

AGENDA
CITY OF DAYTON, MINNESOTA
12260 So. Diamond Lake Road, Dayton, MN 55327
Monday, November 4, 2019
SPECIAL MEETING OF THE CITY COUNCIL - 8:00 A.M.

- 8:00 **CALL TO ORDER**
- 8:00 **PLEDGE OF ALLEGIANCE**
- 8:00 **APPROVAL OF AGENDA**
- 8:05 **CONSENT AGENDA** *These routine or previously discussed items are enacted with one motion*
- A. Approval of New Liquor License Application for Sundance Golf & Bowl/Sundance Event Center

8:10 **IIX ADJOURNMENT**

The City of Dayton's mission is to promote a thriving community and to provide residents with a safe and pleasant place to live while preserving our rural character, creating connections to our natural resources, and providing customer service that is efficient, fiscally responsible, and responsive.

ITEM:

Approval of Application for New Liquor License – Sundance Golf & Bowl/Sundance Entertainment, LLC

PREPARED BY:

Stacie Brown, Deputy Clerk

POLICY DECISION / ACTION TO BE CONSIDERED:

Approval of application for a new liquor license for Sundance Golf & Bowl/Sundance Entertainment, LLC

BACKGROUND:

The individual who held the liquor license for Sundance Golf & Bowl announced her retirement from operating this business effective early October, 2019. Tom Dehn has now applied for a liquor license so that the facility can resume business as soon as possible. Along with his application, Mr. Dehn has provided the required Certificate of Insurance to obtain a liquor license.

If approved by Council, this application will be submitted to the Alcohol and Gambling Enforcement agency for licensing. Once a license is issued, the applicant must then apply directly with the agency for a buyer's card. After receiving the license and buyer's card, liquor operations may resume at the facility.

CRITICAL ISSUES:

There are no outstanding issues.

RECOMMENDATION:

Approval of application for new liquor license for Sundance Golf & Bowl/Sundance Entertainment, LLC

Attachments:
Liquor License Application
Certificate of Insurance



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 445 Minnesota Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7500 Fax 651-297-5259 TTY 651-282-6555

Certification of an On Sale Liquor License, 3.2% Liquor license, or Sunday Liquor License

Cities and Counties: You are required by law to complete and sign this form to certify the issuance of the following liquor license types: 1) City issued on sale intoxicating and Sunday liquor licenses
 2) City and County issued 3.2% on and off sale malt liquor licenses

Name of City or County Issuing Liquor License Dayton License Period From: 11/1/2019 To: 06/30/2020

Circle One: New License License Transfer Sundance Golf Banquet B Suspension Revocation Cancel _____
(former licensee name) (Give dates)

License type: (check all that apply) On Sale Intoxicating Sunday Liquor 3.2% On sale 3.2% Off Sale

Fee(s): On Sale License fee: \$ 3000.00 Sunday License fee: \$ 200.00 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: Sundance Entertainment, LLC DOB _____ Social Security # _____
(corporation, partnership, LLC, or individual)

Zip Code 55369 County Hennepin Business Phone 763-420-4800 Home Phone 612-328-2215

Business Trade Name Sundance Golf & Bowl Business Address 15240 113th Ave N City Dayton

Licensee's Federal Tax ID # 84-3483616
(To apply call IRS 800-829-4933)

If above named licensee is a corporation, partnership, or LLC, complete the following for each partner/officer:

Home Address _____	City _____	Licensee's MN Tax ID # <u>6491167</u>
<u>Thomas A. Dehn</u>	<u>07/27/1963</u>	<u>735 158th Ave NW</u>
Partner/Officer Name (First Middle Last)	DOB	Social Security # Home Address
		<u>ANDOVER</u>

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
--	-----	-------------------	--------------

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
--	-----	-------------------	--------------

Intoxicating liquor licensees must attach a certificate of Liquor Liability Insurance to this form. The insurance certificate must contain all of the following:

- 1) Show the exact licensee name (corporation, partnership, LLC, etc) and business address as shown on the license.
- 2) Cover completely the license period set by the local city or county licensing authority as shown on the license.

Yes No During the past year has a summons been issued to the licensee under the Civil Liquor Liability Law?

Workers Compensation Insurance is also required by all licensees: Please complete the following:

Workers Compensation Insurance Company Name: Midwest Family Mutual Policy # MWC227010

I Certify that this license(s) has been approved in an official meeting by the governing body of the city or county.

City Clerk or County Auditor Signature Debra Brown, Deputy Clerk Date 10/29/19
(title)

On Sale Intoxicating liquor licensees must also purchase a \$20 Retailer Buyers Card. To obtain the application for the Buyers Card, please call 651-201-7504, or visit our website at www.dps.state.mn.us.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Corporate 4 Insurance Agency Inc. 7220 Metro Boulevard Edina MN 55439-2133	CONTACT NAME: Cynthia Ramsey	PHONE (A/C, No, Ext): (952) 893-9218	FAX (A/C, No): (952) 893-9402
	E-MAIL ADDRESS: cramsey@corporatfour.com		
INSURED Sundance Entertainment, LLC 15240 113th Ave N Maple Grove MN 55369	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Milford Casualty Insurance Company		26662
	INSURER B: Midwest Family Mutual		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES **CERTIFICATE NUMBER:** NOV 2019 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD 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 INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CP50273150	11/01/2019	11/02/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		CP50273150	11/01/2019	11/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A MWC227010	11/01/2019	11/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
B	Liquor Liability		CP50273150	11/01/2019	11/01/2020	Each Occurrence \$ 1,000,000 Aggregate \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

City of Dayton
12260 South Diamond Lake Road

Dayton

MN 55327

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE