



Intoxicating Liquor License Application

License Period From: 12/4/20 To: 12/3/21

Receipt Number: _____ Amount Paid: \$3450

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 checked="" 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 type="checkbox"/> Wine		\$600.00

2. Type of applicant Individual Corporation Club Partnership Other organization

3. Legal name of licensee (individual, partnership, corporation, organization or club) BDH2 - Marshall, LLC (Bird Dog Equity Partners, LLC)
Address 221 S. Phillips Ave. Ste. 200 Sioux Falls, SD 57104 Phone 605-261-9072

4. Business name BDH2 - Marshall, LLC Phone 507-532-3221
Address 1500 E. College Dr. Marshall MN 56258

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 West Bend Mutual Dates of coverage 12/4/2020-12/4/2021
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 BDH2 - Marshall, LLC (Pending 12/4/20 Closing) Phone 605-261-9072

Business address 1500 E. College Dr. Marshall MN 56258

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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 type="checkbox"/> No
Real estate taxes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	City utility bills	<input type="checkbox"/> Yes <input 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 mortgage will be issued upon pending sale on 12/4/2020.

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>Kyle Schock</u>	Position <u>Managing Partner</u>
Residence address <u>_____</u>	Phone <u>_____</u>
Full name <u>Travis Brown</u>	Position <u>General Manager</u>
Residence address <u>_____</u>	Phone <u>_____</u>
Full name <u>Terri Miller</u>	Position <u>Food/Beverage Manager</u>
Residence address <u>_____</u>	Phone <u>_____</u>

14. Does the current manager have management duties at any other establishment? Yes No
 If yes, list name and address of establishment. Kyle Shock oversees Green Mill Restaurants in New Ulm and Shoreview.

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? Annual Training provided by ALE 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 Schock Kyle Andrew Phone [REDACTED]
Last First Middle
Residence address [REDACTED] Sioux Falls SD 57110
Street City State Zip

Name Hatch Chad David Phone [REDACTED]
Last First Middle
Residence address [REDACTED] Sioux Falls SD 57108
Street City State Zip

Name Schock Paul Allen Phone [REDACTED]
Last First Middle
Residence address [REDACTED] Sioux Falls SD 57108
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 Hatch Chad David Phone [REDACTED]
Last First Middle
Residence address [REDACTED] Sioux Falls SD 57108
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 CT Corporation Phone _____
Residence address [REDACTED] St. Paul MN 55117
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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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? 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.

X 
Applicant signature

Subscribed and sworn to before me, a
Notary Public, on this 23rd day
of October 20 20.
Commission expires on 01-13-2022


Notary Signature

