



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: 9/1/23 To: 3/31/24

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

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

Fee(s): On Sale License fee: \$ 1750 \$3000 annually Sunday License fee: \$ 117 \$200 annually 3.2% On Sale fee: \$ \_\_\_\_\_ 3.2% Off Sale fee: \$ 87.50 \$150 annual

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

Business Trade Name The Corner Bar NP Business Address 100 Main St W City New Prague

Zip Code 56007 County Le Sueur Business Phone 952-758-3044 Home Phone 952-495-4225

Home Address 12000 12<sup>th</sup> Ave S City Burnsville

Licensee's Federal Tax ID # \_\_\_\_\_ Licensee's MN Tax ID# \_\_\_\_\_  
(To apply call IRS 800-829-4933)

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

Ireland Grace Hurley 11-15-2000 1706 Hillwood Ave Lakeville  
 Partner/Officer Name (First Middle Last) DOB Social Security # Home Address

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: \_\_\_\_\_ Policy # \_\_\_\_\_

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>**



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 # \_\_\_\_\_ To apply for a MN sales and use tax ID #, call (651) 296-6181  
 Licensee's Federal Tax ID # \_\_\_\_\_ 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) <i>The Corner Bar NP</i>	Business Name (DBA) <i>Corner Bar</i>	Social Security #	
Physical Business Address <i>100 Main St W</i>	License Period From <i>9/1/23</i> To <i>3/31/24</i>	DOB (Individual Applicant)	
City <i>New Prague</i>	County <i>Le Seuer</i>	State <i>MN</i>	Zip Code <i>56071</i>
E-mail Address	Business Phone Number <i>952-758-3044</i>	Applicant's Home Phone # <i>952-495-4225</i>	

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
<i>Ireland Grace Hurley</i>	<i>11-15-2000</i>		<i>Owner / President</i>	<i>100%</i>	<i>1700 Hillwood Ave Lakerville, MN 56044</i>
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address
Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Address, City, State, Zip Code

- If a corporation, date of incorporation July 2023, 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. first floor
- 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 Slainte Hospitality 12000 12<sup>th</sup> Ave S, Burnsville, MN 56337  
 Has owner of building any connection, directly or indirectly, with applicant?  es  o

5. Is/are applicant(s), a member of the governing body of the municipality in which this license is to be issued?  
 Yes  No If Yes, in what capacity? \_\_\_\_\_
6. Have applicants any interest whatsoever, directly or indirectly, in any other liquor establishment in the state of Minnesota?  
 Yes  No If yes, give name and address of establishment. \_\_\_\_\_
7. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment? Yes  No
8. State whether applicant has or will be granted, an On Sale Liquor License in conjunction with this Off Sale Liquor License and for the same premises.  Yes  No  Will be granted
9. State whether applicant has or will be granted a Sunday On Sale Liquor License in conjunction with the regular On Sale Liquor License. Yes  No  Will be granted
10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality.  
 \_\_\_\_\_
11. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)?
12. If this license is being issued by a County Board, is it located in an organized township?  
**If so, attach township approval.**

**Violations**

1. Has applicant(s) had a liquor license revoked in the last 5 years;  Yes  No If so, give dates and details.  
 \_\_\_\_\_
2. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere? Yes  No   
 If yes, give dates, charges and final outcome \_\_\_\_\_  
 \_\_\_\_\_
3. During the past license year, has a summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802.  Yes  No If yes, attach a copy of the summons.

**REPORT BY POLICE/SHERIFF'S DEPARTMENT**

This is to certify that the applicant and the associates named herein have not been convicted within the past five years for any felonies or municipal ordinances relating to intoxicating liquor except as follows:

\_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 Police/Sheriff's Department

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 County Attorney's Signature



**Insurance (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM)**

Licensee must obtain one of the following PER Minnesota Statute 340A.409:

Check one:

- A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person, \$100,000 more than one person; \$10,000 property destruction; \$50,000 and \$100,000 for loss of means of support.

**Please review Insurance Certificate before submitting:**

Must be Certificate of Insurance (Declarations or Binders not accepted)

Licensee name on this application and the Insurance Certificate must match EXACTLY.

Must provide physical address of licensed location (No PO Boxes accepted)

Dates of coverage must cover the entire license period.

or

- B. A surety bond from a surety company with minimum coverage as specified in A.

or

- C. A certificate from the State Treasurer that the licensee has deposited with the state, trust funds having market value of \$100,000 or \$100,000 in cash or securities.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

Workers compensation insurance company: Name \_\_\_\_\_

Policy # \_\_\_\_\_ Number of employees: \_\_\_\_\_

**I certify that I have read the above questions and that the answers are true and correct of my own knowledge.**

Print name of applicant & title

Ireland Hurley Owner

Signature of Applicant

*I. B. Hurley*

Date

8-2-23



## Application for Dance Permit (\$100 Fee)

To the City Council of the City of New Prague in the County of Scott and Le Sueur,  
State of Minnesota:

The Undersigned owner whose address is 17706 Hillwood Ave, Lakeville, MN 55044

Hereby applies for a permit to hold dances upon that certain tract of land described  
as follows: address 100 Main st W, New Prague, MN 56071  
which is of the following size and area; width \_\_\_\_\_ feet; length \_\_\_\_\_ feet;  
area \_\_\_\_\_;

Applicant further agrees to pay fees or assessments at the time and in the amounts  
specified as follows:

L. G. Husberg  
Ireland Husberg  
Owner







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 952-758-3044	Alternate telephone number 952-495-4225
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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 Corner Bar NP

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

Business address (must be physical street address, no P.O. boxes) 100 Main St W	City New Prague	State MN	ZIP code 56071
County Le Seuer	Email address slaintehospitality@gmail.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)

Policy number:	Effective date:	Expiration date:
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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: Ireland Hurley

Applicant signature (required) I. G. Hurley	Title Owner	Date 8-2-23
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If you have questions about completing this form or to request this form in braille, large print or audio.