



# Intoxicating Liquor License Application

License Period From: April 2019 To: March 2021

Receipt Number: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

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
- On-Sale Liquor \$3,000.00
- On-Sale Sunday \$200.00
- On-Sale 3.2 % Malt Liquor \$250.00
- Off-Sale 3.2 % Malt Liquor \$90.00
- Brewer Taproom \$500.00
- Wine \$600.00

2. Type of applicant     Individual     Corporation     Club     Partnership     Other organization

3. Legal name of licensee (individual, partnership, corporation, organization or club) **I Mart Stores LLC.**  
Address **14489 John Humphrey Dr STE 200** Phone: **716-417-1144**  
Street **Orland Park, IL 60462**

4. Business name **I Mart Stores USA** Phone **716-417-1144**  
Address **304 E College ave** **Marshall, MN 56258**

5. Minnesota Business Tax ID Number (Per Minnesota Statute Section 270C.72)  
Federal Business Tax ID Number:  
Individual – Social Security Number. click or tap here to enter text.

6. Proof of Workers' Compensation Insurance Coverage  
Insurance company name **Acord** Dates of coverage **03-22-2019 to 03-22-2020**  
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.)

*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 Click or tap here to enter text. Phone Click or tap here to enter text.

Business address Click or tap here to enter text.  
Street    City    State    Zip

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

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8. Describe any changes or additions since the last renewal in the serving areas for intoxicating liquor and/or wine.

Click or tap here to enter text. *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 |                         |   |
| Special assessments | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | City utility bills      | <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  
Click or tap here to enter text.

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? Complete only if you are an On-Sale Liquor License Holder and intend to apply for an *Under 21 Exemption Permit*

Fiscal year from Click or tap here to enter text. to Click or tap here to enter text.:

|                  | Gross sales                      | Percentage                       |
|------------------|----------------------------------|----------------------------------|
| Food             | Click or tap here to enter text. | Click or tap here to enter text. |
| Liquor/wine/beer | Click or tap here to enter text. | Click or tap here to enter text. |
| Total            | Click or tap here to enter text. | 100%                             |

*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: **Muwafak Rizek .** Position **President**  
Residence address **7924 Keystone rd, Orland Park, IL 60462** Phone **716-417-1144**

Full name Click or tap here to enter text. Position Click or tap here to enter text.  
Residence address Click or tap here to enter text. Phone Click or tap here to enter text.

Full name Click or tap here to enter text. Position Click or tap here to enter text.  
Residence address Click or tap here to enter text. Phone Click or tap here to enter text.

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14. Does the current manager have management duties at any other establishment?

Yes  No

If yes, list name and address of establishment.

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? Click or tap here to enter text.

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** Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

Residence address Click or tap here to enter text.

Street City State Zip

**Name** Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

Residence address Click or tap here to enter text.

Street City State Zip

**Name** Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

Residence address Click or tap here to enter text.

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 **Muwafak Rizek** Phone **716-417-1144**

Residence address **7924 Keystone RD  
Orland Park, IL 60462**

**Vice President**

Name Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

Residence address Click or tap here to enter text.

Street City State Zip

**Secretary**

Name Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

Residence address Click or tap here to enter text.

Street City State Zip

**Treasurer**

Name Click or tap here to enter text. Phone Click or tap here to enter text.  
Last First Middle

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Residence address [Click or tap here to enter text.](#)

Street City State Zip

**17b. Are you a Minnesota corporation?**

Yes  No

If no:

Statutory agent [Click or tap here to enter text.](#) Phone [Click or tap here to enter text.](#)

Residence address [Click or tap here to enter text.](#)

Street City State Zip

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?**

Yes  No

If yes, do you plan to sell strong beer at this location?

Yes  No

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

All applicants complete this section.

**22. Are you currently licensed to cater food?**

Yes  No

If yes, is this business also licensed to cater alcohol?

Yes  No

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.

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X



Applicant signature

Subscribed and sworn to before me, a  
Notary Public, on this 25<sup>th</sup> day  
of March 20 19.  
Commission expires on Jan 22, 23.



Notary signature