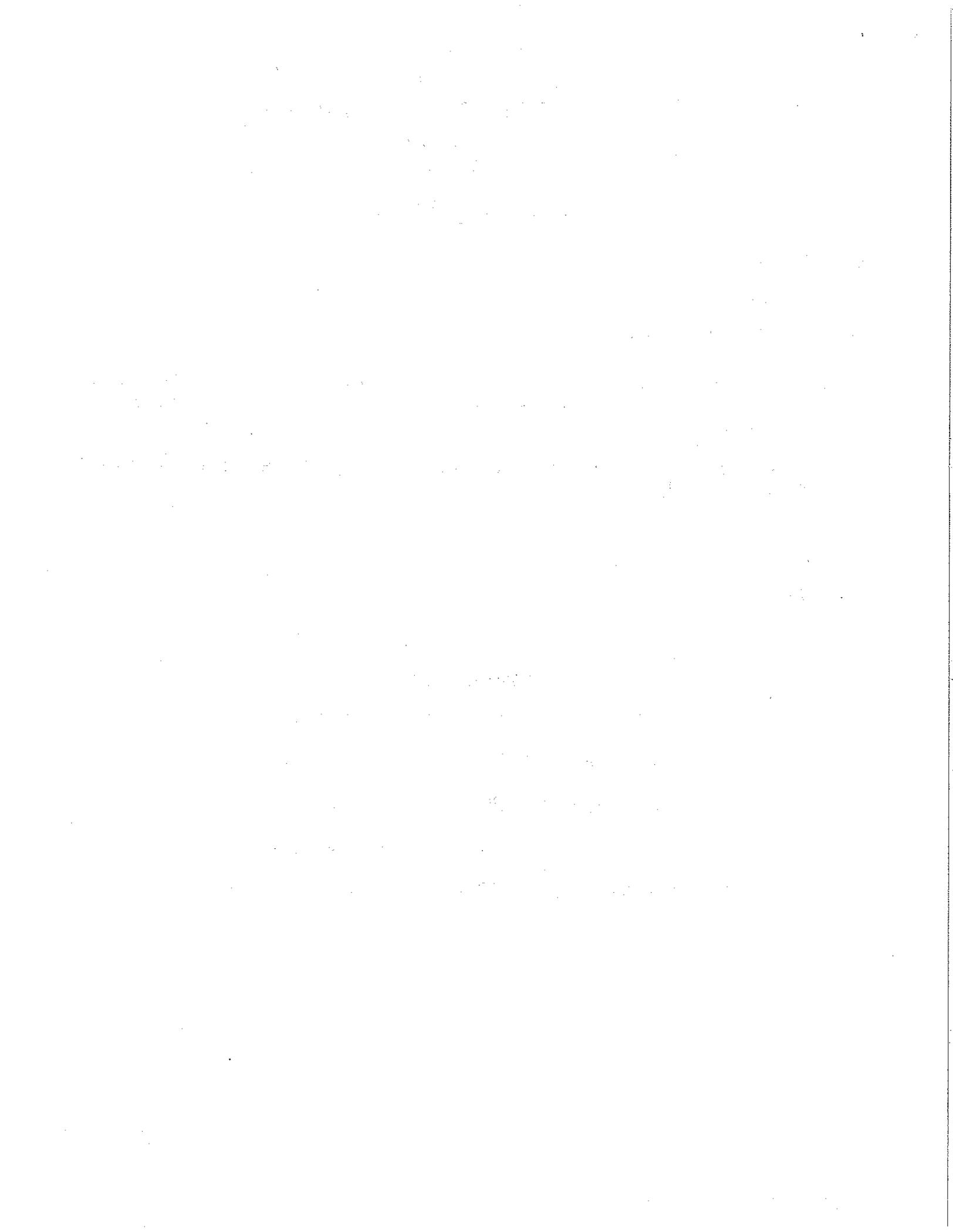
Regular Meeting – July 20, 2010 – 5:00 PM – Council Chambers

