

Delano
Catholic Community

CITY OF DELANO
INQUIRY FORM

Name

Home Phone

Address

Work Phone

Inquiry Received By

NATURE OF INQUIRY:

- Close River St - Railroad Ave to Bridge Ave along River St. Mini Gifts - Church
- Volunteers in like shirts as patrolors
- Ukrist Bands - Extra Dumpster - BARRICADES from city - Sawhorses to "Repe off open void san"

DISPOSITION OR RECOMMENDED ACTION:

Sidewalks - Ticket takers @ 2 ^{Staff Assigned}
Entrance - Food Vendors Mike's Doughnuts
Julie Steby - food stand - Hot Dogs Etc. Band
is "Buteh" - Approx - 9p to 1A -

INFORMATION CLASSIFIED AS:

- | | | |
|----------------------------------|---|---------------------------------------|
| <input type="checkbox"/> Public | <input type="checkbox"/> Non-Public | <input type="checkbox"/> Confidential |
| <input type="checkbox"/> Private | <input type="checkbox"/> Protected Non-Public | |

Remarks or basis for denial including statute section:

Maclene
City Official

Date Inquiry Completed



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Cedar Street Suite 133, St. Paul MN 55101-5133
 (651) 201-7507 Fax (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US



APPLICATION AND PERMIT
 FOR A 1 TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE

TYPE OR PRINT INFORMATION

NAME OF ORGANIZATION <i>Church of St Peter - St Peter's School</i>		DATE ORGANIZED <i>1865</i>	TAX EXEMPT NUMBER <i>21748</i>	
STREET ADDRESS <i>204 S River St</i>		CITY <i>Delano</i>	STATE <i>MN</i>	ZIP CODE <i>55320</i>
NAME OF PERSON MAKING APPLICATION <i>Cheryl Prosocki</i>		BUSINESS PHONE <i>(763) 972-2077</i>		HOME PHONE <i>(-)</i>
DATES LIQUOR WILL BE SOLD		TYPE OF ORGANIZATION CLUB CHARITABLE <u>RELIGIOUS</u> OTHER NONPROFIT		
ORGANIZATION OFFICER'S NAME <i>Father Christopher Wenthe</i>		ADDRESS <i>204 S River St Delano MN 55320</i>		
ORGANIZATION OFFICER'S NAME <i>Bonnie Jacobs</i>		ADDRESS <i>4324 Lake Sarah Rd Maple Plain MN</i>		
ORGANIZATION OFFICER'S NAME <i>Kevin Otto</i>		ADDRESS <i>3665 57th ST SE Delano</i>		

Location license will be used. If an outdoor area, describe

River St between Bridge & Railroad

Will the applicant contract for intoxicating liquor service? If so, give the name and address of the liquor licensee providing the service.

No

Will the applicant carry liquor liability insurance? If so, please provide the carrier's name and amount of coverage.

yes Catholic Mutual

APPROVAL

APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL & GAMBLING ENFORCEMENT

CITY/COUNTY _____

DATE APPROVED _____

CITY FEE AMOUNT _____

LICENSE DATES _____

DATE FEE PAID _____

SIGNATURE CITY CLERK OR COUNTY OFFICIAL _____

APPROVED DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT _____

NOTE: Submit this form to the city or county 30 days prior to event. Forward application signed by city and/or county to the address above. If the application is approved the Alcohol and Gambling Enforcement Division will return this application to be used as the License for the event

Management Information (only if different from owner)

Name: _____

Date of Birth: _____ Age: _____

Residence Address: _____

Telephone: _____

Business Address: _____

Telephone: _____

MN Drivers License or ID No: _____

Are all real estate and personal property taxes paid for the premises to be licensed:

YES NO If no, please indicate years and amounts due:

Type of business to be conducted, merchandise or vending goods, services to be sold:

Date of activity: _____ Time of Sales: _____

Zoning District: _____ Place of Business: _____

Number of persons expected to serve (if applying for a dance license): _____

Lease Attached (if applicable): YES NO

Have you ever been convicted of any crime, misdemeanor, violation or municipal code or other traffic violations: YES NO

Nature of offense and punishment or penalty assessed: _____

Criminal Background Check Authorization Form Attached:

