



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
 445 Minnesota Street, Suite 1600, St. Paul, MN 55101
 651-201-7510 Fax 651-297-5259 TTY 651-282-6555
APPLICATION FOR COUNTY/CITY ON-SALE WINE LICENSE
 (Not to exceed 24% of alcohol by volume)

EVERY QUESTION MUST BE ANSWERED. If a corporation, an officer shall execute this application. If a partnership, LLC, a partner shall execute this application. To apply for MN sales Tax # call 651-296-6181

Workers compensation insurance company name Unrequired Policy Number N/A
 Licensee's MN sales and Use Tax ID # 8156944 Licensee's Federal Tax ID # 88-2313301

Business Name (Business, Partnerships, Corporation) <u>Beaver Dam Resort LLC</u>		Trade Name or DBA	
Business Address <u>46115 Beaver Dam Rd</u>		Business Phone <u>507-317-1313</u>	Applicant's Home Phone <u>507-317-1313</u>
City <u>Cleveland</u>	County <u>Le Sueur</u>	State <u>MN</u>	Zip Code <u>56017</u>
Is this application <input checked="" type="checkbox"/> New		License Period From <u>May 1 2022</u> To <u>April 30th 20</u>	

If a corporation, give name, title, address and date of birth of each officer. If a partnership, LLC, give name, address and date of birth of each partner.			
Partner/Officer Name and title <u>Andy Buysse President</u>	Home Address <u>28852 West Lake Dr Madison Lake</u>	DOB	SSN
Partner/Officer Name and title <u>Brent Buysse Vice President</u>	Home Address <u>3132 River Meadows Dr Mendota</u>	DOB	SSN
Partner/Officer Name and title	Home Address <u>MN 56063</u>	DOB	SSN
Partner/Officer Name and title	Home Address <u>MN 56001</u>	DOB	SSN

Date of incorporation <u>5-16-22</u>	State of Incorporation <u>MN</u>	Certificate Number <u>1313962500027</u>	Is corporation authorized to do business in Minnesota? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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BUILDING AND RESTAURANT

Name of building owner <u>Andy Buysse</u>	Owner's address <u>28852 West Lake Dr. Madison Lake MN 56017</u>
Are property taxes delinquent? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Has the building owner any connection, direct or indirect with the applicant? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of restaurant employees <u>owners only</u>	Number of months per year restaurant is open <u>5</u>
Will food service be the principal business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

Describe the premises to be licensed
Bar & Restaurant Main office for Resort

If the restaurant is in conjunction with another business (resort etc.), describe business
is Also Main office for Resort & Pool is Connected to Drinking

NO LICENSE WILL BE APPROVED OR RELEASED UNTIL THE \$20 RETAILER ID CARD FEE IS RECEIVED BY AGED

- Yes No Has the applicant or associates been granted an on-sale malt liquor (3.2) and/or a "set-up" license in conjunction with this wine license?
- 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 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 Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere. If so, give names, dates, violations and final outcome details.

