

**CITY OF PIPESTONE
APPLICATION FOR LIQUOR, BEER OR WINE LICENSES**

☐ On & Off-Sale Beer License - \$200 ☐ On-Sale Beer License - \$100
☐ On-Sale Liquor License - \$2500 ☒ Off-Sale Beer License - \$100
☐ On-Sale Sunday Liquor License - \$15 ☐ Club On-Sale License - \$100
☐ On-Sale Wine License - \$125 ☐ Consumption & Display License - \$100

Please Print or Type — Attach Copy of Driver's License

Applicant's Name		
Last O'Shea	First Carol	Middle (no Initials) Patricia
DBA or Trade Name		
Applicant's Address 5505 Kellogg Ave, Edina MN 55424	Date of Birth 11/06/1977	License Address 1106 - 8th St SW Pipestone, MN 56164
Applicant's Home Phone Cell 612-250-5277	Social Security Number 473-90-6348	Business Phone 507-825-4201
Applicant's Maiden or Previous Name Sokol	Driver's License Number E365-059-166-114	License Period from to
Applicant's Previous Address N/A	Business MN Tax ID Number 8058647	Business Federal Tax ID Number 41-0824910

☐ Partnership ☒ Corporation

Give name, title, home address, date of birth and social security number for all partners, or the officers and directors of a partnership or corporation.

Partner/Officer Name Christopher Michael Coborn	Title CEO
Social Security Number 476-80-0907	Date of Birth 02/10/1959
Address 3104 Dunbar Rd, St. Cloud, MN 56301	Percent Stock or Partnership Interest 12.58%

MANAGER FORM

Before a license is issued to an applicant or to a corporation, partnership of association, the applicant or applicants shall appoint in writing a person who is by normal definition and duties described as the manager. Such manager shall give written consent to: 1) take full responsibility and be in charge of the day to day operations of the licensed premises; 2) take full responsibility and be in charge of the day to day operations of the licensed premises relative to the activities and operation authorized by the license; and 3) serve as agent for receipt of notices and other processes relating to the license. The manager must be a person who, by reason of age, character, reputation and other attributes, could qualify individually as a licensee. If such manager ceases to act in such capacity for the license without appointment of a successor, the license issued shall be subject to revocation or suspension. The manager must complete the General Authorization Form.

Please Print or Type

Nettik Keith Edmond
Last First Middle (no initials)
1106 8th Ave SW Pipestone MN 56164
Address City State Zip
(507) 825-4201 (507) 215-2120
Business Phone Personal Phone

I ACCEPT THE ABOVE APPOINTMENT AND
CERTIFY THAT I AM 21 YEARS OF AGE OR OLDER.

7/7/26
Date

[Signature]
Signature of Manager

NOTE: Any change in manager during the license period requires a notice be given to the City Clerk plus a completed Manager Form, General Authorization and Release Form and payment of the Change in Management Investigation Fee - \$50.

Referred to Sheriff for Investigation this <u>24</u> day of <u>July</u> , 20 <u>26</u>
Recommendation by Sheriff: Approved <u>X</u> Disapproved <u> </u>
Reason for disapproval <u> </u>
Sheriff <u>Kate Nucum</u> Date <u>7.24.26</u>

Minnesota Department of Labor and Industry
Construction Codes and Licensing Division
Licensing and Certification Services
443 Lafayette Road North
St. Paul, MN 55155



CC0515

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

Email: dli.license@state.mn.us
Website: dli.mn.gov
Phone: (651) 284-5034

Certificate of Compliance Minnesota Workers' Compensation Law

This form must be completed by the business license applicant.

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 507-825-4201	Alternate telephone number 320-252-4222
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.) Coborn's, Incorporated		
DBA ("doing business as" or "also known as" an assumed name), if applicable Coborn's Liquor		
Business address (must be physical street address, no P.O. boxes) 1106 - 8th St SW	City Pipestone	State MN
County Pipestone	Email address lic.info@cobornsinc.com	ZIP code 56164

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)
Sentry Insurance

Policy number: 90-03061	Effective date: 7/1/2026	Expiration date: 6/30/2027
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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: Carol O'Shea

Applicant signature (required) 	Title CFO	Date 7-13-2026
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If you have questions about completing this form or to request this form in braille, large print or audio.