



# Intoxicating Liquor License Application

License Period From: \_\_\_\_\_ To: \_\_\_\_\_

Receipt Number: 02007907 Amount Paid: \$3,800

If applicant is an individual, it shall be completed by such person; if a corporation, by an officer; if a partnership, by one of the general partners; if an unincorporated association, by the manager or managing officer.

1.  New Application  Renewal Application

Type of License (Select all that apply)	Fee
<input checked="" type="checkbox"/> On-Sale Liquor	\$3,000.00
<input checked="" type="checkbox"/> On-Sale Sunday	\$200.00
<input type="checkbox"/> On-Sale 3.2 % Malt Liquor	\$250.00
<input type="checkbox"/> Off-Sale 3.2 % Malt Liquor	\$90.00
<input type="checkbox"/> Brewer Taproom	\$500.00
<input checked="" type="checkbox"/> Wine	\$600.00
<input type="checkbox"/> Club License	\$275.00

2. Type of applicant  Individual  Corporation  Club  Partnership  Other organization

3. Legal name of licensee (individual, partnership, corporation, organization or club) Knochenmus Enterprises, LLC  
 Address PO Box 1083 Marshall, MN 56258 Phone 507-337-6909  
700 Street W college City State Zip

4. Business name Knochenmus Enterprises, LLP Phone 507-337-6909  
 Address PO Box 1083 Marshall, MN 56258  
 Street City State Zip

5. Minnesota Business Tax ID Number (Per Minnesota Statute Section 270C.72) [REDACTED]  
 Federal Business Tax ID Number [REDACTED]  
 Individual - Social Security Number: —

6. Proof of Workers' Compensation Insurance Coverage  
 Insurance company name \_\_\_\_\_ Dates of coverage \_\_\_\_\_  
 Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) \_\_\_\_\_

I am *not* required to have workers' compensation liability coverage because  
 I have no employees covered by the law  Other (Specify on an attached document.)

### Section 1: Building/premises

All applicants complete this section.

7. Since the license was last issued, have there been any changes in the ownership of the building where the licensed establishment is located?  Yes  No

If yes:  
 Building owner Knochenmus Enterprises, LLP Phone 507-337-6909  
 Business address PO Box 1083 Marshall MN 56258  
 Street City State Zip

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8. Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.  
*Attach a drawing, if necessary.*

9. Are any of the following taxes or charges for the licensed premises unpaid or delinquent?

State sales taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State withholding taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Real estate taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City utility bills	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Special assessments	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

10. During the past license year, has a summons been issued under the Liquor Civil Liability (Dram Shop) Law? If yes, *attach a copy of the summons pursuant to Minnesota State Statute 340A.802.*  Yes  No

11. Are there any changes in (a) finance or interest in premises; (b) contracts between the applicant and any persons, partnerships, corporations; or (c) any new loans since the license was last issued? If yes, *explain.*  Yes  No

*Complete only if you intend to apply for an Under 21 Exemption Permit*

12. What were combined sales of food, including non-alcoholic beverages, and alcoholic beverages for the most recent fiscal year ending prior to this application?  
 Fiscal year from \_\_\_\_\_ to \_\_\_\_\_:

	Gross sales	Percentage
Food	_____	_____
Liquor/wine/beer	_____	_____
Total	_____	100%

### Section 2: Employees

*All applicants complete this section.*

13. General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premises.

Full name <u>Mike Benson</u>	Position <u>General Manager</u>
Residence address _____	Phone _____
Full name <u>Ronnie Walker</u>	Position <u>Partner</u>
Residence address _____	Phone _____
Full name _____	Position _____
Residence address _____	Phone _____

14. Does the current manager have management duties at any other establishment?  Yes  No  
*If yes, list name and address of establishment.*

Balaton Bay Golf Course

15. Do you provide alcohol awareness training for your staff on responsible alcohol service techniques?  Yes  No  
*If yes, how often is training provided and who provides training?*

Annually

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**Section 3: Type of applicant**

*Complete only one number in this section. Refer to question 2 for type of applicant.*

16. **Partnership** *If applicable, complete this question for general and limited partners.*  
Name See attached Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip

17a. **Corporation/club/other organization officers**  
*Attach a list of directors and stockholders and, if applicable, complete question 17a and 17b.*  
**President**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip  
**Vice President**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip  
**Secretary**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip  
**Treasurer**  
Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last First Middle  
Residence address \_\_\_\_\_  
Street City State Zip

17b. **Are you a Minnesota corporation?**  Yes  No  
*If no:*  
Statutory agent \_\_\_\_\_ Phone \_\_\_\_\_  
Residence address \_\_\_\_\_  
Street City State Zip

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## Section 4: Wine licenses

Complete this section if applying for a wine license.

18. Are you currently licensed in Marshall for the on-sale of 3.2 percent malt liquor?  
If yes, do you plan to sell strong beer at this location?  Yes  No  
 Yes  No

## Section 5: Brewer Taproom

Complete this section if applying for Taproom License.

19. Are you a holder of a Brewer's License under Minnesota Statute 340A.301, subd. 6, clause c, l or j?  Yes  No  
20. Are you a brewer that brews more than 250,000 barrels of malt liquor annually?  Yes  No  
21. Will you require a license for Growlers?  Yes  No

## Section 6: Cater

All applicants complete this section.

22. Are you currently licensed to cater food?  
If yes, is this business also licensed to cater alcohol?  Yes  No  
 Yes  No

## Notice and notarized signature

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your license if you do not provide it.

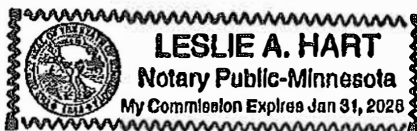
I have received from the City of Marshall a copy of *Marshall City Code, Chapter 6* (Alcoholic Beverage) and will familiarize myself with the provisions contained within them.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the City of Marshall to investigate and make whatever inquiries that are necessary to verify the information provided.

x *Bernard*  
Applicant signature

Subscribed and sworn to before me, a  
Notary Public, on this 10<sup>th</sup> day  
of August 20 22  
Commission expires on Jan. 31, 2024.

*Leslie A. Hart*  
Notary signature



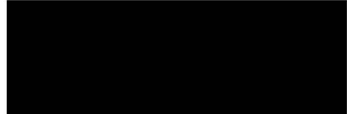
Office of City Clerk  
344 West Main Street  
Marshall, Minnesota 56258-1313  
(507) 537-6775  
www.ci.marshall.mn.us

**Partners:**

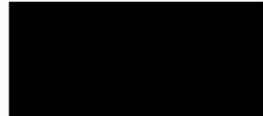
Knochenmus, Jon Kent



Knochenmus, Lanita Lorraine



Knochenmus, Brian Jon



Knochenmus, Mindy K.



Knochenmus, Tamar Noel



Wing, Douglas M.



Wing, Andrea Knochenmus



8-12-22

MFD Records - Negative Contact for all parties.