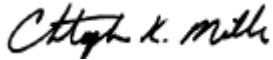


**ROSEVILLE**  
**REQUEST FOR COUNCIL ACTION**

Date: 08/13/12  
Item No.: 11.a

Department Approval



City Manager Approval



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Item Description: Public Hearing to Consider an On-Sale and Sunday Brewer Taproom License and an Off-Sale Brewery License for Pour Decisions Brewery

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1 **BACKGROUND**

2 Pour Decisions Brewery has applied for an On-Sale and Sunday Brewer Taproom License and an Off-Sale  
3 Brewery License for the operation located at 1744 Terrace Drive. City Code requires the consideration of  
4 these licenses to take place at a public hearing.

5  
6 The City Council recently amended the City Code to allow these types of licenses at the request of Pour  
7 Decisions.

8 **POLICY OBJECTIVE**

9 Not Applicable.

10 **FINANCIAL IMPACTS**

11 The revenue that is generated from the license fees collected is used to offset the cost of police compliance  
12 checks, background investigations, enforcement of liquor laws, and license administration.

13 **STAFF RECOMMENDATION**

14 The applicant meets all requirements set forth under City Code. Staff recommends approval.

15 **REQUESTED COUNCIL ACTION**

16 Motion to approve Pour Decision Brewery's request for an On-Sale & Sunday Brewer Taproom license and  
17 Off-Sale Brewery liquor license located at 1744 Terrace Drive.

18  
19 Prepared by: Chris Miller, Finance Director

Attachments: A: Application for On-Sale & Sunday Brewer Taproom and Off-Sale Brewery Liquor Licenses



Minnesota Department of Public Safety  
 ALCOHOL AND GAMBLING ENFORCEMENT DIVISION  
 444 Cedar Street, Suite 222, St. Paul, MN 55101  
 (651) 201-7500 TDD (651) 282-6555  
 FAX (651) 297-5259

Print Form

**APPLICATION FOR SMALL BREWER OFF SALE  
 INTOXICATING LIQUOR LICENSE**

SS will be approved or released until the \$20 Retailer ID Card fee is received

Workers Comp. Ins, Co. n/a Policy Number n/a

Minnesota Tax ID Number 9884398 Federal Tax ID Number 26-4550226

Licensee's Name (business, partnership, LLC, corporation) Pour Decisions Brewing Company LLC		DOB	Social Security Number	DBA or Trade Name Pour Decisions Brewery	
Business address 1744 Terrace Dr			Phone Number 651-56POUR1	Fax Number n/a	
City Roseville		State MN	Zip Code 55113	License Period From To	
Name of Store Manager Kristen England			Phone Number	DOB (Individual Applicant)	

If a corporation or LLC state name, date of birth, Social Security Number address, title, and share held by each officer. If a partnership, state names, address and date of birth of each partner.

Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Dr. Kristen A. England			COO	34%	1744 Terrace Dr. 55113
Dr. William J. Haun			CFO	34%	1744 Terrace Dr. 55113
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address
Partner Officer (First, middle, last)	DOB	SS#	Title	Shares	Business address

1. If a corporation, date of incorporation 3/25/2009, state incorporate in Minnesota, amount paid in capital 0. If a subsidiary of any other corporation, so state \_\_\_\_\_ and give purpose of corporation \_\_\_\_\_. If incorporated under the laws of another state, is corporation authorized to do business in the state of Minnesota?  Yes  No

2. Describe premises to which license applies; such as (first floor, second floor, basement, etc.) or if entire building, so state. The brewery sits on a single floor in a 7500sq ft industrial warehouse.

3. Is establishment located near any state university, state hospital, training school, reformatory or prison?  Yes  No if yes state approximate distance. \_\_\_\_\_

4. Name and address of building owner: OP2 Evergreen LLC, 11455 Viking Dr Suite 350, Eden Prairie MN, 55344

Has owner of building any connection, directly or indirectly, with applicant?  Yes  No

5. Is applicant or any of the associates in this application, 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. State whether any person other than applicants has any right, title or interest in the furniture, fixtures or equipment for which license is applied and if so, give name and details. n/a

