



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 Fax 651-297-5259 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization		Date organized	Tax exempt number	
Southwest Minnesota State University		10/17/1963	[REDACTED]	
Organization Address	City	State	Zip Code	
1501 State Street	Marshall	MN	56258	
Name of person making application		Business phone	Home phone	
Allison Monson		507 - 537-7133	[REDACTED]	
Date(s) of event	Type of organization		<input type="checkbox"/> Microdistillery <input type="checkbox"/> Small Brewer	
Saturday, September 10, 2022 (Ag Bowl)	<input type="checkbox"/> Club <input type="checkbox"/> Charitable <input type="checkbox"/> Religious <input type="checkbox"/> Other non-profit			
Organization officer's name	City	State	Zip Code	
Nathan Polfliet	Marshall	MN	56258	
Organization officer's name	City	State	Zip Code	
Devin Gorter	Marshall	MN	56258	
Organization officer's name	City	State	Zip Code	
		MN		

Location where permit will be used. If an outdoor area, describe.
Regional Events Center

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.
North Risk Partners 2,000,000 / 2,000,000

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license	Date Approved
Fee Amount	Permit Date
Date Fee Paid	City or County E-mail Address
	City or County Phone Number

Signature City Clerk or County Official

Please Print Name of City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event.

ONE SUBMISSION PER EMAIL, APPLICATION ONLY.

PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US

CONSENT FOR THE RELEASE OF INFORMATION

Date: 4/28/2022

The following named individual has made application with this agency for (license type)

Temporary Liquor License - September 10, 2022

Last Name: Monson
First Name: Allison
Middle: Elizabeth
Maiden, Alias or Former: Kruger
Date of Birth: 10/06/1980
(MM/DD/YYYY)
Sex (M or F): F
Drivers License Number: L-782-155-247-017
Drivers License State: Minnesota
Phone Number: 507-829-4564

I authorize the City of Marshall Police Department to disclose all applicable criminal history record information to the City of Marshall for the purpose of licensure (pursuant to Minn. Stat. § 299C.72 and/or Minn. Stat. § 340A.402).

The expiration of this authorization shall be for a period no longer than one year from the date of my signature.



Signature of Applicant Date

Office of City Clerk
344 West Main Street - Marshall, MN 56258
(507) 537-6775
www.ci.marshall.mn.us

Certificate of Compliance

Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 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 Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry. A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number (507) 537-6285	Alternate telephone number	
Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) SOUTHWEST MINNESOTA STATE UNIVERSITY			
DBA ("doing business as" or "also known as" an assumed name), if applicable			
Business address (must be physical street address, no P.O. boxes) 1501 STATE STREET	City MARSHALL	State MN	ZIP code 56258
County LYON	Email address Nathan.Polfliet@SMSU.EDU		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. **I have a workers' compensation insurance policy.**

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see www.mn.gov/commerce/industries/insurance/licensing/self-insurance.)

2. **I am not required to have workers' compensation insurance because:**

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name

Nathan Polfliet

Applicant signature (required)

Nathan Polfliet

Title

Executive Director

Date

4/22/2022

If you have questions about completing this form or to request this form in Braille, large print or audio, call (651) 284-5032 or 1-800-342-5354.

MINNESOTA LIQUOR LIABILITY ASSIGNED RISK PLAN
Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190, Burnsville, MN 55337
(952) 641-0260 WWW.MJUA.ORG

APPLICATION FOR LIQUOR LIABILITY COVERAGE

SPECIAL EVENT & SEASONAL

Enclosed is an "Application for Coverage" and rate schedule for the Minnesota Liquor Liability Assigned Risk Plan. (The Plan) This coverage available through the MJUA is subject to the same requirements and conditions applicable to other risks.

No application will be accepted unless the application is fully completed, legible and signed by an authorized representative of the Applicant (License Holder).

