



AGENDA ITEM #3.9

REPORT TO CITY COUNCIL

Report Prepared by: Angie Duus

Date: October 2, 2023

Subject: Consumption and Display Permit

Report: Canvas and Cocktails LLC is requesting a Consumption and Display Permit at 4464 Main St, Pequot Lakes.

Council Action Requested: Council motion approving the Canvas and Cocktails LLC Consumption and Display Permit as listed above contingent upon necessary paperwork received.



LIQUOR LICENSE APPLICATION

PART 1

This form must be completed for the following liquor license applications:

- On Sale Liquor
- Sunday Liquor
- Wine
- Club
- Off Sale Liquor
- 3.2% Malt Liquor On Sale
- 3.2% Malt Liquor Off-Sale

DIRECTIONS: If the application is by a natural person, it must be completed by such person, if by a corporation, by an officer thereof; if by a partnership, by one of the partners.

1. Name of Applicant Kimberly Schnoor, Canvas and Cocktails LLC
(Name of individual, partnership, or corporation)
2. Trade Name (DBA) _____ Phone 320-304-3563
3. Business Address 4464 Main st, Pequot Lakes, MN 56472
4. Type of license applicant seeks
 On-sale Liquor
 Sunday Liquor
 Wine
 3.2% Malt Beverage (Beer) On-Sale
 3.2% Malt Beverage (Beer) Off-Sale
 Strong Beer
 Off-sale Liquor
5. Hours for Sale of Liquor on Sunday (On-Sale Liquor Licensees Only): 12 - 8 pm
6. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Pequot Lakes delinquent or unpaid for the premises to be licensed?
 Yes No If yes, give details _____

7. State the seating capacity for serving of meals of any restaurant or hotel (if applicable) _____

8. Attach a copy of the restaurant license to the application (if applicable) _____

9. Licensee's MN Sales and Use Tax ID # _____

10. Licensee's Federal Tax ID # _____

11. Social Security Number of Applicant _____

12. Liquor Liability Insurance – Attach Certificate of Insurance or Waiver Form. Insurance must run from July 1st – June 30th or state “Continuous Until Cancelled” – (See attached information on insurance requirements).

13. Training will be provided to all employees selling or serving liquor in an on-sale establishment

Yes _____ No _____

Training will be provided by: _____

14. State the exact legal description of the premises to be licensed, or attach a copy. _____

15. If the owner(s) of the building wherein the licensed business will be located is other than the applicant, state:

(a). Full name Dale Linquist Phone 612-723-3537
Residence Address PO Box 368, Willmar, MN 56201 Phone _____
Business Address _____ Phone _____

(b). Full name _____ Phone _____
Residence Address _____ Phone _____
Business Address _____ Phone _____



