



Intoxicating Liquor License Application

License Period From: _____ To: _____

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.

<input checked="" type="checkbox"/> New Application	<input type="checkbox"/> 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) Douglas Wing
Address 2259 County Road 25 Lynd MN 56157 Phone [REDACTED]
Street City State Zip

4. Business name Wings Axe Company Phone _____
Address 100 west College Drive 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 [REDACTED]

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 LP Phone _____

Business address _____
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		
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

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 2023 to New Venture:

	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 Jettison D. Wing Position _____
 Residence address 2259 County Road 25 Lynd MN 56157 Phone [REDACTED]

Full name Douglas M. Wing Position _____
 Residence address 2259 County Road 25 Lynd. MN 56157 Phone [REDACTED]

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.

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? waiters will be TIPS certified