Yes No

Last three municipalities where a similar application was granted (if applying for a peddlers, solicitors, hawkers, transient merchants, etc. license):

- 1. _____
(Name) (Address) (Date)
- 2. _____
(Name) (Address) (Date)
- 3. _____
(Name) (Address) (Date)

If any vehicles are to be used in conjunction with this license:

Make: _____ Vin No: _____ License Plate: _____

Make: _____ Vin No: _____ License Plate: _____

Make: _____ Vin No: _____ License Plate: _____

Certificate of insurance attached per 401.01, Subd. 4: Yes No

**** Vendors may not operate between 4:00 PM – 6:30 PM ****

**** Vendors restricted from use of loud noises or speaking devices ****

In the course of your application for a license under Delano’s General Licensing requirement, you may be asked to supply non-public data. The purpose and intended use of this data is to provide a means for the City to evaluate whether you comply with the application requirements for the general license application. You may refuse to supply the requested data, but this may result in an incomplete application which may result in your application being denied. This non-public data may be reviewed by the City of Delano, employees of the City of Delano who are assigned to review such information, and the City of Delano’s legal consultant. In addition, this data may be reviewed by specific advisory boards and subcommittees of the City of Delano, who assist the City in evaluating your application. You hereby agree to release the data to those boards and subcommittees for the purpose of effectuating that review.

Failures to complete, supply, or falsify any or all information contained within this application will result in a delay or denial or revocation of your license and/or application.

The undersigned, an applicant for a license under the rules and regulations of the City of Delano, understands and consents to the release and use of private or confidential data, as described above and acknowledges receipt of a copy of excerpts of City Code, Chapter 4, Public Protection and General Licensing.

Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Delano, its officers, employees and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney’s fees and costs, on account of bodily injury, sickness, disease, death, and property damage as the result of any action of the undersigned.

[Handwritten Signature]

Signature of Applicant

Signature of Applicant

Date

STATE OF MINNESOTA)
) SS
COUNTY OF WRIGHT)

On this _____ day of _____, 20____ personally appeared before me _____ and _____, who by me duly sworn, stated that he/she acknowledged and signed said document on his/her own behalf.

Notary Public



OFFICE USE ONLY:

Date Recd. _____
Amount Recd. _____
Receipt No. _____
Permit No. _____

**CITY OF DELANO
APPLICATION FOR LICENSE
OF INTOXICATING LIQUOR AND MALT LIQUOR**

1. Does applicant currently hold a liquor or malt liquor license with the City of Delano?
 YES NO

If Yes, what are the dates of the licenses: _____

2. Type of License applying for:
 NEW RENEWAL

(Cost of License(s) subject to change without notice)

INTOXICATING LIQUOR

- On Sale Liquor: \$5,000
- Sunday On-Sale Liquor: \$ 200
- On-Sale Wine: \$ 200
- On-Sale Wine/3.2 Beer: \$ 300
- Set Ups: (Bottle Display) \$ 250
- On-Sale Strong Beer: \$2,500

(Greater than \$25,000 Strong Beer Sales)

- On-Sale Strong Beer: \$1,000
- (Less than \$25,000 Strong Beer Sales)
- On-Sale Sunday Strong Beer: \$ 100

- Temp. On-Sale Intoxicating: \$ WAIVE
(Includes wine and strong beer)
(PS0979 - needs to be signed by State of MN)

VETERANS ORGANIZATIONS

- 0-200 Members: \$300
- 201-500 Members: \$500
- 501-1000 Members: \$650

3.2 MALT LIQUOR

- Off-Sale Annual: \$ 50
- On-Sale Annual: \$200
- Temporary On-Sale: \$ 20
(12 Day Limit)
- Temporary On-Sale: \$ 10
(1 Day Limit)
- Investigation Fee: \$500

3. Personal Information:

Name of Applicant: Father Christopher T. Wenthe

Business Name or Civic Organization: Church of St Peter - St Peter's School

Business Address: 204 S River St

Federal Tax ID No.: 41-0726145 MN Tax ID No.: _____

Location of Activity: (if different from business address)
River St between Railroad + Bridge Ave