7. 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. \_\_\_\_\_

8. Are the premises now occupied or to be occupied by the applicant entirely separate and exclusive from any other business establishment?  Yes  No
9. 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
10. 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
11. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. n/a
12. State Number of Employees 0
13. If this license is being issued by a County Board, has a public hearing been held as per MN Statute 340A.405 sub2(d)? n/a
14. If this license is being issued by a County Board, is it located in an organized township? If so, attach township approval. \_\_\_\_\_
1. State whether applicant or any of the associates in this application, have ever had an application for a liquor license rejected by any municipality or state authority; if so, give dates and details. No

2. Has the applicant or any of the associates in this application, during the five years immediately preceding this application ever had a license under the Minnesota Liquor Control Act revoked for any violation of such laws or local ordinances; if so, give dates and details. No

3. Has applicant, partners, officers, or employees ever had any liquor law violations or felony convictions in Minnesota or elsewhere, including State Liquor penalties?  Yes  No If yes, give dates, charges and final outcome.


4. 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.

This licensee must have one of the following: (ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.)

Check one

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

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 and title Kristen A. England	Signature of applicant 	Date 7/14/12
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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 violation of laws of the State of Minnesota or municipal ordinances relating to intoxicating liquor except as follows:

Police/Sheriff's Department	Title	Signature

County Attorney's Signature

IMPORTANT NOTICE

All retail liquor licensees must have a current Federal Special Occupational Stamp. This stamp is issued by the Bureau of Alcohol, Tobacco, and Firearms. For information call (651) 726-0220

## City of Roseville, Minnesota

### Application for On Sale and Sunday Intoxicating Liquor License

1. Name of Applicant (Name of individual, partnership, corporation or association):

Pour Decisions Brewing Company, LLC.

2. Name and address under which applicant will be doing business:

Full Legal Name Pour Decisions Brewing Co.

DBA Name \_\_\_\_\_

Business Address 1744 Terrace Dr

Business Telephone ( 651 ) 56-POUR1

3. Type of Applicant:

\_\_\_\_\_ Individual \_\_\_\_\_ Partnership  Corporation

4. Type of license applicant seeks:  On Sale  Sunday

5. State the legal description of the premises to be licensed:

Section / Township / Range 4-29-23 Plat 4 / 29 / 23

Ex N 800 Ft Mol; The E 597 Ft Of N 1446 Ft Of W 1048 Ft Of Se 1/4 (subj To Rds & Esmts) In Sec 4 Tn 29 Rn 23

6. How is the property classified under the Roseville Zoning Ordinance?

F1

7. Where the building is owned by other than applicant give legal name, business address and phone number of owner(s):

1. Legal Name OP2 Evergreen LLC S

Business Address 11455 Viking Dr Suite 350, Eden Prairie MN, 55344  
(612) 353-3300

Business Telephone \_\_\_\_\_

2. Legal Name \_\_\_\_\_

Business Address \_\_\_\_\_

Business Telephone \_\_\_\_\_

8. State the amount of investment the applicant has in the business premise, fixtures, furniture, stocks in trade, etc. and attach supporting proof of the source of such money.

Brewing Equipment - \$140,000  
Tenant improvements - \$71,200

9. Provide full name, address, telephone number and the nature of interest of all persons, other than applicant, who have any financial interest in the business, buildings, fixtures, furniture, or stock in trade. (This shall include, but not limited to, any lessees, mortgages, lenders, lien holders or any persons who have loaned, pledged or extended security for any indebtedness of the applicant).

Franklin Bank, 525 Washington Ave N, Minneapolis, MN 55401 612-874-6000  
(financed brewing equipment)

OP2 Evergreen LLC, 11455 Viking Dr #350, Eden Prairie, MN 55344 612-353-3314  
(owns building)

10. Attach lease agreement. (if applicable)

11. Submit a plat plan of the area showing dimensions, location of building, street access, parking facilities and the locations of and distances to the nearest state institutions including, but not limited to, educational buildings, fair grounds, and correctional buildings. The plan must also show number of persons intended to be served in the dining rooms, and indicate and identify all other rooms and areas where intoxicating liquor is to be sold and consumed.