The following MUST accompany the completed application:

1. A copy of the applicant's liquor license(s) clearly indicating the name of the Legal Licensee and issuing authority. **We will accept the completed application for a pending license.**
2. Full premium payment. Checks should be made payable to "MJUA". **We no longer accept agency checks.** Payments must be made in the form of a check or money order from insured. All refunds or over payments will be issued back to the insured.
3. Copy of ordinance if Increased Limits or being listed as an Additional Insured are required by licensing authority.

This is an audited policy. Final premium will be calculated after audit is completed. Audits are to be submitted with supporting documentation with 30 days from policy expiration date.

A written rejection is not presently required for a "Special Event". The above required documentation should be submitted directly to the Minnesota Joint Underwriting Association (MJUA). A qualifying liquor vendor can choose to submit application direct to the Plan without the services of an agent.

The rate for the minimum limits of liability under Minnesota Statutes is \$5 per \$100 of gross liquor receipts. Minimum premium is \$125/day for events of 4 days or less. For events of 5 days or more, the minimum premium is \$625. The \$5 rate applies to sales in excess of sales necessary to generate the minimum premium. You must maintain daily records of receipts for events of less than 5 days.

Agents do NOT have binding authority on behalf of the Plan.

The agent may not sign on behalf of the License Holder. Agent commission is 10%

Minnesota Joint Underwriting Association
12400 Portland Ave S, Suite 190, Burnsville, MN 55337
(952) 641-0260 WWW.MJUA.ORG

MINIMUM LIMITS OF LIABILITY PER MINNESOTA STATUTES

<u>Coverage</u>	<u>Limits of Liability</u>
Bodily Injury	\$ 50,000 each person \$100,000 each occurrence
Property Damage	\$ 10,000 each occurrence
Loss of Means of Support	\$ 50,000 each person \$100,000 each occurrence
Pecuniary Loss	\$ 50,000 each person \$100,000 each occurrence
Annual Aggregate	\$310,000

ANNUAL RATES FOR ABOVE LIMITS
(Per \$100 of Liquor Sales)

Classification	Minimum Premium	Rate
Special Events (1-4 days)	\$125/day (up to \$2500/day in liquor sales)	\$5.00
Seasonal (5 days or more)	\$625 (up to \$12,500/season in liquor sales)	\$5.00

INCREASED LIMITS FACTORS

Note – Increased limits and Additional Insured listings are available only to vendors who are REQUIRED to do so by their local licensing authority. The MJUA requires that it be provided with a copy of the ordinance at the same time an application is submitted.

The factors shown below must be applied to the rates and minimum premiums shown for the applicable classification on previous page.

<u>Increased Limits</u>	<u>Factor</u>	<u>Special Event Minimum Premium</u>	<u>Special Event Rate Per \$100 of Sales</u>
100/300/20/310	1.17	\$146.25	\$5.85/100
100/300/50/310	1.18	\$147.50	\$5.90/100
500/500/100/500	1.50	\$187.50	\$7.50/100
1M/1M/300/1M	1.64	\$205.00	\$8.20/100
1500/1500/50/1500	1.65	\$206.00	\$8.25/100
1M/2M/300/2M	1.66	\$208.00	\$8.30/100
2M/2M/1500/2M	1.88	\$235.00	\$9.40/100

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**SPECIAL EVENT OR SEASONAL - SHORT TERM
Application for Liquor Liability Coverage**

Coverage will not be bound if the correct premium payment, current license or license application,
and this signed & completed application are not attached.
Coverage cannot be bound prior to 12:01 a.m. the day following receipt of the above.