Residence Address: _____

Home Telephone: _____ Business Telephone: 763-972-2077

Date of Birth: _____ Age: _____

Are you a: US Citizen Resident Alien

Place of Birth: _____

4. Management Information: (only if different than owner)

Name of Manager: Cheryl ~~PRO~~ Soski

Business Address: _____

Residence Address: Same as Church

Home Telephone: _____ Business Telephone: _____

Date of Birth: _____ Age: _____

5. Are you a: Corporation Partnership Other

If Other explain: _____

6. Number of days the event will take place (temporary license only) 1

7. Description of Request: Street Dance

8. Please list previous employers or businesses: _____

9. Have you been convicted within the last five years of a felony or violation of Federal, State or Local Ordinance pertaining to manufacture sale, distributing or possession for sale or distribution of alcoholic beverages?

Yes No If yes, please explain:

Criminal Background Check Authorization Form Attached:

Yes No *N/A*

10. Have you ever engaged in operating a saloon, hotel, restaurant, café, tavern or business of similar nature?

Yes No If yes, please explain:

11. Are all real and personal property taxes for the premises currently paid?

Yes No If no, please list years of delinquency: _____

12. Have you had a license revoked in the past five years?

Yes No If yes, please explain:

13. List all owners of business owning more than 5%: _____

14. Legal description of property: (attach legal description if necessary)

N/A

Number of floors: *N/A*

(Submit a floor plan of the dining room(s), dimension of approximate room and number of people served by the room. Submit a plot plan of area showing dimensions, location of building, street access, parking facilities, and location of and distances to the nearest Church building or School grounds.)

Seating Capacity: Maximum: _____ Minimum: _____

Fair Market Value: (Building, Fixtures, Equipment and Land): _____

Source of Estimate: _____

Appraisal or Equivalent Document Attached: Yes No

15. Estimated Revenue for last licensed year:

(Submit appropriate documentation of proof of estimated revenue split. Submit a copy of your most current financial statement. Failure to supply financial statement will result in denial of licenses.)

Financial Statement Attached: Yes No

Food: \$ _____ Liquor: \$ _____

(Submit a copy of restaurant license supplied by State of Minnesota. This license is required as part of application by Minnesota Liquor Control Division. Failure to supply restaurant license will result in denial of licenses.)

16. Insurance Company: _____

Type of Insurance: _____ Amount: \$ _____

(Submit a Certificate of Insurance naming the City of Delano, its officers, employees, and agents additionally insured or exemption affidavit per City Code 505.01.)

Insurance Certificate Attached: Yes No

Exemption Affidavit Attached: Yes No

17. List three references:

In the course of your application for a license under Delano's licensing requirement, you may be asked to supply non-public data. The purpose and intended use of this data is to provide a means for the City to evaluate whether you comply with the application requirements for the license application. You may refuse to supply the requested data, but this may result in an incomplete application, which may result in your application being denied. This non-public data may be reviewed by the City of Delano, employees of the City of Delano who are assigned to review such information, and the City of Delano's legal consultant. In addition, specific advisory boards and subcommittees of the City of Delano, who assist the City in evaluating your application, may review this data. You hereby agree to release the data to those boards and subcommittees for the purpose of effectuating that review.

Failures to complete, supply, or falsify any or all information contained within this application will result in a delay, denial, or revocation of your license and/or application.

The undersigned, an applicant for a license under the rules and regulations of the City of Delano, understands and consents to the release and use of private or confidential data, as described above and acknowledges receipt of a copy of the City Code, Chapter 5, Licensing and Regulation of Alcoholic Beverages.

Also, the undersigned does hereby agree to defend, indemnify, and hold harmless, the City of Delano, its officers, employees, and agents, for any and all claims, causes of action, lawsuits, losses or expenses, including reasonable attorney's fees and costs, on account of bodily injury, sickness, disease, death and property damage as the result of any action of the undersigned.

[Signatures and Notary on page 5]



Signature of Applicant

Signature of Applicant

Date

STATE OF MINNESOTA)
) **SS.**
COUNTY OF WRIGHT)

On this ____ day of _____, 20____, personally appeared before me _____ and _____, who by me duly sworn, stated that he/she acknowledged and signed said document on his/her own behalf.