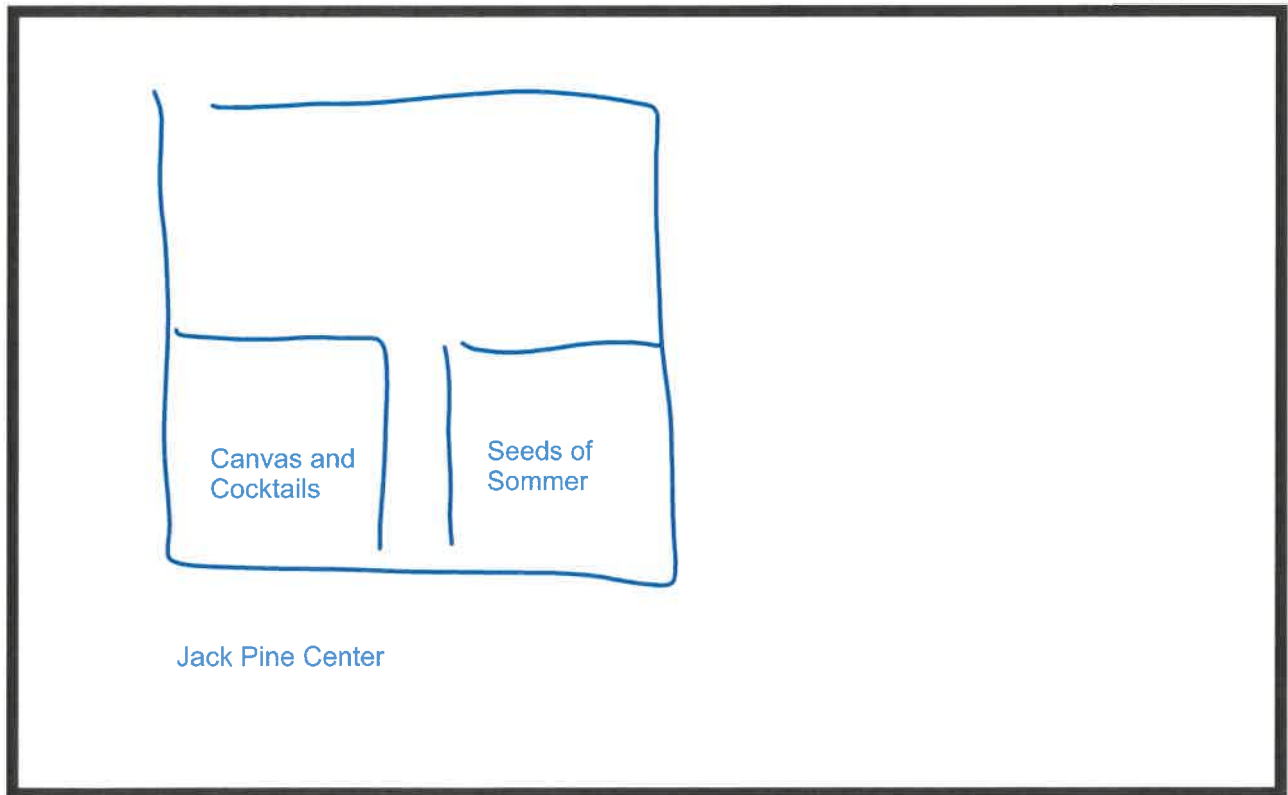
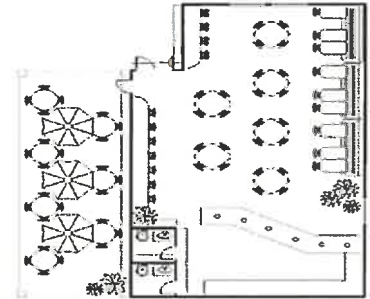
AREA WHERE LIQUOR WILL BE CONSUMED AND SOLD

FOR ON-SALE LICENSES ONLY:

NAME OF BUSINESS Canvas and Cocktails

ADDRESS OF BUSINESS 4464 Main st, Pequot Lakes, MN 56472

Show a drawing of the areas where liquor will be consumed and sold (this includes smoking areas, patios etc.). See example to the right.



PARTNERSHIP OR CORPORATION

If applicant is a partnership or corporation, for each member please list the information below and fill out Part 2 of the Liquor License application for each individual member.

1. Full name _____ Interest _____
Position _____
2. Full name _____ Interest _____
Position _____
3. Full name _____ Interest _____
Position _____
4. Full name _____ Interest _____
Position _____

INDIVIDUAL

If applicant is an individual please fill in information below and include Part 2 of the Liquor License application.

Owner Full name Kimberly Jean Schnoor Jobe
(First) (Middle) (Last) (Maiden)
Residence Address 1927 County 29 Lakeshore MN Phone 320-304-3563

State the Manager, Proprietor or other agent in charge of the individual owner's premises to be licensed.

Full name Kimberly Jean Schnoor Jobe
(First) (Middle) (Last) (Maiden)
Position Owner
Residence Address 1927 County 29 Lakeshore MN Phone 320-304-3563