Legal Name Of Applicant: Southwest Minnesota State University

Trade Name (Dba): SMSU Foundation (As Shown On License)

Mailing Address: 1501 State Street

City, State: Marshall, MN Zip: 56258 County: Lyon

Phone: 507/ 537-6285 Email: _____

Type Of Ownership: Corporation Individual Partnership Non-Profit Other

Agency Name: North Risk Partners Agent: Missy Will

Mailing Address: 200 South O'Connell MJUA Agency Code 3405

City: Marshall State: MN Zip: 56258 Phone: 507/ 401-2300

Email: missy.will@northriskpartners.com TaxID: _____

APPROVED LICENSE OR COMPLETED LICENSE APPLICATION MUST ACCOMPANY THIS FORM

******NOTE: WE WILL ACCEPT THE COMPLETED LICENSE APPLICATION UNTIL LICENSE IS APPROVED******

TYPE OF LICENSE: TEMPORARY 1-4 DAY NUMBER OF DAYS? _____
 SEASONAL NUMBER OF MONTHS? _____
 CATERING OTHER, EXPLAIN _____

License Approved? Yes No If Yes, Current Licensing Period _____ To _____ License # _____

Proposed Effective Date: From 9/10/2022 To 9/11/2022 12:01 A.M.

Will Event Go Past 12:00am? Yes No If Yes, List Time As Stated On License: _____

Event Location: as stated on license - If An Outdoor Area, Describe.

Regional Events Center

A POLICY CAN NOT BE ISSUED WITHOUT A LIQUOR LICENSE OR the application for a pending liquor license.

Certificate Holder (City Or County Approving The License): City of Marshall

Mailing Address: 200 South O'Connell

City: Marshall State: Mn Zip Code: 56258

Does The Licensing Authority Require To Be Listed As An Additional Insured On Insurance Certificate?

Yes No If Yes, Attach Ordinance Or Letter From Licensing Authority

Does The Licensing Authority Require Your Policy To Have Increased Limits?

Yes No If Yes, Please See Attached Increased Limits Factor Section & Attach Ordinance

****Minimum premium covers up to \$2,500 alcohol sales per day for special events & up to \$12,500 alcohol sales per season. The rate for the minimum limits of liability under Minnesota Statutes is \$5 per \$100 of gross liquor receipts.****

Estimated Gross Receipts From Alcoholic Beverage Sales:

Special Event \$ 4,000 Seasonal \$ 4,000

Gross Alcohol Sales Receipts From Past Season Or Event: \$ 4,000

Has Applicant Previously Had A Liquor Liability Policy With MJUA?

Yes No If Yes, Previous Policy # _____

Has Applicant Submitted Audits For Previous Policies? Yes No

Will Alcoholic Beverages Be Included In Ticket Sales At Event?

Yes No If Yes, How Do You Track Alcoholic Beverage Sales? _____

*****This is an audited policy. Final premium is calculated after audit is completed. Audits are to be submitted with supporting documents within 30 days after policy expiration date.*****

CAUTION:

Any misrepresentation made by the applicant can void coverage or result in cancellation. False or misleading answers to the following questions would constitute gross misrepresentation and **VOID COVERAGE**.

THE FOLLOWING QUESTIONS MUST BE ANSWERED BY ALL APPLICANTS.

- ❖ Does the applicant conduct any activities outside the state of Minnesota for which the applicant is applying for insurance from MJUA? No Yes
- ❖ If yes, identify the percentage amount of the applicant's activities conducted outside the state of Minnesota; the states in which those activities are conducted; and describe such activities. _____

❖ Does the applicant understand that the insurance being applied for does not cover, and will not indemnify, the applicant for any liability or loss arising from the applicant's activities that are conducted substantially outside the state of Minnesota, unless required by statute, ordinance, or otherwise required by Minnesota law.

No Yes

Has license ever been revoked/suspended? Yes No If yes, list date and explanation:

A "Loss" does not include "notice of claim." Unless, following receipt of notice, your insurer or you in the event you were self-insured made a payment in settlement of the claim or the insurer established a reserve for the loss.

A "Violation" includes any conviction on a charge brought against the applicant or any employee or agent of the applicant arising out of the illegal sale of liquor.

