



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: 9/1/2023 To: 3/31/2024

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: \$ 1,750 Sunday License fee: \$ 117 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ 87.50
\$3000 annually \$200 annually \$150 annual

Licensee Name: R+D Enterprises LLC DOB Outlaw Saloon Social Security # _____
(corporation, partnership, LLC, or Individual)

Business Trade Name Outlaw Saloon Business Address 103 main st w City New Prague

Zip Code 56071 County Scott Business Phone _____ Home Phone 612-554-8198

Home Address 606 Columbus Ave S City New Prague

Licensee's Federal Tax ID # 93-1903453 Licensee's MN Tax ID# 8889181
(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>Rob J KAUTKREMER</u>	<u>11-14-69</u>		<u>606 Columbus Ave S New Prague</u>
<u>DIANE J BAST</u>	<u>8-18-82</u>		<u>706 7th St. NE New Prague</u>
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>



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
 Website: 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	Alternate telephone number <i>612-554-8198</i>	
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.) <i>R+D Enterprises LLC</i>			
DBA ("doing business as" or "also known as" an assumed name), if applicable <i>OUTLAW SALOON</i>			
Business address (must be physical street address, no P.O. boxes) <i>103 MAIN ST W</i>	City <i>New Prague</i>	State <i>MN</i>	ZIP code <i>56071</i>
County <i>Scott</i>	Email address <i>raddenterprises2023@yahoo.com</i>		

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: *Rob Krautkrum*

Applicant signature (required) <i>Rob Krautkrum</i>	Title <i>owner</i>	Date <i>7-12-23</i>
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If you have questions about completing this form or to request this form in braille, large print or audio.



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 # 8889181 To apply for a MN sales and use tax ID #, call (651) 296-6181
 Licensee's Federal Tax ID # 93-1903453 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>R + D Enterprises LLC</u>	Business Name (DBA) <u>Outlaw Saloon</u>	Social Security # _____	
Physical Business Address <u>103 MAIN ST W</u>	License Period From <u>9/1/23</u> To <u>3/31/24</u>	DOB (Individual Applicant) _____	
City <u>New Prague</u>	County <u>Scott</u>	State <u>MN</u>	Zip Code <u>56071</u>
E-mail Address	Business Phone Number	Applicant's Home Phone # <u>(612) 554-8198</u>	

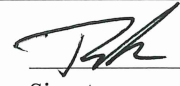
If a Corporation, LLC, or Partnership - state name, date of birth, Social Security # address, title, and Percent Owned by each officer.

Partner Officer (First, middle, last)	DOB	SS#	Title	Percent	Home Address
<u>Rob J Krautkramer</u>	<u>11-14-69</u>		<u>OWNER</u>	<u>50%</u>	<u>606 Columbus Ave S New Prague</u>
<u>Dione J Bast</u>	<u>8-18-82</u>		<u>OWNER</u>	<u>50%</u>	<u>706 7th St. NE New Prague</u>
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 6-15-23, 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. Entire BUILDING
- 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 R + D Enterprises LLC 606 Columbus Ave S, New Prague
 Has owner of building any connection, directly or indirectly, with applicant? Yes No

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.
NA
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; <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 <input type="checkbox"/> No <input checked="" type="checkbox"/> 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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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: _____ _____		
<u>New Prague Police</u> Police/Sheriff's Department	<u>Police chief</u> 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

Rob Krautkremer

Signature of Applicant

Rob Krautkremer

Date

7-31-23

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.**

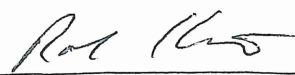
Please print or type

Name of license being applied for and license number (if renewal):		License Number #:
ON SALE intoxicating, Sunday Liquor, OFF SALE		
Licensing Authority (name of city, county, or state agency issuing license):		New Prague
State of Minnesota		
License Renewal Date:	4/1/2024	

PERSONAL INFORMATION:		
Riaktremv	Rob	
Applicant's last name	Applicant's first name and middle initial	Social Security Number
606 Columbus Ave S	New Prague	MN 56071
Applicant's address	City	State Zip Code

BUSINESS INFORMATION:		
OUTLAW SALOON		
Business name		
103 Main St W	New Prague	MN 56071
Business address	City	State Zip Code
8889181	93-1903453	
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	7-31-23 Date
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CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/13/2023

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 Goetsch Insurance Agency 315 4th St, PO Box 355 Gaylord MN 55334	CONTACT NAME: PHONE (A/C No, Ext): 507-237-4215 FAX (A/C, No): 507-237-4176 E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC #	
INSURED R & D Enterprises, LLC 606 Columbus Ave S New Prague MN 56071	INSURER A : Founders Insurance Co	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

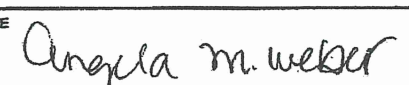
COVERAGES **CERTIFICATE NUMBER:** 20230713100145318 **REVISION NUMBER:**

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
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/>						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Liquor Liability			LL34927	08/01/2023	04/01/2024	Occurance \$500,000 Aggregate \$1,000,000

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

Location: 103 W Main St, New Prague, MN 56071

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 

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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 606 Columbus Ave S, New Prague

Hereby applies for a permit to hold dances upon that certain tract of land described
as follows: *address* 103 Main St W New Prague
which is of the following size and area; width 25' feet; length 40' feet;
area _____;

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

Pat Munn

Owner

No. 23-
Fee \$ 87.50



City New Prague
County Scott

OFF SALE LIQUOR LICENSE

THIS CERTIFIES THAT:

LICENSEE R+D Enterprises LLC

TRADE NAME Outlaw Saloon

STREET ADDRESS OR LOT AND BLOCK NO 103 Main Street W

Is authorized to sell intoxicating liquor at off sale subject to the laws and regulations of the State of Minnesota and municipal ordinances for the
Period beginning 9/1/2023 to 3/31/2024

THIS LICENSE IS APPROVED

Alcohol & Gambling Enforcement Director Date
PS9008-03(6/03)

Mayor or President
Given under my hand and the Municipal Corporate Seal
City of New Prague Date _____

CLERK or Recorder