



**AGENDA ITEM #3.6**

**REPORT TO CITY COUNCIL**

**Report Prepared by: Jenny Peterson**

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**Date:** September 6, 2022

**Subject:** Temporary Expansion Permit

**Report:** The American Legion is requesting a Temporary Expansion of Premise Licenses:

Annual Customer Appreciation – September 3, 2022, 11 am to 8 pm

**Council Action Requested:** Council motion approving the Temporary Expansion of Premise License as listed above contingent upon necessary paperwork received.



License Fee: \$25 per event

**LIQUOR LICENSE APPLICATION  
FOR  
TEMPORARY EXPANSION OF PREMISES LICENSE**

1. Name of the on-sale license holder Ben Krueger American Legion Post 49
  2. Address of the on-sale license holder: 4435 Main St, P.O. Box 238, Pequot Lakes
  3. Name of business: American Legion Club Post 49
  4. Business address: 4435 Main Street, Pequot Lakes, MN 56472
  5. Phone number of person making application: 568-9881 / 218-820-7683
  6. Purpose or event for the temporary expansion: Annual Customer Appreciation
  7. Dates and Hours of sale that liquor will be sold during this event: Saturday,  
9/3/2022, 11 a.m. to 8 pm
  8. \*Description of planned activities including entertainment, music, amplified sound, food, and beverage service: Food and beverage service under tents.  
Possible live music.
- \*(All speakers used to amplify music, or any other activity, are to be set up at ground level. Any deviation from ground level amplification must have prior approval by the City Council. Outdoor events shall not exceed a decibel level of sixty-five decibels at a distance of 100 feet from the event site).
9. Projected attendance: 300 - 400
  10. Proof of insurance shall be attached to application showing that the liquor liability insurance applies to the expanded premises: \_\_\_\_\_

- License Fee: \$25.00 Per Event
- Checks may be made payable to:

**THE CITY OF PEQUOT LAKES**

**Mailing Address: 4638 County Road 11, Pequot Lakes, MN 56472**

Questions regarding this application may be addressed to City Clerk Nancy Malecha at 568-5222

**CHECK LIST:**

*The following should be submitted as part of this license application:*

- Completed License Application Form
  - License Fee\*
  - Certificate of Insurance evidencing liquor liability coverage to include the expanded area
  - License from Minnesota Department of Health, if applicable (*this is only required if food served at the event is not prepared by the permanently licensed premises*).
  - Description and diagram of the area in which the temporary expansion activity is to occur
  - Certificate of Compliance - Minnesota Worker's Compensation
- see full license*

