



City of Maple Plain
5050 Independence St
P.O. Box 97
Maple Plain, MN 55359
Office: (763) 479-0515
Fax: (763) 479-0519

LIQUOR LICENSE APPLICATION

APPLICATION INFORMATION

☒ New Application ☐ Application Renewal Date of Application 3-3-25

TYPE OF APPLICATION(S)

☐ On Sale ☐ Off Sale ☐ Sunday On Sale ☒ Wine & Beer On Sale ☐ 3.2 Beer Off Sale

APPLICANT INFORMATION

Applicant Name (First, Middle, Last) Dave Shaughnessy / Orono Rotary Club

Address [REDACTED]	Work Phone [REDACTED]
City, State, Zip [REDACTED]	Home Phone [REDACTED]
Date of Birth [REDACTED]	Cell Phone 6 [REDACTED]

List all aliases: XXXXX

REFERENCES

Name Kevin Krolczyk	Relationship Orono Rotary Club
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Address [REDACTED]	Ph [REDACTED]
City, State [REDACTED]	E [REDACTED]

Name Tom Geiger	Relationship Orono Rotary Club
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Address [REDACTED]	Phone [REDACTED]
City, State [REDACTED]	Email [REDACTED]

Name Lyle Brandt	Relationship Orono Rotary Club
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Address [REDACTED]	Phone Number [REDACTED]
City, State [REDACTED]	Email [REDACTED]

s references.

BUSINESS INFORM

Years in Business 24	Address of Premise PO Box 162 Long Lake, MN 55356
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Consumption of Liquor ☐ Inside Only ☒ Outside ☐ Inside & Patio ☐ Not Applicable

XXXXXX XXXXXXXXXXXX Westchester Surplus Lines	Policy Number G73578917003
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Commercial General Liability/ Liquor

* Must provide copy of insurance policy & coverages.

Owner Name (First, Middle, Last) Orono Rotary Foundation	Date of Birth XXXXX
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Work Phone 612-760-4865	Home Phone XXXXX	Cell Phone XXXXX
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Owner Name (First, Middle, Last) XXXXX	Date of Birth XXXXX
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Work Phone XXXXX	Home Phone XXXXX	Cell Phone XXXXX
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Applicant must provide the following with this application: fill out and attach the form prescribed by the Commissioner of Public Safety, proof of financial responsibility, and copy of liability insurance.

Applicants shall allow, per Maple Plain City Code, any peace officer, health officer, city employee or any other person designated by the City Council to conduct compliance checks and to otherwise enter, inspect, and search the premise of licensee during and after business hours during the time when customers remain on the premises without warrant.

I hereby verify that all of the above information is true and correct. I attest that all of the statements made by me on this liquor license application form and documents submitted are true, complete and correct to the best of my knowledge and belief, and are made in good faith. I understand that any false statements made with the intent to commit fraud, any fraudulent conduct, or any attempted deception by me or by others with my connivance, in any application, paper or document submitted, shall bar me from being issued a liquor license by the City of Maple Plain.

Pursuant to city of Maple Plain license requirements, per the MN State Statute 299C.72, West Hennepin Public Safety is authorized to conduct a criminal history check.

I hereby authorize West Hennepin Public Safety to conduct a criminal history check/background/record check and verify the information provided on this liquor license application.

Applicant Signature

Dave Shaughnessy

Date

3-03-2025

OFFICE USE ONLY

Application Received		Submitted to WHPS		Received by WHPS	
Investigating Officer			Investigation Complete		
WHPS Recommendation		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Signature	
Council Approval		<input type="checkbox"/> Approve	<input type="checkbox"/> Deny	Outstanding Utilities/Taxes? <input type="checkbox"/> Yes <input type="checkbox"/> No \$	
<input type="checkbox"/> New Application Fee – \$500		<input type="checkbox"/> Application Renewal – \$25		<input type="checkbox"/> Background Check \$	
<input type="checkbox"/> Liquor On-Sale \$5,000	<input type="checkbox"/> Off Sale \$240	<input type="checkbox"/> Sunday On Sale \$200		<input type="checkbox"/> Wine/Beer On-Sale \$250	
<input type="checkbox"/> 3.2 Beer Off-Sale \$50	<input type="checkbox"/> Block Party \$500	<input type="checkbox"/> Temporary 3.2 \$25		Amount Due \$	

