



Intoxicating Liquor License Application

License Period From: Aug. 1, 2019 To: Dec. 31, 2019

Receipt Number: _____ Amount Paid: \$90.00

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.

- | | | |
|--|--|------------|
| <input type="checkbox"/> New Application | <input type="checkbox"/> Renewal Application | |
| Type of License (Select all that apply) | | Fee |
| <input type="checkbox"/> On-Sale Liquor | | \$3,000.00 |
| <input type="checkbox"/> On-Sale Sunday | | \$200.00 |
| <input type="checkbox"/> On-Sale 3.2 % Malt Liquor | | \$250.00 |
| <input checked="" type="checkbox"/> Off-Sale 3.2 % Malt Liquor | | \$90.00 |
| <input type="checkbox"/> Brewer Taproom | | \$500.00 |
| <input 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) Ampride West / Ag Plus Cooperative
Address 401 Country Club Drive Marshall, MN 56258 Phone 507-532-3110
Street City State Zip

4. Business name _____ Phone _____
Address _____
Street City State Zip

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

6. Proof of Workers' Compensation Insurance Coverage
Insurance company name Dakota Truck Underwriters Dates of coverage 11/20/18 to 11/30/19
Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.18: _____

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 Ag Plus Cooperative / Ampride West Phone 507-532-9686 / 532-3110
Business address 401 Country Club Drive 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

New corporation, AgPlus. No longer Prairie Pride as of Aug 1 2019
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 _____ Position _____
 Residence address _____ Phone _____

Full name *Donald E. Culligan* Position *Mgr.*
 Residence address *515 E. Main St. Marshall, MN 56258* Phone *507-828-6090*

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. Ag Plus Main 1100 E Main St. Marshall, MN 56258

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?

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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 _____ 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

See Attached

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? Yes No
If yes, do you plan to sell strong beer at this location? 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? Yes No
If yes, is this business also licensed to cater alcohol? Yes No

Notice and notarized signature

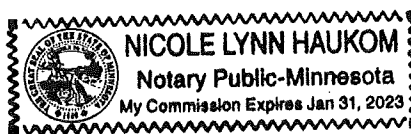
The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City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

Donald E. Cully
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this 19 day
of July 2019.
Commission expires on Jan. 31. 2023



Nicole Haukom
Notary signature

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