Notary Public

Certificate of Coverage

Date: 4/12/2010

Certificate Holder Archdiocese of St. Paul-Minneapolis Chancery Office 226 Summit Avenue St. Paul, MN 55102	<p>This Certificate is issued as a matter of information only and confers no rights upon the holder of this certificate. This certificate does not amend, extend or alter the coverage afforded below.</p>
Covered Location St. Peter's School 235 South Second Street PO Box 470 Delano, MN 55328	Company Affording Coverage THE CATHOLIC MUTUAL RELIEF SOCIETY OF AMERICA 10843 OLD MILL RD OMAHA, NE 68154

Coverages

This is to certify that the coverages listed below have been issued to the certificate holder named above for the certificate indicated, notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the coverage afforded described herein is subject to all the terms, exclusions and conditions of such coverage. Limits shown may have been reduced by paid claims.

	Type of Coverage	Certificate Number	Coverage Effective Date	Coverage Expiration Date	Limits	
	Property				Real & Personal Property	
	General Liability	8589	7/1/2009	7/1/2010	General Aggregate	
	<input checked="" type="checkbox"/> Occurrence				Products-Comp/OP Agg	
	<input type="checkbox"/> Claims Made				Personal & Adv Injury	
					Each Occurrence	500,000
					Fire Damage (Any one fire)	
					Med Exp (Any one person)	
	Excess Liability	8589	7/1/2009	7/1/2010	Each Occurrence	500,000
	Other				Each Occurrence	

Description of Operations/Locations/Vehicles/Special Items
 Coverage extends only for claims arising, directly & solely, from the negligence of the Covered Location during the course of their River Street Jam, June 5, 2010.
 Includes Liquor Liability.

Holder of Certificate	Cancellation
Additional Protected Person(s) City of Delano, its officers, employees and agents PO Box 108 Delano, MN 55328-0108	<p>Should any of the above described coverages be cancelled before the expiration date thereof, the issuing company will endeavor to mail 30 days written notice to the holder of certificate named to the left, but failure to mail such notice shall impose no obligation or liability of any kind upon the company, its agents or representatives.</p>
	Authorized Representative

0111004000

ENDORSEMENT
(TO BE ATTACHED TO CERTIFICATE)

Effective Date of Endorsement 6/5/2010 Charge _____ Credit _____

Cancellation Date of Endorsement 6/6/2010

Certificate Holder Archdiocese of St. Paul-Minneapolis
Chancery Office
226 Summit Avenue
St. Paul, MN 55102

Certificate No. 8589 of The Catholic Mutual Relief Society is amended as follows:

SECTION II - ADDITIONAL PROTECTED PERSON(S)

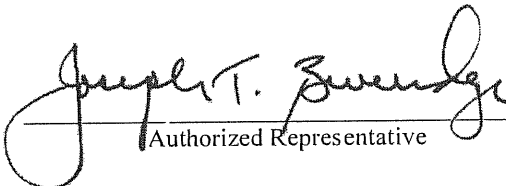
It is understood and agreed that Section II - Liability (only with respect to Coverage D - General Liability, Coverage F - Medical Payments to Others and Coverage H - Counseling Errors and Omissions) is amended to include as an Additional Protected Person(s) members of the organizations shown in the schedule, but only with respect to their liability for the Protected Person(s) activities or activities they perform on behalf of the Protected Person(s).

It is further understood and agreed that coverage extended under this endorsement is limited to and applies only with respect to liability assumed by contract or agreement; and this extension of coverage shall not enlarge the scope of coverage provided under this certificate or increase the limit of liability thereunder. Unless otherwise agreed by contract or agreement, coverage extended under this endorsement to the Additional Protected Person(s) will not precede the effective date of this certificate of coverage endorsement or extend beyond the cancellation date.

Schedule - ADDITIONAL PROTECTED PERSON(S)

City of Delano, its officers, employees and agents
PO Box 108
Delano, MN 55328-0108

Remarks: Coverage extends only for claims arising, directly & solely, from the negligence of the Covered Location during the course of their River Street Jam, June 5, 2010.
Includes Liquor Liability.



Authorized Representative