Updated March 6, 2018



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SPECIAL EVENT PERMIT

APPLICATION MUST BE SUBMITTED AT LEAST 14 DAYS PRIOR TO EVENT

APPLICANT INFORMATION

Applicant Name	Dave Shaughnessy		
Address		Phone	
City, State,		Email	

Business Name	Orono Rotary Foundation	Business Contact	Dave Shaughnessy
Address	PO Box 162	Phone Nu	
City, State, Zip	Long Lake, MN 55356	Email	or

EVENT INFORMATION

Describe the event. Party in the Park 2025	Will event go past 10 p.m.? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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# of Participants Expected: Approx. 250	Entry Fees: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, how much? \$ / person
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List dates of event(s): 06/ 07 /2025 to 06 /07 /2025 XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX	Event #1: Days of the week <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input type="checkbox"/> Su Start Times: 5:00PM End Times: 11:00PM Event #2: Days of the week <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su Start Times: End Times: Event #3: Days of the week <input checked="" type="checkbox"/> M <input checked="" type="checkbox"/> T <input checked="" type="checkbox"/> W <input checked="" type="checkbox"/> Th <input checked="" type="checkbox"/> F <input checked="" type="checkbox"/> Sa <input checked="" type="checkbox"/> Su Start Times: End Times:
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Event Type
<input type="checkbox"/> Parade <input checked="" type="checkbox"/> Festival <input type="checkbox"/> Run/Walk <input checked="" type="checkbox"/> Block Party <input type="checkbox"/> Private Party (50+ Attendees)
<input type="checkbox"/> Sport Event <input type="checkbox"/> Other, Explain:

Event Includes
<input checked="" type="checkbox"/> Alcohol <input checked="" type="checkbox"/> Food Service <input type="checkbox"/> Bingo/Raffles <input checked="" type="checkbox"/> Live Music <input checked="" type="checkbox"/> Amp'd Sound <input type="checkbox"/> Animals
<input checked="" type="checkbox"/> Pedestrians <input type="checkbox"/> Bicycles <input type="checkbox"/> Floats <input type="checkbox"/> Vehicles, # Expected:
<input type="checkbox"/> Games, Amusement Devices or Carnival Equipment, Explain:

Event Parking
Will event parking exceed on-site parking facilities available? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Will off-site parking be used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Permission obtained from property owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Closure of City streets required? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Traffic control provided by: <input checked="" type="checkbox"/> Not applicable
Delineation equipment provided by: WHPS <input type="checkbox"/> Not applicable
<input type="checkbox"/> Barricades <input type="checkbox"/> Signs <input type="checkbox"/> Traffic Cones <input checked="" type="checkbox"/> No Parking Signs <input type="checkbox"/> Other:

EVENT CONTACT INFORMATION**Chairperson, Event Manager or Director** *(Person responsible for permit)*Name **Dave Shaughnessy**

Daytime

Address

Cell Phone

City, State

Email

Organization InformationName **Orono Rotary Foundation**

Daytime

Address **PO Box 162**

Fax

City, State, Zip **Long Lake, MN 55356**

Email

LIABILITY INFORMATION**If food is served, does business or organization have a license through Hennepin County?** ☒ Yes. ☐ No.
*(Itinerant food license available at <http://www.hennepin.us/itinerant>.)*Date license was issued: / / **TBD Food Trucks acquire licensure****If alcohol is served, does business or organization have a liquor license?** ☐ Yes. ☒ No.

Date license was issued: / /

If organization or business does not have a liquor license, has one been applied for? ☒ Yes. ☐ No.Date of application to City: **03 / 03 / 2025**

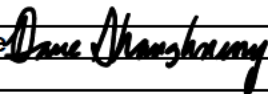
Date of background check: / /

Date of City Council approval: / /

Date of issuance: / /

Liability insurance of \$1,000,000 is required for all events naming City as additional insured.
*(Must be submitted with application.)*Date of insurance submitted to City: / / **Attached**Name of insurance carrier: **Westchester Surplus Lines Ins. Co. #G73578917003 \$2MM/\$4MM****Site Map Required**A detailed site map of the event area **must** be attached to the application. The site map should show locations of food and beverage vendors, where activities will take place, location of restroom facilities, and location of any temporary infrastructures, such as tents or stages.