Work Session – July 27, 2010 – 5:00 PM – Training Room

Regular Meeting – August 3, 2010 – 5:00 PM – Council Chambers

Work Session – August 10, 2010 – 5:00 PM – Training Room

Regular Meeting – August 17, 2010 – 5:00 PM – Council Chambers





Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar Street Suite 133, St. Paul MN 55101-5133
 (651) 215-6209 Fax (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US



**APPLICATION AND PERMIT
 FOR A 1 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

TYPE OR PRINT INFORMATION

NAME OF ORGANIZATION <i>VFW Post 3817</i>		DATE ORGANIZED <i>1942</i>	TAX EXEMPT NUMBER	
STREET ADDRESS <i>312 Demers Ave.</i>		CITY <i>East Grand Forks</i>	STATE <i>MN</i>	ZIP CODE <i>56721</i>
NAME OF PERSON MAKING APPLICATION <i>Kathy Mills, Manager</i>		BUSINESS PHONE <i>(218) 773-2481</i>	HOME PHONE <i>(218) 773-9592</i>	
DATES LIQUOR WILL BE SOLD <i>7-22-10</i>		TYPE OF ORGANIZATION <input checked="" type="checkbox"/> CLUB <input type="checkbox"/> CHARITABLE <input type="checkbox"/> RELIGIOUS <input type="checkbox"/> OTHER NONPROFIT		
ORGANIZATION OFFICER'S NAME <i>Roger Pohlman</i>		ADDRESS <i>903 S. 10th St. Grand Forks, ND 58201</i>		
ORGANIZATION OFFICER'S NAME <i>Leonard Conley</i>		ADDRESS <i>419 Cherry St. #5 Grand Forks, ND 58201</i>		
ORGANIZATION OFFICER'S NAME <i>Ardell Buchholz</i>		ADDRESS <i>606 3rd Avenue East Grand Forks, MN 56721</i>		
Location license will be used. If an outdoor area, describe <i>Riverwalk Boardwalk (In front of Whitey's, Applebees, Blue Moose)</i>				
Will the applicant contract for intoxicating liquor service? If so, give the name and address of the liquor licensee providing the service.				
Will the applicant carry liquor liability insurance? If so, please provide the carrier's name and amount of coverage. <i>Yes</i> <i>Nova Casualty Co. 300,000 Occurrence</i> <i>300,000 Aggregate</i>				
APPROVAL				
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL & GAMBLING ENFORCEMENT				
CITY/COUNTY _____		DATE APPROVED _____		
CITY FEE AMOUNT _____		LICENSE DATES _____		
DATE FEE PAID _____		_____		
SIGNATURE CITY CLERK OR COUNTY OFFICIAL _____		APPROVED DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT _____		

NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the License for the event

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

04/21/2010

PRODUSEP

 Lockton Risk Services
 P.O. Box 410679
 Kansas City, MO 64141-0679
 800-829-8390

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

 INSURED Red River Valley Post #3817 Veterans of Foreign Wars of the U.S.
 312 Demers Avenue NW
 East Grand Forks, MN 56721

INSURERS AFFORDING COVERAGE
NAIC#

 INSURER A: Nova Casualty Co.
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

42552

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS																
		GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMSMADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea. occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$																
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea. accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$																
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$																
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMSMADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$																
A		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	LFR-WK-0010939-0	07/01/2010	07/01/2011	<table border="1"> <tr> <td><input checked="" type="checkbox"/></td> <td>WC STATU-TORY LIMITS</td> <td><input type="checkbox"/></td> <td>OTH-ER</td> </tr> <tr> <td></td> <td>E.L. EACH ACCIDENT</td> <td>\$</td> <td>100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> <td>100,000</td> </tr> <tr> <td></td> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> <td>500,000</td> </tr> </table>	<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER		E.L. EACH ACCIDENT	\$	100,000		E.L. DISEASE - EA EMPLOYEE	\$	100,000		E.L. DISEASE - POLICY LIMIT	\$	500,000
<input checked="" type="checkbox"/>	WC STATU-TORY LIMITS	<input type="checkbox"/>	OTH-ER																			
	E.L. EACH ACCIDENT	\$	100,000																			
	E.L. DISEASE - EA EMPLOYEE	\$	100,000																			
	E.L. DISEASE - POLICY LIMIT	\$	500,000																			
A		OTHER Liquor Liability	LFR-BP-0015426-0	07/01/2010	07/01/2011	Occurrence \$300,000 Aggregate \$300,000																

