



# 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.

- 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
  - 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) SLB Enterprises  
Address 303 Phone [REDACTED]  
Street West Main City Marshall State MN Zip 56258

4. Business name The Gambler Phone 5075323957  
Address 303  
Street West Main City Marshall State MN Zip 56258

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 Ebner Insurance Dates of coverage [REDACTED]  
Policy number/Self-insurance permit number (Per Minnesota Statute Section 176.182) [REDACTED]

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 \_\_\_\_\_ 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	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	_____	_____
<b>Total</b>	_____	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>Shauna Bjorklund</u>	Position <u>General Manager</u>
Residence address <u>_____</u>	Phone <u>_____</u>
Full name _____	Position _____
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.*

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?*

Yearly, online alcohol serving class.