12. List all additional permits that have been applied for either on the Federal or State level for this premise:

Federal and State Brewers License, MN and Roseville Offsale

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**If applicant is an individual skip to Personal Information Page**

**If applicant is a partnership:**

1. Attach a true copy of the partnership agreement and a copy of the certificate of trade name under provisions of Chapter 333, Minnesota Statutes, certified by the Clerk of District Court.

2. List Legal name and percent of interest for each partner

Full Legal name \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Legal name \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Legal name \_\_\_\_\_ Interest \_\_\_\_\_ %

Full Legal name \_\_\_\_\_ Interest \_\_\_\_\_ %

3. Skip to Personal Information Page.

**If applicant is a corporation or association:**

1. State the Legal name of the corporation or association, corporate office address and telephone number, branch address and telephone number.

Name Pour Decisions Brewing Co, LLC

State of Incorporation or Association Minnesota

Corporate Address 1744 Terrace Dr, Roseville, MN 55113

Corporate Phone Number 651-56-POUR1

Branch Address n/a



## Personal Information Page

*Fill out a page for owner, partner, manager, proprietor or other agent in charge of the individual owner's premises to be licensed and each individual that owns or controls an interest in excess of 5 percent. (Print as many sets as needed)*

1. Legal Name Kristen Adam England
2. Home Address \_\_\_\_\_
3. Home Telephone \_\_\_\_\_
4. Business Address n/a
5. Business Telephone (\_\_\_\_) \_\_\_\_\_
6. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
7. Current DL number and Issuing State \_\_\_\_\_ 3  
All past States where Driver Licenses where held \_\_\_\_\_
8. United States Citizen? Yes  No \_\_\_\_\_
9. Have you ever been convicted of a felony, crime or violation of any ordinance other than traffic? Yes \_\_\_\_\_ No  If yes, explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes \_\_\_\_\_ No  If yes, explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_



11. Have you ever individually or with others made application for an intoxicating liquor license, and had such application denied? Yes \_\_\_ No  If yes, explain in detail.

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11. Have you ever used or been known by any name other than the legal name given in number 1 above? Yes \_\_\_ No  If yes, list each name along with dates and places where used.

---

12. List the addresses and dates at which you have lived during the last 10 years:

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13. List the name and type of business or occupation you have been engaged in during the past 10 years.

Research Scientist

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14. Are you a manufacturer or wholesaler of intoxicating liquor, or have a financial interest indirectly in the ownership or operation of any such business?

Yes  No \_\_\_ If yes, explain in detail.

We are a brewery so this On sale is for the recently approved taproom license.

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## Personal Information Page

*Fill out a page for owner, partner, manager, proprietor or other agent in charge of the individual owner's premises to be licensed and each individual that owns or controls an interest in excess of 5 percent. (Print as many sets as needed)*

1. Legal Name William John Haun
2. Home Address \_\_\_\_\_
3. Home Telephone \_\_\_\_\_
4. Business Address n/a
5. Business Telephone (\_\_\_\_) \_\_\_\_\_
6. Place of Birth \_\_\_\_\_ Date of Birth \_\_\_\_\_
7. Current DL number and Issuing State \_\_\_\_\_  
All past States where Driver Licenses where held \_\_\_\_\_
8. United States Citizen? Yes  No \_\_\_\_\_
9. Have you ever been convicted of a felony, crime or violation of any ordinance other than traffic? Yes \_\_\_\_\_ No  If yes, explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_
10. Have you had any interest in any previous intoxicating liquor license that was revoked, suspended or not renewed? Yes \_\_\_\_\_ No  If yes, explain in detail.  
\_\_\_\_\_  
\_\_\_\_\_

11. Have you ever individually or with others made application for an intoxicating liquor license, and had such application denied? Yes \_\_\_ No  If yes, explain in detail.

---

---

11. Have you ever used or been known by any name other than the legal name given in number 1 above? Yes  No \_\_\_ If yes, list each name along with dates and places where used.

I have always gone by 'BJ'.

12. List the addresses and dates at which you have lived during the last 10 years:

---

---

13. List the name and type of business or occupation you have been engaged in during the past 10 years.

Research Scientist

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14. Are you a manufacturer or wholesaler of intoxicating liquor, or have a financial interest indirectly in the ownership or operation of any such business?

Yes  No \_\_\_ If yes, explain in detail.

---

We are a brewery. This license is for the newly approved tap room license.

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