Applicant Signature

Date of Application **03-03-2025****OFFICE USE ONLY****Background Check**☐ Referred to Director of Public SafetyRecommendation: ☐ Approve. ☐ Deny.

Date: / /

Signature: _____

☐ Liquor License Background Check ☐ N/ARecommendation: ☐ Approve. ☐ Deny.

Date: / /

Signature: _____

Approval & Permit Fees☐ Approved. ☐ Denied.

Date: / /

Signature: _____

☐ License *(Per Event)*
\$50☐ Amount Paid: _____☐ Received By: _____**Conditions of Approval?** ☐ Yes. ☐ No.

Describe:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/16/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Hylant Group Inc 811 Madison Ave Toledo OH 43604	CONTACT NAME: Macy Gorrell / Sara Humphries		
	PHONE (A/C, No, Ext): 419-259-2710	FAX (A/C, No): 419-255-7557	
	E-MAIL ADDRESS: Rotary@hylant.com		
Insured All Active US Rotary Clubs & Districts Rotary Club of Orono, MN Attn: Risk Management Dept. 1560 Sherman Avenue Evanston, IL 60201-3698	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Westchester Surplus Lines Insurance Company		10172
	INSURER B:		
	INSURER C:		
	INSURER D:		
	INSURER E:		
	INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Liquor Liability Included GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y		G73578917003	7/1/2024	7/1/2025	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y		G73578917003	7/1/2024	7/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Certificate Holder is included as an additional insured where required by written contract or permit subject to the terms and conditions of the general liability policy, but only to the extent bodily injury or property damage is cause in whole or in part by the acts or omissions of the insured.

CERTIFICATE HOLDER

CANCELLATION

City of Maple Plain

Party in the Park - Veterans Memorial Park
June 7th 2025

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Judy K. Wilson

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SIGN/FENCE PERMIT

APPLICANT INFORMATION

Applicant Name Dave Shaughnessy	Company, if applicable Dave Shaughnessy for
	Phone Number Orono Rotary Foundation
	Email
<input type="checkbox"/> Yes. <input checked="" type="checkbox"/> No. (If not, property owner information is required.)	

Owner Name	Company, if applicable
Address	Phone Number
City, State, Zip	Email

SIGN/FENCE INFORMATION

Location of Sign/Fence (Property address or legal description. Site plan required.) **Memorial Park, east and west city boundary @ City monuments, downtown property, NE property line monument**

Type of Sign **3' X 7' Banner**

Temporary signs/Fence (6 - 15 day permits per year.)

- ☐ Letterboard ☒ Number of Signs: 1 X 6
☐ Sandwich Board
☒ Banners
☐ Other: _____

Dates: **5-1-25 - 6-8-25**

Permanent signs/Fence*

- ☐ Monument ☐ Wall
☐ Free standing ☐ Projecting
☐ Awning / Canopy ☐ Directional
☐ Other: _____
☐ Construction Site ☐ Development Project

DESCRIPTION, MATERIALS & SPECIFICATIONS

Dimensions & Zoning

Total sign area: **21'**

Height: **3'** Length: **7'** Width: _____

Zoning District

- ☒ R1 ☐ R2 ☐ R3
☒ MU-G ☐ MU-D ☐ MU-B ☒ I1 ☐ I2 ☐ OP

Setbacks

Front Yard: _____ Side Yard: _____

Materials

- ☐ Brick ☐ Concrete
☐ Wood ☐ Metal
☐ Prefabricated material
☒ Other: **Poly**

Does sign material match building materials?

☐ Yes. ☐ No.

Does sign meet City Design Guideline requirements?

☐ Yes. ☐ No.

Will the sign be illuminated? ☐ Yes. ☒ No. (If yes, electrical permit and inspection required.)
Must provide drawing of sign showing dimensions, materials, lettering, colors, illumination & support system.

Applicant Signature **Dave Shaughnessy**
Date **03-03-25**

Owner Signature
Date

OFFICE USE ONLY

Fees Collected

- ☐ Temporary Sign/Fence
\$25 per permit
☐ Permanent Sign*
\$250
☐ Permanent Fence*
\$50

*Building permit also required for all permanent signs and permanent fences higher than 6 feet

Received By

- ☐ Approved. ☐ Denied.
☐ Signature: _____
☐ Date: _____
☐ Receipt: _____

