



City of New Prague

In the Counties of Scott & Le Sueur

118 CENTRAL AVENUE NORTH • NEW PRAGUE, MINNESOTA 56071

PHONE: (952) 758-4401 / www.ci.new-prague.mn.us

License Application for TETRAHYDROCANNABINOL (THC) ESTABLISHMENT LICENSE

FEES: \$200 THC License Application/Investigation Fee. \$350 THC License Annual Fee. Fees are not prorated.

THC Establishment Licenses are issued annually and valid January 1 – December 31. Licenses are required to be renewed prior to expiration with all applicable fees paid at the time of application. Licenses non-transferable. Submit application, certificate of insurance, background check form for each person and applicable fees to the City Clerk. 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:

Licensee Name / Legal Name (ex. Company ABC, LLC): J + C Picka Investments LLC

Trade Name or DBA (ex. Company ABC): WEST END LIQUOR

Business Location Address: 404 MAIN ST W., New Prague, MN 56071

Applicant: Licensee's Legal Name (First, Middle and Last): Jeffrey Michael Picka

Business Phone #: 952-758-4645 Cell Phone: _____

Email Address: _____ Date of Birth: _____

Mailing Address (if different than business address): _____

Name of Manager(s) of Business: JEFF PICKA

Days of Operation: Sun - Sat Hours of Operation: M-F 9-10, Sat 8-10, Sun 11-5

☒ Are property taxes on the licensed location current as of date of this application? Taxes must be paid prior to issuance of license whether the building is owned by the applicant or not.

☐ Are the Utilities on the licensed location current as of date of this application?

DEPARTMENT OF REVENUE INFORMATION:

The City of New Prague is required to provide to the Minnesota Commissioner of Revenue your Minnesota Business tax identification number or the social security number or individual taxpayer identification number of applicant.

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties or interest.
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement, the Department of Revenue may supply this information to the Internal Revenue Service.

Supply the following information:

MN Tax ID #: 9053080 Federal Tax ID#: 26-0878954

OR

Applicant's Social Security or Individual Taxpayer Identification Number: _____

INSURANCE REQUIREMENTS:

A Certificate of Insurance be submitted and list the City as additional insured and provide coverages and amounts as required by state law. Applicant must also present acceptable evidence of compliance with the workers' compensation insurance coverage requirements of MSS 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.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

☒ **I have a workers' compensation insurance policy:**

Insurance company name (not the insurance agent): Acuity

Policy Number: KL3883 Effective Date 4/1/25 Expiration Date: 3/31/26

OR

☐ **I am not required to have workers' compensation insurance because:**

☐ I am self-insured.

☐ I am the sole proprietor and I have no employees.

☐ I have no employees who are covered by the workers' compensation law.

The City of New Prague reserves the right to request additional information to assist in the evaluation of this application.

Signature: A signature verifying the overall accuracy and completeness of this application by the applicant (owner, Partner or officer) is required in order to process the license application.

By signing, I agree to comply with all the laws of the State of Minnesota governing the taxation of business and all ordinances of the City of New Prague. I understand that by submitting this application, I hereby consent to allow the appropriate City personnel, or any authorized representative or agents, to inspect the licensed premises for the purpose of ensuring compliance with the law, at any time the business is occupied and/or open for business. I also understand that a denial of permission for such a lawful inspection of the premises is a violation of the license provisions. I hereby certify that I have read and understand every question in this application and that the answers are true to my knowledge, information and belief. I further understand that the giving false information as a part of this application, can constitute cause for denial, suspension, or revocation of my business license.

I also hereby affirm that all products sold at retail in the City of New Prague comply with:

- All of the packaging requirements of the Minn. Stat §151.72 Subd.3
- The labeling and packaging requirements of Minn. Stat §151.72 Subd.5 and 5a
- No products contain more than 0.3% of THC.
- No edible CBD product contains an amount of any THC that exceeds 5 mg per serving or 50 mg per package.
- The testing requirements in Minn. Stat §151.72 Subd.4.

All licenses will be issued for a one-year term (January 1 to December 31) and shall be posted and displayed in plain view of the general public on the premise.

The undersigned hereby makes application for a license to sell THC and other THC products at retail in the City of New Prague, Counties of Le Sueur or Scott, Minnesota subject to the laws of the State of Minnesota and herewith deposits \$350.00 (annual fee) in payment thereof.

(Please attach additional pages if needed)


Signature of Applicant (required)

Date 1-27-25, 2025

**** A signed Affidavit of Compliance concerning educational materials used to instruct employees in the legal requirements pertaining to the sale of CBD related products must accompany this application.



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AFFIDAVIT OF COMPLIANCE CONCERNING EDUCATIONAL MATERIALS SALES OF TETRAHYDROCANNABINOL (THC) RELATED PRODUCTS

West End Liquor (Licensee), has conducted the proper instructional program for all employees involved with the sale of tobacco as described and required in the City of New Prague THC Ordinance (Instructional Program).

Please include a copy of the educational materials you use to educate your employees in the proper sale of cannabis related products. License will not be approved without this information.

Jeff Pick
Signature of Applicant

1-27-25
Date

Jeff Pick
Print Name