


ROSEVILLE
REQUEST FOR COUNCIL ACTION

Date: 09/09/2013
Item No.: 11.a

Department Approval

Chris K. Miller

City Manager Approval

James J. Truog

Item Description: Public Hearing to Approve/Deny an On-Sale Intoxicating Liquor License for Fantasy Flight Game Center at 1975 West Co Rd B2, Suite 1, Roseville, MN 55113.

BACKGROUND

Under City Code, a public hearing is required to consider approving liquor licenses for the remainder of the calendar year. The City has received an application for a 2013 Liquor License as follows:

- ❖ Fantasy Flight Game Center – On-Sale Intoxicating Liquor License

Neither State Statute nor City Code limits the number of licenses that can be issued for On Sale & Sunday licenses.

POLICY OBJECTIVE

The regulation of establishments that sell alcoholic beverages has been a long-standing practice by the State and the City.

FINANCIAL IMPACTS

The revenue that is generated from the license fees is used to offset the cost of police compliance checks, background investigations, enforcement of liquor laws, and license administration.

STAFF RECOMMENDATION

The applicant meets all requirements set forth under City Code. Staff recommends approval of the On-Sale and Sunday liquor license.

REQUESTED COUNCIL ACTION

Motion to approve Fantasy Flight Game Center's request for an On-Sale and Sunday Intoxicating Liquor License located at 1975 West Co Rd B2, Suite 1.

Prepared by: Chris Miller, Finance Director
Attachment A: Application



Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division (AGED)
 444 Cedar Street, Suite 222, St. Paul, MN 55101-5133
 Telephone 651-201-7507 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 ROSEVILLE License Period From: SEPT, 1 2013 To: DEC, 31 2013

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

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

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

Licensee Name: Fantasy Flight Event Center LLC DOB _____ Social Security # _____
 (corporation, partnership, LLC, or Individual)

Business Trade Name Fantasy Flight Game Ctr Business Address 1975 WEST CORD ST City ROSEVILLE

Zip Code 55113 County RAMSEY Business Phone 651-639-1905 Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # 1438413

Licensee's Federal Tax ID # 271678018
 (To apply call IRS 800-829-4933)

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

Christian Thomas Petersen
 Partner/Officer Name (First Middle Last) DOB _____ Social Security # _____ Home Address _____

Gretchen Dianne Petersen
 (Partner/Officer Name (First Middle Last) DOB _____ Social Security # _____ Home Address _____

Thomas H Petersen
 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.

Circle One: (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: SFM Policy # 036007.205

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 _____ Date _____
 (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.

STATE OF MINNESOTA
Department of Human Services
Department of Corrections
Divisions of Licensing

PROOF OF WORKER'S COMPENSATION INSURANCE COVERAGE

Under Minnesota Statutes, section 176.182, the Department of Human Services (DHS) and the Department of Corrections (DOC) are prohibited from issuing or renewing a license until the applicant presents acceptable evidence of compliance with the worker's compensation insurance requirement of section 176.181, subdivision 2.

Under the Minnesota Government Data Practices Act, we must advise you that:

- DHS or DOC may supply this information to the Department of Labor and Industry.
- Failure to supply this information may be a basis to deny the issuance of your license.

Please fill in the following information and return this form along with your application to the Department of Human Services, Licensing Division.

Fantasy Flight Games Event Center LLC
Applicant's Name (Program Name)

1975 W. 10th St, Ste 1
Program Street Address

Roseville City MN State 55113 Zip Code

Worker's Compensation Coverage Information:
Complete Information Below Unless Exempt by the Department of Labor & Industry

SFM
Name of Insurance Company

036607.205
Worker's Compensation Insurance Policy Number Permit to Self-Insure

Effective Dates of Coverage From: 12 01 12 To: 12 01 13
Month Day Year Month Day Year

**THIS FORM MUST BE SIGNED AND DATED
EVEN IF YOUR LICENSE DOES NOT REQUIRE PROOF OF WORKER'S COMPENSATION**

Guthrie Peterson Treasurer 05/31/13
Signature Title Date

For questions regarding Worker's Compensation requirements, contact the Minnesota Department of Labor & Industry at (651) 297-4377 or 1-800-342-5354.

STATE OF MINNESOTA
Department of Human Services
Division of Licensing

PROOF OF MINNESOTA TAX IDENTIFICATION INFORMATION

Under Minnesota Law (M.S. § 270.72), the Department of Human Services (DHS) and the Department of Corrections are required to provide the Minnesota Commissioner of Revenue the tax identification numbers and the Social Security number of each license applicant.

Under the Minnesota Government Data Practices Act, we must advise you that:

- This information may be used to deny the issuance, or renewal of your license, or to revoke your license, if you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest.
- DHS will only provide the tax identification information to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Act, the Department of Revenue is allowed to supply this information to the Internal Revenue Service.
- Failing to supply this information may jeopardize or delay the issuance of your license.

Please fill in the following information and return this form, along with your application, to the DHS, Division of Licensing. Do not return this form to the Department of Revenue.

Please print clearly or type.

