



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 County Issuing Liquor License **Grand Rapids** License Period From: **3/1/2024** To: **12/31/2024**

Circle One: **New License** License Transfer Suspension Revocation Cancel  
(former licensee name) (Give dates)

License type: (circle all that apply) **On Sale Intoxicating** **Sunday Liquor** 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ 2,500.00 Sunday License fee: \$ 200.00 3.2% On Sale fee: \$ 150.00 3.2% Off Sale fee: \$ 100.00

Licensee Name: **Woodford LLC** DOB **[REDACTED]**  
(corporation, partnership, LLC, or individual)

Business Trade Name **Woody's Bar & Grill** Business Address **31 3rd St NE** City **Grand Rapids**

Zip Code **55744** County **Itasca** Business Phone **[REDACTED]** Home Phone **[REDACTED]**

Home Address **[REDACTED]** Licensee's MN Tax ID # **[REDACTED]**  
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # **[REDACTED]**  
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

**Estefania Sachiko Woodford** **[REDACTED]** DOB **[REDACTED]** Social Security # **[REDACTED]** Home Address **[REDACTED]**

Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

Partner/Officer Name (First 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 Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: **Grinnell Mutual** Policy # **[REDACTED]**

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.  
City Clerk or County Auditor Signature **[Signature]** (title) **[REDACTED]** Date **1-26-26**

**On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at [www.dps.state.mn.us](http://www.dps.state.mn.us).**

State of Minnesota  
*License Applicant Information*

Under Minnesota Law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of revenue delinquent taxes, penalties or interest;
- The licensing agency will supply it only to the Minnesota of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. Do not return this form to the department of revenue.

*Please print or type*

On Sale Intoxicating Liquor  
Name of license being applied for and license number

City of Grand Rapids  
Licensing authority (name of city, county or state agency issuing license)

12/31/2026  
License renewal date

***Personal Information:***

Woodford  
Applicant's last name

[REDACTED]  
Applicant's address

***Business information (if applicable):***

Woodford LLC DBA: Woody's Bar & Grill  
Business name

31 3rd St NE Grand Rapids, MN 55744  
Business address

[REDACTED]  
Minnesota tax identification number

[REDACTED]  
Federal tax identification number

*If a Minnesota tax identification number is not required, please explain on the reverse side of this form.*

WTW  
Signature

Owner  
Title

1/20/2026  
Date