



Minnesota Department of Public Safety
 Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 222, St. Paul, MN 55101
 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

Print Form

**APPLICATION FOR COUNTY ON-SALE
 INTOXICATING LIQUOR LICENSE**

No license will be approved or released until MN Alcohol and Gambling Enforcement receives the \$20 retailer ID card fee.
 To apply for MN Sales tax number call 651-296-6181

Workers compensation insurance company name SFM Policy Number 82101.204
 Licensee's MN sales and Use Tax ID # 2385058 Licensee's Federal Tax ID # 45-1262580

Applicants Name (Business, Partnerships, Corporation) <u>Food N Fun Inc, Sean McLasey</u>		DOB <u>5/21/1984</u>	SSN <u>474-04-0470</u>	Trade Name or DBA <u>Wing Kings</u>
Business Address <u>43539 French Hill Rd</u>		Business Phone <u>952 994-0733</u>		Applicant's Home Phone
City <u>St. Peter</u>	County <u>Le Sueur</u>	State <u>MN</u>	Zip Code <u>56082</u>	License Period From _____ To _____
Give information requested below for all partners, or the officers and directors of a partnership or corporation, and the percent of stock held by each officer if applicable.				
Name, title, and percent ownership <u>Sean McLasey owner 100%</u>		Address <u>575 4th Cir SE Lonsdale, MN 55046</u>		DOB <u>05/21/1984</u> SSN <u>474-04-0470</u>
Name, title, and percent ownership		Address		DOB SSN
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Date of incorporation	State of incorporation	Certificate Number	Is corporation authorized to do business in Minnesota? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Purpose of corporation		If a subsidiary of another corporation, give name		
Describe the premises to be licensed <u>Bar and Grill</u>				
Floor establishment is located on <u>Main</u>	Number of restaurant employees <u>10-20</u>	Seating capacity <u>160</u>	Hours food will be available <u>8AM-1AM</u>	
Number of months per year establishment will be open <u>12</u>		Name of manager <u>Sean McLasey</u>		
If the restaurant is in conjunction with another business (resort etc.), describe business				
Name the nearest municipality on sale licenses are issued.				

Yes No Has applicant, partners, officers or employees ever had any felony convictions or liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

Yes No Is the applicant or any of the associates in this application a member of the county board or the city council, which will issue this license? If yes, in what capacity? _____
 (if the applicant is the spouse of a member of the governing body, or another family relationship exists, the member shall not vote on this application.)

Yes No Have the applicants any interests, directly or indirectly, in any other liquor establishments in Minnesota? If yes, give name and address of establishment.

Yes No During the past license year, has a summons been issued under the liquor civil liability (Dram Shop)(M.S. 340A.802). If Yes, attach copy of the summons.

Yes No Will you serve liquor on Sunday? Amount of Sunday license fee _____

Yes No Is this establishment located in an organized township? If so, attach township approval.

Yes No Has a restaurant license been issued by the state or local health department for this establishment?

I CERTIFY THAT I HAVE READ THE ABOVE QUESTIONS AND THAT THE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Sean McLasey
Name of applicant (please print or type)

[Signature]
Signature of Applicant

3/2/2021
Date

The licensee must have one of the following:

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. Attach "CERTIFICATE OF INSURANCE" to this form.

A surety bond from a surety company with minimum coverage as specified above.

A certificate from the state treasurer that the licensee has deposited with the state, trust funds having a market value of \$100,000 or \$100,000 in cash or securities.

IF LICENSE IS ISSUED BY THE COUNTY BOARD, REPORT OF COUNTY ATTORNEY

Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed. If no, state reason.

[Signature]
Signature County Attorney

Le Sueur
County

3-23-21
Date

REPORT BY POLICE OR 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, Municipal or County ordinances relating to intoxicating liquor, except as follows:

[Signature]
Signature

Sheriff
Department and Title

3/22/21
Date

IMPORTANT NOTICE

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL 513-684-2979 OR 1-800-937-8864

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorney fees.

State of Minnesota
Department of Public Safety
Alcohol & Gambling Enforcement Division

AUTHORITY TO RELEASE INFORMATION

I, Sean McCassey, authorize and grant my consent to permit
Name

any law enforcement agency, and any other person, business or agency deemed necessary, to release any information requested by any identified law enforcement officer of the Minnesota Department of Public Safety, Alcohol and Gambling Enforcement Division.

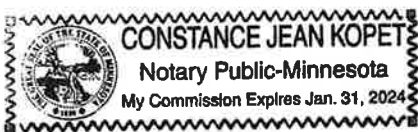
This information is for the express purpose of determining my eligibility for a liquor license issued under the authority of Minnesota State Statutes.

Any statements determined to be false on this document are grounds for disqualification of the licensing process

NAME: Sean McCassey

Signature: [Signature] Title: Owner
(If a corporation, signer must be a corporate officer)

Date: 3-19-2021



Sworn and subscribed before me this
19 Day of March, 2021
Notary Constance Jean Kopet

CERTIFICATION OF COMPLIANCE
MINNESOTA WORKERS' COMPENSATION LAW

Minnesota Statute, 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 an activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of MSS Chapter 176. The information required is: the name of the insurance company, the policy number, and dates of coverage or the permit to self-insure. This information will be collected by the licensing agency and retained in their files.

This information is required by law, and licenses and permits to operate a business may not be issued or renewed if it is not provided and/or is falsely reported. Furthermore, if this information is not provided or falsely stated, it may result in a \$1,000 penalty assessed against the applicant by the Commissioner of the Department of Labor and Industry.

Insurance Company Name: SFM
(NOT the insurance agent)

Policy Number: 82181.204

Dates of Coverage: 2/01/2021 - to 2/01/2022

(or)

I am not required to have workers' compensation liability coverage because:

- I have no employees
- I am self insured (include permit to self-insure)
- I have no employees who are covered by the workers' compensation law (these include: Spouse, Parents, Children and certain farm employees)

I certify that the information provided above is accurate and complete and that a valid workers' compensation policy will be kept in effect at all times as required by law.

Name: McCasey, Sean Thomas
(last, first, middle)

Doing Business As: Food n Fun Inc dba MN Wing King
(business name if different than your name)

Business Address: 43539 French Hill Road

City, State, Zip: Saint Peter, MN 56082 Phone: 952 994-8733

Signature:  Date: 3-10-2021