**( FOR OFFICE USE )**

LICENSE FEE PAID 25<sup>00</sup>

CHECK NO. 29443

DATE 8-22-22

LIQUOR LIABILITY INSURANCE RECEIVED 8-22-22

LICENSE GRANTED BY THE CITY COUNCIL ON \_\_\_\_\_

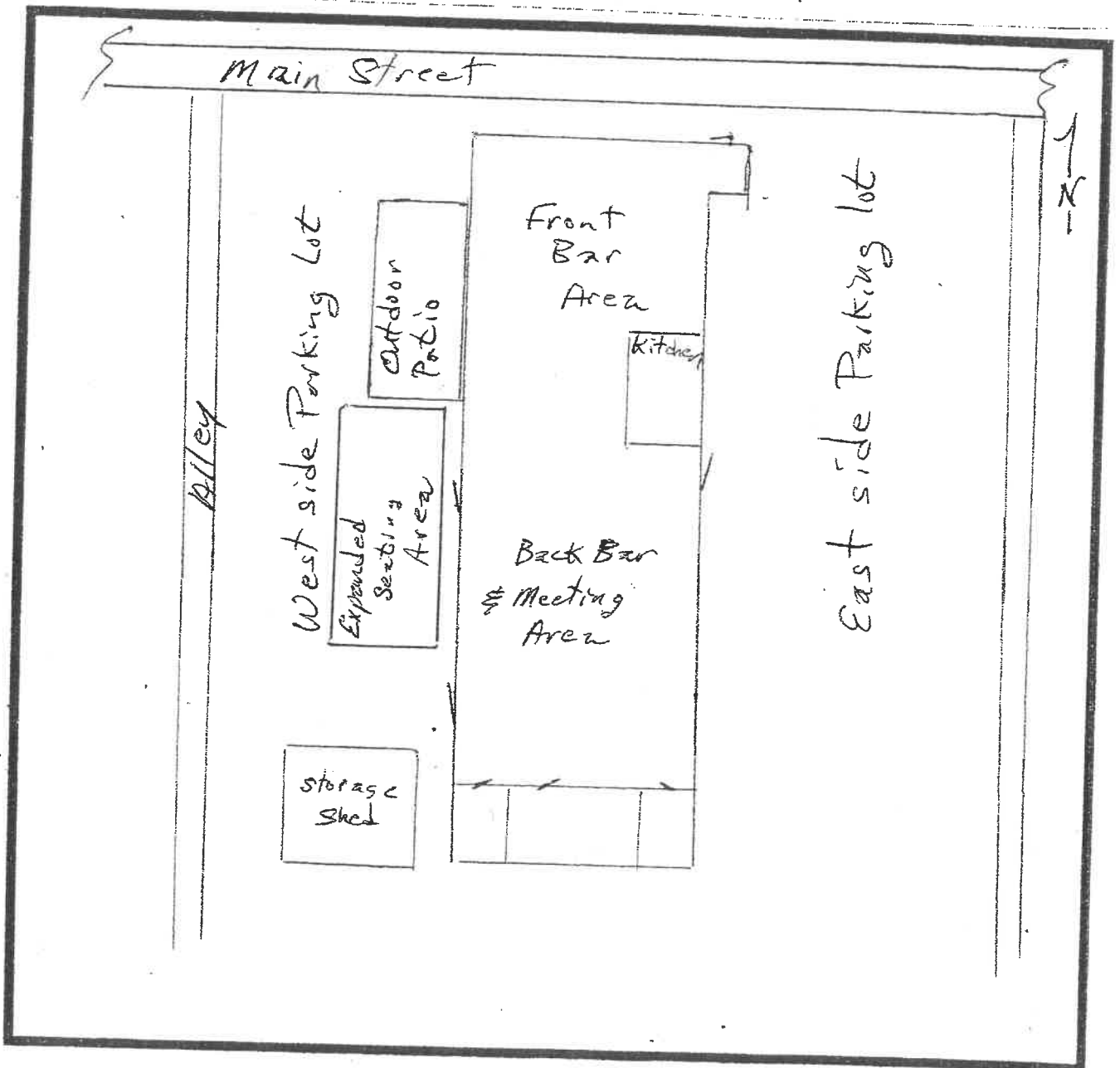
CITY CLERK \_\_\_\_\_

COMMENTS \_\_\_\_\_

11. \*Specific description and diagram of the area in which the temporary expansion activity is to occur: Grills and food line to be set up in West parking lot with tents, tables and chairs.

\*This area must be compact and contiguous to the permanently licensed premises, and be surrounded by physical enclosure devices. The diagram should indicate how the area will be physically enclosed, and show the location of tables, chairs, food and beverage stations, and any other important features.

**DIAGRAM OF THE AREA IN WHICH THE TEMPORARY EXPANSION WILL OCCUR:**





## TEMPORARY LIQUOR LICENSE AGREEMENT

THIS AGREEMENT, made and executed this 19<sup>th</sup> day of August, 2022, by and between the City of Pequot Lakes (the "CITY"), and American Legion Post 49 (the "LICENSE HOLDER").

WITNESSETH:

CITY AND LICENSE HOLDER, for the consideration hereinafter stated, agree as follows:

- A. LICENSE HOLDER hereby covenants and agrees to perform and execute all the provisions of this Agreement herein and the application for a temporary license and conditions of approval by the City.
- B. **License.** Subject to the terms and conditions herein the City agrees to issue to LICENSE HOLDER a temporary on-sale liquor license for September 3, 2022.
- C. **Insurance.**
  1. General Liability. Prior to issuing the temporary license, LICENSE HOLDER shall procure, maintain and pay for such insurance as will protect against claims for bodily injury or death, or for damage to property, including loss of use, which may arise out of operations by LICENSE HOLDER or by any subcontractor or by anyone employed by any of them or by anyone for whose acts any of them may be liable. Such insurance shall include, but not be limited to, minimum coverages and limits of liability specified in this Paragraph, or required by law. The policy(ies) shall name the City as an additional insured for purposes of this Agreement and shall provide that the LICENSE HOLDER's coverage shall be primary and noncontributory in the event of a loss.
  2. Liquor Liability. LICENSE HOLDER shall procure and maintain the following minimum insurance coverages and limits of liquor liability:

