



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

**Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License**

**Cities and Counties:** You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses  
2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License New Prague License Period From: April 1, 2025 To: 3-31-2026

Circle One New License License Transfer \_\_\_\_\_ Suspension Revocation Cancel \_\_\_\_\_  
(former licensee name) (Give dates)

License type: (check all that apply) ☒ On Sale Intoxicating ☒ Sunday Liquor ☐ 3.2% On sale ☐ 3.2% Off Sale

Fee(s): On Sale License fee: \$ \_\_\_\_\_ Sunday License fee: \$ \_\_\_\_\_ 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: Ryan Ernster DOB 01/24/1978 Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or Individual)

Business Trade Name The Broz Event Venue, LLC Business Address 212 Main Street West City New Prague

Zip Code 56071 County Le Sueur Business Phone 651-253 Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City Prior Lake

Licensee's Federal Tax ID # 33-3528549 Licensee's MN Tax ID# 1047499  
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Ryan Scott Ernster	1/24/1978		
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Jennifer Lynn Ernster	3/2/1979		
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

☐ Yes ☒ No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: Technology Ins Co. Policy # TWL4504921

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature \_\_\_\_\_ Date \_\_\_\_\_  
(title)

**ON SALE INTOXICATING LIQUOR LICENSEES ONLY, must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7507, or visit our website at <https://dps.mn.gov/divisions/age/Pages/default.aspx>**

**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.**

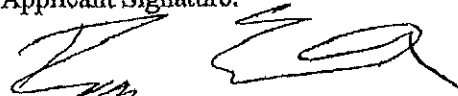
Please print or type

Name of license being applied for and license number (if renewal):		License Number #:
on-sale intoxicating + Sunday		
Licensing Authority (name of city, county, or state agency issuing license):		
City of New Prague		
License Renewal Date:		

<b>PERSONAL INFORMATION:</b>		
Ernster	Ryan S	
<small>Applicant's last name</small>	<small>Applicant's first name and middle initial</small>	<small>Social Security Number</small>
Prior Lake		
<small>City</small>	<small>State</small>	<small>Zip Code</small>
	MN	55372

<b>BUSINESS INFORMATION:</b>		
Broz Event Venue, LLC		
<small>Business name</small>		
212 Main St W		
<small>Business address</small>	<small>City</small>	<small>State</small>
	New Prague	MN
1047499		
<small>Minnesota tax identification number</small>	<small>Federal tax identification number</small>	
	33-3528549	56071
<small>Zip Code</small>		
<small>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</small>		

Applicant Signature:

  
Signature

Owner, Manager  
Title

3/10/25  
Date

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



E-mail: [dlf.license@state.mn.us](mailto:dlf.license@state.mn.us)  
Website: [www.dli.mn.gov](http://www.dli.mn.gov)  
Phone: (651) 284-5034

## Certificate of Compliance Minnesota Workers' Compensation Law

Print in ink or type

This form must be completed by the business license applicant.

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 952-484-7497	Alternate telephone number 651-253-6584
---	---	--

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.) Broz Event Venue

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

Business address (must be physical street address, no P.O. boxes) 212 Main Street W	City New Prague	State MN	ZIP code 56071
County Le Sueur	Email address		

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) Technology Insurance Company		
Policy number TWC4504921	Effective date 11/17/2024	Expiration date 11/17/2025

☐ 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 Ryan Ernster

Applicant signature (required) 	Title Owner, Manager	Date 3/10/2025
------------------------------------	-------------------------	-------------------

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

Certificate of Compliance MN Workers' Compensation Law 8.1.2024