$100.00

City of New Prague

In the Counties of Scott & Le Sueur

118 CENTRAL AVENUE NORTH · NEW PRAGUE, MINNESOTA 56071
PHONE: (952) 758-4401 / www.newpraguemn.gov

Temporary Extension of Premises Application

The undersigned License Holder of the City of New Prague, in the Counties of Scott and Le Sueur, State of Minnesota, hereby make...Application for License, to be issued to:

APPLICANT/BUSINESS INFORMATION:

Licensee's Legal Name: PATOON CORPORATION

Business Trade Name/DBA: FISHTALE GRILL

Organization Address: 200 10TH AVE NE NEW PRAGUE, MN 56071

Event Name/Description: DOZINKY Date(s) of Event: SEPT 19, 2026

Mailing Address (If different than Business Address): _____

Contact Person / Title: ERIC FIERST (OWNER) Email Address: ericfierst@hotmail

Daytime Phone #: 952-758-8000 Other Phone #: 952-649-7948 (CELL)

MN Tax ID #: 7427500 Federal Employer ID#: 800123335
(*Must be issued in same legal name of the licensee*)

Specific description of the site for which the temporary extension is sought, including the dimensions of the area (where fencing will be provided to limit access to the extension of the premises) and where beer/liquor is to be sold, served, and consumed: A detailed site plan, survey, map, or scale drawing shall be attached to this application.

MAIN STREET DOZINKY FESTIVAL AREAD

APPLICANT MUST ATTACH CERTIFICATE OF INSURANCE AS PROOF OF EXTENDED LIQUOR LIABILITY INSURANCE FOR THE OUTSIDE PROPERTY

Signature of ~~Licensee~~ (*required*)	Printed Name / Title	Date
	ERIC FIERST / OWNER	8/5/26

APPROVAL (*to be used by City only*)

City of New Prague
City or County approving the license

$100
Fee Amount

Joshua Tetzlaff
Printed Name of City Administrator

Date Approved
9-19-26
Permit Date

Signature of City Administrator

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 08/04/2026

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	CONTACT NAME: Jill Privette	
Paulet/Slater 711 Hale Ave North Suite 101 St. Paul MN 55128	PHONE (A/C, No, Ext): (651) 644-0311	FAX (A/C, No): (651) 641-8981
	E-MAIL ADDRESS: jprivette@pauletslater.com	

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A : Illinois Casualty Company	15571
INSURER B : Employers Preferred Ins Co	10346
INSURER C :	
INSURER D :	
INSURER E :	
INSURER F :	

INSURED
Patoon Corporation
DBA Fishtale Grill
200 10th Ave NE
New Prague MN 56071

COVERAGES **CERTIFICATE NUMBER:** 26/27 LIQ **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	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [ ] PRO-JECT [ ] LOC [ ] OTHER:			BP38549	04/01/2026	04/01/2027	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 1,000,000 $ 100,000 $ 1,000 $ 1,000,000 $ 2,000,000 $ 2,000,000 $
	AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY [ ]						COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ $ $ $ $
	[ ] UMBRELLA LIAB [ ] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $						EACH OCCURRENCE AGGREGATE [ ]	$ $ $
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [N] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A		EIG496218904	04/01/2026	04/01/2027	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 500,000 $ 500,000 $ 500,000
A	Liquor Liability			LL100972	04/01/2026	04/01/2027	Each Occurrence	1,000,000

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

Event Date: 9/19/26 10 am- 6pm
Event Name: Town festival (Dožínky Festival)
Event Location: Downtown New Prague, MN
Coverage Extends to Off Premise Events

CERTIFICATE HOLDER

City of New Prague
118 Central Ave N
New Prague MN 56071

CANCELLATION

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