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Proof of Coverage

CERTIFICATE HOLDER

 City of East Grand Forks
 211 Demers Avenue
 East Grand Forks, MN 56721

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 10 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



CHECKLIST FOR TRANSFERS – FULL LIQUOR LICENSE

- Sales and Use Tax ID number. Call Minnesota Department of Revenue at 651 296-6181 to apply. Write sales tax number on liquor license application.
- Federal Occupational Tax Stamp. Call the Bureau of Alcohol, Tobacco and Firearms (BATF) at 800 937-8864. (We do not need proof of this being done).
- ^{DONE} General Information Sheet
- Buyer's card application along with \$20. (Fee paid to the state) **FORM 9135**
- Application for Off-Sale Intoxicating Liquor License **FORM 9136 & (YELLOW FORM 9008 –signed by Mayor & City Administrator)**
- Certification of an On-Sale Liquor License, 3.2% Liquor License, or Sunday Liquor License **FORM 9011**
- Application for Optional 2 am Liquor License (Fee paid to the state) (Form 2AM-2004)
- Liquor Liability Insurance Certificate:** that covers your license period completely. (see below for further details). Do not submit applications for license without liquor liability insurance on either a new license or renewal. Do not submit insurance company applications or invoices as proof of liquor liability. These documents are not proof of insurance. We must have a certificate of liquor liability insurance. **DO NOT ENCLOSE ANY DOCUMENT THAT READS "INSURANCE DECLARATION", "BINDER" OR "QUOTE"!!** This is not the final certificate issued for proof of liquor liability. **(3.2% licensee's exempt if sales are less than \$25,000 at on sale and \$50,000 at off sale.)**
 - INSURANCE DATES: 2010 SHOULD BE: 7/01/10-6/30/11 OR 7/01/10-7/01/11.**
Depends on the time of the transfer, insurance dates should go from the beginning of the transfer to remaining of the insurance requirements. Example: If your transfer should take place on May 1, 2010 your dates should read: 5/01/10-7/01/10.
 - The name on the insurance certificate matches EXACTLY with the LICENSEE NAME listed on the renewal or new application.
 - The address listed on the Liquor Liability Insurance Certificate matches the same physical location as the licensed premises. NO HOME ADDRESSES OR P.O. BOXES. If a special mailing address is required, please list on separate form.
- Proof of workers' compensation insurance coverage statement.** Contact your insurance agent to apply for workers compensation and liquor liability insurance. Our office must have proof of both before approval will be granted. Certificates of insurance must be in your exact corporate name if you are incorporated, or individual name(s) if not incorporated. The effective dates of the certificate of liquor liability must cover the license period of your city or county completely. The minimum limits of the policy are \$100,000 and a \$300,000 aggregate per policy year per licensed location. Applications submitted for new licenses or renewals sent without liquor liability are not approved, and are blocked from receiving liquor shipments from the wholesalers.
- Application & Investigation fees:** At the time of the initial application, an applicant for an on-sale or off-sale 3.2% malt liquor, intoxicating liquor license or on-sale wine license shall pay to the city the sum of \$50 if a natural person, and \$75 if a partnership, or \$150 if a corporation, which fee shall be considered an application and investigation fee, non refundable to applicant, to cover the costs of the city in processing the application and investigation thereof. No fee shall be required of an applicant for a temporary beer license.