You must submit LOSS RUNS from previous carriers, if applicable, for three years preceding your request for coverage. In the event you were self-insured, please submit a listing of all claims made against your establishment during your period of self-insurance. Loss history must be submitted for each of the three years.

PREVIOUS COVERAGE INFORMATION:

Do You Have Any Previous Liquor Claims? Yes No

Previous three years of insurance coverage prior to effective date of coverage desired:

	<u>CARRIER</u>	<u>POLICY #</u>	<u>POLICY PERIOD</u>	<u>LOSSES AND VIOLATIONS</u>
1)	Minnesota Joint Underwriting Association L 220010		2/19/22 - 2/20/22	No Losses <input type="checkbox"/>
2)	Minnesota Joint Underwriting Association L190317		1/31/20 - 2/1/20	No Losses <input type="checkbox"/>
3)	Minnesota Joint Underwriting Association L 190314		9/7/19 - 9/8/19	No Losses <input type="checkbox"/>

Applicant agrees to permit contract administrator to audit applicant's books and records during normal working hours to extent deemed necessary to verify information relating to receipts from Liquor Sales and/or other matters concerning the coverage applied for.

APPLICANT'S NAME: Allison Monson TITLE: Associate Director of Att

APPLICANT'S SIGNATURE:  DATE: 4-29-22

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No application will be accepted unless the application is fully completed, legible and signed by an authorized representative of the applicant (license holder).

ATTACH ALL REQUIRED DOCUMENTS WITH THIS APPLICATION

POLICYHOLDER DISCLOSURE NOTICE OF TERRORISM INSURANCE COVERAGE

Coverage for acts of terrorism is included in your policy. You are hereby notified that the Terrorism Risk Insurance Act, as amended in 2019, defines an act of terrorism in Section 102(1) of the Act: The term "act of terrorism" means any act or acts that are certified by the Secretary of the Treasury—in consultation with the Secretary of Homeland Security, and the Attorney General of the United States—to be an act of terrorism; to be a violent act or an act that is dangerous to human life, property, or infrastructure; to have resulted in damage within the United States, or outside the United States in the case of certain air carriers or vessels or the premises of a United States mission; and to have been committed by an individual or individuals as part of an effort to coerce the civilian population of the United States or to influence the policy or affect the conduct of the United States Government by coercion. Under your coverage, any losses resulting from certified acts of terrorism may be partially reimbursed by the United States Government under a formula established by the Terrorism Risk Insurance Act, as amended. However, your policy may contain other exclusions which might affect your coverage, such as an exclusion for nuclear events. Under the formula, the United States Government generally reimburses 80% beginning on January 1, 2020, of covered terrorism losses exceeding the statutorily established deductible paid by the insurance company providing the coverage. The Terrorism Risk Insurance Act, as amended, contains a \$100 billion cap that limits U.S. Government reimbursement as well as insurers' liability for losses resulting from certified acts of terrorism when the amount of such losses exceeds \$100 billion in any one calendar year. If the aggregate insured losses for all insurers exceed \$100 billion, your coverage may be reduced. The portion of your annual premium that is attributable to coverage for acts of terrorism is, and does not include any charges for the portion of losses covered by the United States government under the Act.

I ACKNOWLEDGE THAT I HAVE BEEN NOTIFIED THAT UNDER THE TERRORISM RISK INSURANCE ACT, AS AMENDED, ANY LOSSES RESULTING FROM CERTIFIED ACTS OF TERRORISM UNDER MY POLICY COVERAGE MAY BE PARTIALLY REIMBURSED BY THE UNITED STATES GOVERNMENT AND MAY BE SUBJECT TO A \$100 BILLION CAP THAT MAY REDUCE MY COVERAGE, AND I HAVE BEEN NOTIFIED OF THE PORTION OF MY PREMIUM ATTRIBUTABLE TO SUCH COVERAGE.

Policyholder/Applicant's Signature



Print Name

Allison Monson

Date

Name of Insurer: Minnesota Joint Underwriting Association

Policy Number: _____