Liquor Liability	\$1,000,000 per occurrence \$2,000,000 annual aggregate
Comprehensive Liability	\$1,000,000 property damage per occurrence \$2,000,000 general aggregate \$2,000,000 products – completed operations aggregate \$100,000 fire legal liability each occurrence \$5,000 medical expenses

3. Miscellaneous. LICENSE HOLDER shall maintain in effect all insurance coverages required under this Paragraph at LICENSE HOLDER's sole expense and with insurance companies licensed to do business in the state in Minnesota and having a current A.M. Best rating of no less than A-, unless specifically accepted by City in writing. In addition to the requirements stated above, the following applies to the insurance policies required under this Paragraph:

- a. All policies shall be written on an "occurrence" form ("claims made" and "modified occurrence" forms are not acceptable);
- b. All policies shall contain a waiver of subrogation naming "the City of Pequot Lakes;"
- c. All policies shall name "the City of Pequot Lakes" as an additional insured;
- d. All policies shall insure the defense and indemnity obligations assumed by LICENSE HOLDER under this Agreement; and
- e. All policies shall contain a provision that coverages afforded thereunder shall not be canceled or non-renewed or restrictive modifications added, without thirty (30) days prior written notice to the City.

**A copy of the LICENSE HOLDER's insurance declaration page, Rider and/or Endorsement, as applicable, which evidences the compliance with this Agreement, must be filed with City prior to the issuance of the temporary license.**

4. Indemnification. LICENSE HOLDER agrees to indemnify and hold the City harmless from any claims arising from the event for which the temporary liquor license is issued herein.
5. This Agreement may be executed in counterparts.

IN WITNESS WHEREOF, the parties to this Agreement have hereunto set their hands and seals as of the date first above written.

LICENSE HOLDER

Dated: August 19, 2022

American Legion Post 49

By: Lenneth Meyer

Its: Finance Officer

Dated: \_\_\_\_\_

\_\_\_\_\_

By: \_\_\_\_\_

Its: \_\_\_\_\_

CITY OF PEQUOT LAKES

Dated: \_\_\_\_\_

By: Tyler Gardner  
Its: Mayor

Dated: \_\_\_\_\_

By: Rich Spiczka  
Its: City Administrator



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
07/19/2022

**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).**

<b>PRODUCER</b> Insurance Brokers of MN, Inc. PO Box 659  Pequot Lakes MN 56472	<b>CONTACT NAME:</b> Chad-Pequot Nelson <b>PHONE (A/C No. Ext):</b> (218) 568-4620 <b>FAX (A/C No):</b> (218) 568-4344 <b>E-MAIL ADDRESS:</b> c.nelson@insurancebrokersmn.com
<b>INSURER(S) AFFORDING COVERAGE</b>	
<b>INSURER A:</b> Badger <span style="float: right;"><b>NAIC #</b> 13420</span>	
<b>INSURER B:</b> SFM	
<b>INSURER C:</b>	
<b>INSURER D:</b>	
<b>INSURER E:</b>	
<b>INSURER F:</b>	

**COVERAGES** **CERTIFICATE NUMBER:** 2022 cert **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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0059140798	07/01/2022	07/01/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 1,000,000 \$
	<b>AUTOMOBILE LIABILITY</b> <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						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> <b>UMBRELLA LIAB</b> <input type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> 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	112447.803	05/16/2022	05/16/2023	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 100,000
A	<b>LIQUOR LIABILITY</b>			0059140798	07/01/2022	07/01/2023	OCCURENCE 1,000,000 GENERAL AGGREGATE 2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
 Coverage extends to the patio/parking lot on the west side of the building for September 3rd, 2022.

**CERTIFICATE HOLDER**

**CANCELLATION**

City of Pequot Lakes 4638 County Road 11  Pequot Lakes MN 56472	<p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p>
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