Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT
445 Minnesota Street, Suite 222, St. Paul, MN 55101
OFFICE (651) 201-7507 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 # 51600470 — To apply for a MN sales and use tax ID #, call (651) 296-6181

Licensee's Federal Tax ID # 82-5314035 — 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 (Applicant)	Business Name (DBA)		Social Security #
Lois Holleman	Knob and Kettle		[redacted]
Licensee Location (Physical Address)	**License Period**		**DOB (Individual Applicant)**
35200 US HWAY 71	From Sept 1 To Dec 31, 2018		[redacted]
City	**County**	**State**	**Zip Code**
LAPORTE	Hubbard	MN	56461
E-mail Address	**Business Phone Number**		**Applicant's Home Phone #**
primetime sandwiches@gmail.com			[redacted]

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	Address, City, State, Zip Code
Joshua Leon Holleman	[redacted]	[redacted]	Pres	30% 0.0%	[redacted]
Shayna Kay Connell	[redacted]	[redacted]	Treas	30% 0.0%	[redacted]
Cynthia Lovisa Lynn Holleman	[redacted]	[redacted]	Sec	10% 0.0%	[redacted]
Lois Elaine Holleman	[redacted]	[redacted]	V. Pres	30% 0.0%	[redacted]

1. If a corporation, date of incorporation 4/26/2018, state incorporated in Minnesota If a subsidiary of any other corporation, so state Prime Time Enterprises
   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. entire building
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 Lois Holleman, [redacted]
   Has owner of building any connection, directly or indirectly, with applicant? ☒ Yes ☐ No
   SAME

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 Been granted Already

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 ? We would like to sell on Sunday.

10. If this application is for a County Board Off Sale License, state the distance in miles to the nearest municipality. 25 miles

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