CHECKLIST FOR TRANSFERS - FULL LIQUOR LICENSE

Transfer: Each license shall be issued only to the applicant and for the premises described in the license. No license may be transferred to another person or place without Council approval. Any transfer of stock of a corporate licensee is deemed a transfer of the license. Any application for transfer of license, either to another person or place, or transfer of stock in corporate licensee, shall be accompanied by a payment of a fee of \$25. It is unlawful to make any transfer in violation of this subsection, and any such transfer shall also be grounds for revocation of the license.

Fees payable to the Minnesota Alcohol & Gambling Enforcement Division: Mail application & check to AGED, 444 Cedar St., Suite 133, St. Paul, MN 55101-5133

Buyer's card application: \$20

2am Liquor License if desired:

- \$300 2 AM license fee - Up to \$100,000 in on sale gross receipts for alcoholic beverages
- \$750 2 AM license fee - Over \$100,000, but not over \$500,000 in on sale gross receipts for alcoholic beverages
- \$1,000 2 AM license fee - Over \$500,000 in on sale gross receipts for alcoholic beverages
- \$200 2 AM license fee - 3.2% On Sale Malt Liquor licenses or Set Up license holders
- \$200 2 AM license fee - Did not sell alcoholic beverages for a full 12 months prior to this application

Fees payable to the City of East Grand Forks.

Transfer: \$25

Application & Investigation Fee: Natural Person: \$50

Partnership: \$75

Corporation: \$150

OFFICE USE ONLY

DATE MAILED TO ESTABLISHMENT: _____ DATE RETURNED TO CITY HALL: _____

COUNCIL ACTION DATE: _____ SENT TO STATE DATE: _____

~~EC#~~

**GENERAL INFORMATION SHEET
REQUIRED TO ACCOMPANY ANNUAL BEER AND LIQUOR APPLICATIONS**

1. Name of applicant: HRG LLC

2. Is applicant an **individual**, **partnership** or **corporation?** (Circle one)
 If individual, go to question 7 and continue. If partnership, go to question 6 and continue.
 If corporation, start at question 3 and continue.

3. Name of Officers

<u>CHINTON Rodningen Jr.</u>	President
<u>DARRON BENSON</u>	Vice-Pres
<u>Roger Kenner</u>	Treasurer
<u>Ralph THOMAS</u>	Secretary

4. Names of Directors

DAVID L. NORMAN

CARMEN NORMAN

TRISHA NORMAN

5. Names of stockholders and number of shares held by each:

Name	Number of Shares
<u>Chinton Rodningen</u>	<u>10,000</u>
<u>Roger KENNER</u>	<u>20,000</u>
<u>Ralph THOMAS</u>	<u>20,000</u>
<u>NORMAN FAMILY Holdings LLP.</u>	<u>10,000</u>
<u>DARRON BENSON</u>	<u>10,000</u>

6. Names of Partners: SAME AS ABOVE

7. Name and address of manager/agent: (must be a resident of city)
TERRY Hecht 1427 Central Ave N.W. EGF. MN 56721

8. Seating capacity for serving meals at tables related to the Sunday On Sale liquor license:
200

9. Are there any delinquent taxes or charges owed to the City on the premises where licenses are to be issued: Yes _____ No X

10. Are there any individuals who are involved with the licenses requested under the age of 21 or not citizens of the United States? Yes _____ No X

Dave L Norman
 Signatures of authorized individual

MAY 8, 2010
 Date

FED ID# 80-058774

MN ID# 1597358

PROOF OF WORKERS' COMPENSATION INSURANCE COVERAGE

Minnesota Statute Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Section 176.181, Subd. 2. The information required is: The name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and put in their company file. It will be furnished, upon request, to the Department of Labor and Industry to check for compliance with Minnesota Statute Sec. 176.181, Subd. 2.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided and/or falsely reported, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry payable to the Special Compensation Fund.

Provide the information specified above in the spaces provided, or certify the precise reason your business is excluded from compliance with the insurance coverage requirement for workers' compensation.

Insurance Company Name: UNITED FIRE

(Not the insurance agent)

Policy Number or Self-Insurance Permit Number: 60349120

Dates of Coverage: 7-1-09 7-1-10

(or)

I am not required to have workers' compensation liability coverage because:

I have no employees covered by the law.

