



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: 12/01/2023 To: 3/31/2024

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: \$ 1,000 (privated) Sunday License fee: \$ 68 (privated) 3.2% On Sale fee: \$ 136 (privated) 3.2% Off Sale fee: \$ \_\_\_\_\_

Licensee Name: The Broz LLC (corporation, partnership, LLC, or Individual) DOB \_\_\_\_\_ Social Security # \_\_\_\_\_

Business Trade Name The Broz LLC Business Address 212 Main St W City New Prague

Zip Code 56071 County Le Sueur Business Phone 952-290-3291 Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_

Licensee's Federal Tax ID # 93-2604917 Licensee's MN Tax ID# 9141183  
(To apply call IRS 800-829-4933)

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

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
Christopher Ryan Davis	11/28/1983		27341 Balsa Ave, Webster, MN 55088
Nichole Jill Davis	06/06/1984		27341 Balsa Ave, Webster, MN 55088
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: Cluett Insurance Policy # WIS111323A

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

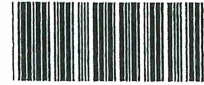
Name of license being applied for and license number (if renewal):	License Number #:
on sale intoxicating, Sunday Liquor, 3.2% on sale	
Licensing Authority (name of city, county, or state agency issuing license):	
City of New Prague, State of Minnesota	
License Renewal Date:	

<b>PERSONAL INFORMATION:</b>			
Davis	Christopher R.		
Applicant's last name	Applicant's first name and middle initial	Social Security Number	
27341 Balsa Ave	Webster	MN	55088
Applicant's address	City	State	Zip Code

<b>BUSINESS INFORMATION:</b>			
The Broz LLC			
Business name			
212 Main St W	New Prague	MN	56071
Business address	City	State	Zip Code
9141183	93-2604917		
Minnesota tax identification number	Federal tax identification number		
<b>If a Minnesota tax identification is not required, please explain on the reverse side of this form.</b>			

Applicant Signature:

<i>Chris Davis</i>	Owner	11/10/2023
Signature	Title	Date



CC0515

Mailing Address:  
PO Box 64217  
St. Paul, MN 55164-0217

## Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

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

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 952-290-3291	Alternate telephone number
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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.)  
The Broz LLC Chris Davis & Nichole Davis - each 50% owner.

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

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

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)  
Cluett Insurance

Policy number: WIS111323A	Effective date: 11/13/2023	Expiration date: 11/13/2024
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I am self-insured for workers' compensation. (Attach a copy of the authorization to self-insure from the Minnesota Department of Commerce; see <https://mn.gov/commerce/industries/insurance/licensing/self-insurance>.)

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:  
Chris Davis

Applicant signature (required) <i>Chris Davis</i>	Title Owner	Date 11/10/2023
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If you have questions about completing this form or to request this form in braille, large print or audio.



DEPARTMENT OF PUBLIC SAFETY  
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
445 Minnesota Street Suite 1600  
St. Paul, MN 55101  
Phone (651) 201-7507 TDD (651) 282-6555  
Fax (651) 297-5259

CARD NUMBER  
  
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE  
**PLEASE RETURN THIS APPLICATION WITH FEE \$20.00**

Issuing Authority	Type Code	Buyer's Card Expires	Identification #
Print Name of Licensee (As shown on license)	Business Name (DBA)		
The Broz LLC			
Business Address	County	Business Phone	
212 Main St W	Le Sueur	952-290-3291	
City, State, Zip Code	Authorized Signature		
New Prague, MN 56071			