



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 MN License Period From: \_\_\_\_\_ To: \_\_\_\_\_ Date of Approval

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: Neisen's Corner Bar II Inc DOB 09/10/93 Social Security # \_\_\_\_\_  
(corporation, partnership, LLC, or Individual)

Business Trade Name 11 11 Business Address 100 Main St W City New Prague

Zip Code 56071 County Le Sueur Business Phone 952 594 9029 Home Phone 952 594 9029

Home Address 29687241st Ave City Bellevue MN 56011

Licensee's Federal Tax ID # 33-3263220 Licensee's MN Tax ID# 9971026  
(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
<u>Ryan Bert Neisen</u>	<u>9/10/93</u>		<u>29687241st Ave</u>
<u>Daniel Charles Neisen</u>	<u>4/28/62</u>		<u>24341 Mariden Ave</u>

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: Midcountry Insurance Policy # 195384.201

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.**

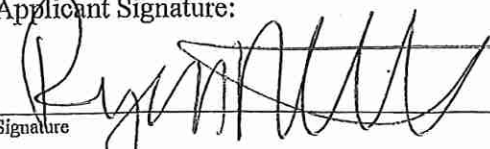
Please print or type

Name of license being applied for and license number (if renewal):		License Number #:
on sale intoxicating, Sunday & off sale		
Licensing Authority (name of city, county, or state agency issuing license):		
City of New Prague		
License Renewal Date: Date approved - March 31 <sup>st</sup> , 2026		

<b>PERSONAL INFORMATION:</b>		
Applicant's last name <del>Reisen</del>	Applicant's first name and middle initial Ryan B	Social Security Number
29687 241st Avenue	Belle Plaine	MN 56011
Applicant's address	City	State Zip Code

<b>BUSINESS INFORMATION:</b>		
Business name Nisens Corner Bar & Inc		
Business address 100 Main St W	City New Prague	State Zip Code MN 56071
33326 3220		
Minnesota tax identification number	Federal tax identification number	
If a Minnesota tax identification is not required, please explain on the reverse side of this form.		

Applicant Signature:

 Signature	owner Title	6/2/25 Date
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Minnesota Department of Public Safety  
ALCOHOL AND GAMBLING ENFORCEMENT  
445 Minnesota Street, Suite 1600, St. Paul, MN 55101  
OFFICE (651) 201-7510 FAX (651) 297-5259 TTY (651) 282-6555  
DPS.MN.GOV

**APPLICATION FOR OFF SALE INTOXICATING LIQUOR LICENSE**  
No license will be approved or released until the \$20 Retailer ID Card fee is received

**PLEASE COMPLETE THIS APPLICATION IN ITS ENTIRETY.**  
**INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT ACTION.**

Licensee's MN Sales and Use Tax ID # 9971026 To apply for a MN sales and use tax ID #, call (651) 296-6181  
Licensee's Federal Tax ID # 33-3243220 Licensees must register with the Federal Tax and Trade Bureau (TTB),  
for information call (513) 684-2979 or 1-800-937-8864

**Applicant:**

Licensee Name (Business, Partnership, Corporation) <u>Neisen Corner Bar II Inc -&gt; 11</u>		Business Name (DBA) <u>11</u>		Social Security #	
Physical Business Address <u>100 Main St W</u>		License Period From To		DOB (Individual Applicant) <u>9-10-93</u>	
City <u>New Prague</u>		County <u>Le Sueur</u>	State <u>MN</u>	Zip Code <u>56071</u>	
E-mail Address <u>rneisen93@hotmail.com</u>		Business Phone Number <u>not yet</u>		Applicant's Home Phone # <u>952 594 9029</u>	

If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address
<u>Ryan Bert Neisen</u>	<u>9/10/1993</u>		<u>Owner President</u>	<u>50</u>	<u>29687 241st Ave Belle Plaine MN</u>
<u>Daniel Charles Neisen</u>	<u>4/28/1962</u>		<u>Owner Secretary</u>	<u>50</u>	<u>24341 Meridian Ave Belle Plaine</u>

- If a corporation, date of incorporation 3-1-25, state incorporated in Minnesota If a subsidiary of any other corporation, so state \_\_\_\_\_  
If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  
Yes ☐ No ☒
- Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. Main level
- Is establishment located near any state university, state hospital, training school, reformatory or prison?  
☐ Yes ☒ No. If yes, state approximate distance. \_\_\_\_\_
- Name and address of building owner Neisen Investments LLC 101 east Main St - Belle Plaine MN 56011  
Has owner of building any connection, directly or indirectly, with applicant? ☒ Yes ☐ No