PERSONAL INFORMATION:

Peterson Christian T _____
Applicant's Last Name: First Name M.I. Social Security Number

Applicant's Street Address: City State Zip Code

BUSINESS INFORMATION:

FANTASY FIGHT GAMES EVENT CENTER LLC
Business Name:

1975 WEST COUNTY ROAD 32 S.1 ROSEVILLE MN 55113
Business Street Address: City State Zip Code

1438413 271678018
Minnesota Tax Identification Number Federal Tax Identification Number

Christian Peterson Treasurer 05/31/13
Signature Title Date

PLEASE NOTE:

- You must provide a Social Security number, and both MN and Federal Tax ID numbers if you have employees.
- This form must be signed and dated even if you are not required to provide MN or Federal Tax ID numbers.
- If you have any questions regarding your Minnesota Business Identification number, please contact the Department of Revenue at 651-282-5225. The Department of Corrections and Human Services are not able to answer questions regarding this information.

City of Roseville, Minnesota

Application for On Sale and Sunday Intoxicating Liquor License

1. Name of Applicant (Name of individual, partnership, corporation or association):

FANTASY FLIGHT GAMES EVENT CENTER

2. Name and address under which applicant will be doing business:

Full Legal Name Fantasy Flight Event Center LLC

DBA Name Fantasy Flight Game Center

Business Address 1975 W Co Rd B-2, Ste 1, Roseville, MN 55113

Business Telephone () _____

3. Type of Applicant:

____ Individual ____ Partnership ____ Corporation X LLC

4. Type of license applicant seeks: X On Sale X Sunday

5. State the legal description of the premises to be licensed:

Game store / restaurant

6. How is the property classified under the Roseville Zoning Ordinance?

RB - REGIONAL BUSINESS DISTRICT

7. Where the building is owned by other than applicant give legal name, business address and phone number of owner(s):

1. Legal Name COR Partnership, LLP

Business Address 2575 N. Fairview, Ste 250, Roseville, MN 55113

Business Telephone 651-633-6312 651-633-6312

2. Legal Name _____

Business Address _____

Business Telephone _____

8. State the amount of investment the applicant has in the business premise, fixtures, furniture, stocks in trade, etc. and attach supporting proof of the source of such money.

SEE ATTACHED DOCUMENT

9. Provide full name, address, telephone number and the nature of interest of all persons, other than applicant, who have any financial interest in the business, buildings, fixtures, furniture, or stock in trade. (This shall include, but not limited to, any lessees, mortgages, lenders, lien holders or any persons who have loaned, pledged or extended security for any indebtedness of the applicant).

Fantasy Flight Publishing, Inc., 1975 W. Co. Rd. B-2, Ste. 1,
Roseville, MN 55113. FFP is the sole member of
Fantasy Flight Event Center, and provider of start-up funding /
investment of the company.

10. Attach lease agreement. (if applicable)

11. Submit a plat plan of the area showing dimensions, location of building, street access, parking facilities and the locations of and distances to the nearest state institutions including, but not limited to, educational buildings, fair grounds, and correctional buildings. The plan must also show number of persons intended to be served in the dining rooms, and indicate and identify all other rooms and areas where intoxicating liquor is to be sold and consumed.

12. List all additional permits that have been applied for either on the Federal or State level for this premise:

1. → State of MN, Dept of Public Safety, Alcohol + Gambling Enforcement
Division Certification of an On-sale Liquor licence

If applicant is an individual skip to Personal Information Page

If applicant is a partnership:

1. Attach a true copy of the partnership agreement and a copy of the certificate of trade name under provisions of Chapter 333, Minnesota Statutes, certified by the Clerk of District Court.

2. List Legal name and percent of interest for each partner

Full Legal name Fantasy Flight Publishing Inc Interest 100 %

Full Legal name _____ Interest _____ %

Full Legal name _____ Interest _____ %

Full Legal name _____ Interest _____ %

3. Skip to Personal Information Page.

If applicant is a corporation or association:

1. State the Legal name of the corporation or association, corporate office address and telephone number, branch address and telephone number.

Name _____

State of Incorporation or Association _____

Corporate Address _____

Corporate Phone Number _____

Branch Address _____

Branch phone number _____

2. Attach a true copy of the Articles of Incorporation or Association Agreement.

3. List the legal names, position and percent of interest of all officers of said corporation or association.

Full Legal Name _____

Position _____ Interest _____ %

Full Legal Name _____

Position _____ Interest _____ %

Full Legal Name _____

Position _____ Interest _____ %

Full Legal Name _____

Position _____ Interest _____ %

4. Fill out Personal Information Page

State of Minnesota

SECRETARY OF STATE

Certificate of Organization

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: Articles of Organization, duly signed, have been filed on this date in the Office of the Secretary of State, for the organization of the following limited liability company, under and in accordance with the provisions of the chapter of Minnesota Statutes listed below.

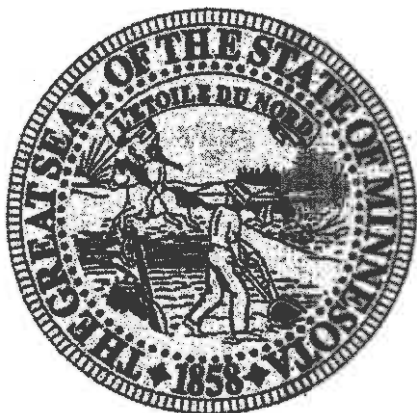
This limited liability company is now legally organized under the laws of Minnesota.

Name: Fantasy Flight Event Center LLC

Charter Number: 3668212-2

Chapter Formed Under: 322B

This certificate has been issued on 01/15/2010.



Mark Ritchie
Secretary of State.