Other (specify) _____

I HAVE READ AND UNDERSTAND MY RIGHTS AND OBLIGATIONS WITH REGARDS TO BUSINESS LICENSES, PERMITS AND WORKERS' COMPENSATION COVERAGE, AND I CERTIFY THAT THE INFORMATION PROVIDED IS TRUE AND CORRECT.


(Signature)

Certificate of Liability Insurance

Date of Issue 05/21/2010

Producer C & H INSURANCE LLC 1427 CENTRAL AVE NW EAST GRAND FORKS, MN 56721 (218) 773-0287	This Certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policies below.
Companies Affording Coverage	
Company A	United Fire & Casualty Company
Company B	
Company C	
Company D	
Company E	

Coverages
 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 show may have been reduced by paid claims.

Co Ltr	Type of Insurance	Policy Number	Policy Effective Date	Policy Expiration Date	Limits	
A	General Liability <input checked="" type="checkbox"/> Commercial General Liability <input type="checkbox"/> Claims Mad <input type="checkbox"/> Occurrence <input type="checkbox"/> Owners & Contractor's Prot <input checked="" type="checkbox"/> Liquor Liability	105-60349120	07/01/2009	07/01/2010	General Aggregate	\$2,000,000
					Products-Comp/Op Agg	\$2,000,000
					Personal & Adv Injury	\$1,000,000
					Each Occurrence	\$1,000,000
					Fire Damage (any one fire)	\$100,000
					Med Exp (Any one person)	\$5,000
B	Automobile Liability <input checked="" type="checkbox"/> Any Auto <input checked="" type="checkbox"/> All owned Autos <input checked="" type="checkbox"/> Scheduled Autos <input checked="" type="checkbox"/> Hired Autos <input checked="" type="checkbox"/> Non-Owned Autos <input type="checkbox"/>				Combined Single Limit	
					Bodily Injury (Per Person)	
					Bodily Injury (Per Accident)	
					Property Damage	
	Garage Liability <input checked="" type="checkbox"/> Any Auto <input type="checkbox"/>				Auto Only - Ea Accident	
					Other Than Auto Only:	
D	Excess Liability <input checked="" type="checkbox"/> Umbrella Form <input checked="" type="checkbox"/> Other Than Umbrella Form				Each Occurrence	
					Aggregate	
E	Workers Compensation and The Proprietor/Partners/ Executive Officers are: <input checked="" type="checkbox"/> Incl <input type="checkbox"/> Excl				<input checked="" type="checkbox"/> WC Statutory Limits <input type="checkbox"/> Other	
					EL Each Accident	
					EL Disease - Policy Limit	
	Other					

Description of Operations/Locations/Vehicles/Special Items

Certificate Holder City of East Grand Forks PO Box 373 East Grand Forks, MN 56721	Cancellation Should any of the above described policies be cancelled before the expiration thereof, the issuing company will endeavor to mail 30 days written notice to the certificate holder named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.
	Authorized Representative Terry Hecht <i>Terry Hecht</i>



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
444 Cedar Street Suite 222
St. Paul, MN 55101-5133
Phone (651) 291-7507 TDD (651) 282-6555
Fax (651) 297-5259

CARD NUMBER

(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY <i>EAST GRAND FORKS</i>	TYPE CODE <i>CMBS</i>	BUYER'S CARD EXPIRES <i>6-30-2010</i>	IDENTIFICATION # <i>2261</i>
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE) <i>H R G LLC.</i>	BUSINESS NAME (DBA) <i>Whiteys Steaks & Seafood</i>		
BUSINESS ADDRESS <i>121 DEMERS AVE</i>	COUNTY	BUSINESS PHONE	
CITY, STATE, ZIP CODE <i>EAST GRAND FORKS MN 56721</i>	AUTHORIZED SIGNATURE <i>David L. Norman</i>		

PS 9135 (12/09)