



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600
 St. Paul, MN 55101
 651-201-7507 Fax 651-297-5259 TDD 651-282-6555

NOTE: ALL CLUB 'ON-SALE' INTOXICATING LIQUOR LICENSES ARE EXEMPT FROM APPLYING.

APPLICATION FOR CONSUMPTION AND DISPLAY (Set Up) PERMIT
 PERMIT FEE \$250 (Permits expire March 31st of each year)

Workers Comp. Ins. Co. _____
 Policy No. _____ Dates of Coverage _____
 Amount Received _____

Licensee's MN Sales & Use Tax ID # 1043117 To apply for MN Tax ID# 651-296-6181
 Licensee's Federal Tax ID # 33-3109410 A \$30.00 service charge will be added to all dishonored checks. You may also be subjected civil penalty of \$100 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

Business Name (Business, Partnership, LLC, Corporation) <u>Lefete Royale LLC</u>		DOB	SS#	Trade Name or DBA	
Business Street Address <u>408 Main Street W</u>			County	Business Phone <u>507 416 9258</u>	
City <u>New Prague</u>			State <u>MN</u>	Zip Code <u>56071</u>	

Permit Type: Private Club Public Business
 Type of Business (Restaurant, Dance Hall, etc.): Event Space

Full Name of Business or Club Manager: Jacqueline Kreuser DOB: 12/7/97 Address of Manager: PO Box 682, Prior Lake, MN 55372

Name of Building Owner: C Way Investments LLC Address of Owner: PO Box 121, New Prague, MN 56071

Are the club or business premises separate from any other business establishment? Yes No
 Is there a current 3.2 beer license to this business at this location? Yes No
 Is application Original Transfer
 If transfer, former license and business trade name _____

If a partnership, state the name and address of each partner. If a corporation, state the name and address of each officer.
 If a club, state the name and address of each officer or director.

Full Name	DOB	SS#	Address

For a Private club. A club must attach a copy of the constitution and bylaws of the club and current list of members.

Date club organized	Number of members	Amount of dues	Is club owned or rented?	Length of time club at present location

Membership requirements _____ Does club store liquor for members? Yes No

Has applicant; if partnership, any partner; if corporation, any officer or director; if club, any club officer or director, ever had a license under the Minnesota Liquor Control Act revoked or suspended or been convicted for any violation of State laws or local ordinances; if so, give date and details.
NO.

I hereby certify that the answers are true of my own knowledge and understand that the giving of false information or the failure to give pertinent information constitutes cause for revocation of this permit. **THIS PERMIT DOES NOT ALLOW THE SALE OF INTOXICATING LIQUOR.**

Permittee Signature: Jacqueline Kreuser Print Name: Jacqueline Kreuser Date: 3/7/2025
 (Signature certifies all above information to be correct and permit has been approved by city/county.)

City/County Auditor Signature _____ Date _____
 (Signature certifies all above information to be correct and permit has been approved by city/county.)

**State of Minnesota
License Applicant Information**

Under Minnesota law (M.S. 270.72), the agency issuing you this license is required to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we must advise you that:

- This information may be used to deny the issuance, renewal or transfer of your license if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest;
- The licensing agency will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service;
- Failing to supply this information may jeopardize or delay the issuance of your license or processing your renewal application.

Please fill in the following information and return this form along with your application to the agency issuing the license. **DO NOT RETURN THIS FORM TO THE DEPARTMENT OF REVENUE.**

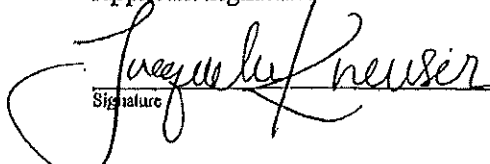

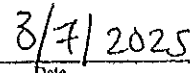
Please print or type

Name of license being applied for and license number (if renewal):		License Number #:
Consumption & Display (set-up) permit		
Licensing Authority (name of city, county, or state agency issuing license):		
City of New Prague		
License Renewal Date: 4/1/25 - 3/31/26		

PERSONAL INFORMATION:		
Kreuser	Jacqueline E	
<small>Applicant's last name</small>	<small>Applicant's first name and middle initial</small>	<small>Social Security Number</small>
	Prior Lake	MIN 55372
<small>Applicant's address</small>	<small>City</small>	<small>State Zip Code</small>

BUSINESS INFORMATION:		
Le Fete Prague LLC		
<small>Business name</small>		
PO Box 632	Prior Lake	MIN 55372
<small>Business address</small>	<small>City</small>	<small>State Zip Code</small>
104317		33-3109410
<small>Minnesota tax identification number</small>	<small>Federal tax identification number</small>	
<small>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</small>		

Applicant Signature:

Signature
Title
Date

Construction Codes and Licensing Division
 Licensing and Certification Services
 443 Lafayette Road North
 St. Paul, MN 55155



E-mail: dli.license@state.mn.us
 Website: www.dli.mn.gov
 Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

Print in ink or type

Minnesota Statutes § 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minn. Stat. chapter 176. If the required information is not provided or is falsely stated, it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

License or certificate number (if applicable)	Business telephone number <u>507 476 9253</u>	Alternate telephone number <u>612 636 4753</u>
---	--	---

Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.)
Le Fete Royale LLC

DBA ("doing business as" or "also known as" an assumed name), if applicable

Business address (must be physical street address, no P.O. boxes) <u>408 Main St W</u>	City <u>New Prague</u>	State <u>MIN</u>	ZIP code <u>56071</u>
County <u>Le Sueur</u>	Email address <u>Info@lefeteroyale.com</u>		

You must complete number 1 or 2 below.

Note: You must resubmit this form to the authority issuing your license if any of the information you have provided changes.

1. I have a workers' compensation insurance policy.

Insurance company name (not the insurance agent)

Policy number	Effective date	Expiration date
---------------	----------------	-----------------

I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce.)

2. I am not required to have workers' compensation insurance because:

- I only use independent contractors and do not have employees. (See Minn. Stat. § 176.043 for trucking and messenger courier industries; Minn. Stat. § 181.723, subd. 4, for building construction; and Minnesota Rules chapter 5224 for other industries.)
- I do not use independent contractors and have no employees. (See Minn. Stat. § 176.011, subd. 9, for the definition of an employee.)
- I use independent contractors and I have employees who are not required to be covered by the workers' compensation law. (Explain below.)
- I only have employees who are not required to be covered by the workers' compensation law. (Explain below.) (See Minn. Stat. § 176.041 for a list of excluded employees.)

Explain why your employees are not required to be covered

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

Print name Jacqueline Kreuser

Applicant signature (required) <u>Jacqueline Kreuser</u>	Title <u>owner</u>	Date <u>3/7/2025</u>
---	-----------------------	-------------------------

If you have questions about completing this form or to request this form in Braille, large print or audio.