



Minnesota Department of Public Safety
 Alcohol & Gambling Enforcement Division
 445 Minnesota Street, 1600
 St Paul, Minnesota 55101
 651-201-7507

RENEWAL OF LIQUOR, WINE, CLUB OR 3.2% LICENSES

No license will be approved or released until the \$20 Retailer ID Card fee is received by Alcohol and Gambling Enforcement

Licensee: Please verify your license information contained below. Make corrections if necessary and sign. City Clerk/County Auditor should submit this signed renewal with completed license and licensee liquor liability for the new license period. City Clerk/County Auditor are also required by M.S. 340A.404 S.3 to report any license cancellation.

License Code CT3.2OFSL License Period Ending 6/30/2024 Iden: 77227
 Issuing Authority ~~Chisago Co~~ City of Stacy
 Licensee Name MNCO Energy LLC
 Trade Name Athens Trail Market
 Address 5563 Athens Trl
 North Branch, MN 55056
 Business Phone 651-462-2766
 License Fees: Off Sale ~~\$3.00~~ \$100.00 On Sale \$0.00 Sunday \$0.00

By signing this renewal application, applicant certifies that there has been no change in ownership on the above named licensee. For changes in ownership, the licensee named above, or for new licensees, full applications should be used. See back of this application for further information needed to complete this renewal.

Applicant's signature on this renewal confirms the following: Failure to report any of the following may result in civil penalties.

1. Licensee confirms it has no interest whatsoever, directly or indirectly in any other liquor establishments in Minnesota. If so, give details on back of this application.
2. Licensee confirms that it has never had a liquor license rejected by any city/township/county in the state of Minnesota. If ever rejected, please give details on the back of this renewal, then sign below.
3. Licensee confirms that for the past five years it has not had a liquor license revoked for any liquor law violation (state or local). If a revocation has occurred, please give details on the back of this renewal, then sign below.
4. Licensee confirms that during the past five years it or its employees have not been cited for any civil or criminal liquor law violations. If violations have occurred, please give details on back of this renewal, then sign below.
5. Licensee confirms that during the past license year, a summons has not been issued under the Liquor Liability Law (Dram Shop) MS 340A.802. If yes, attach a copy of the summons, then sign below.
6. Licensee confirms that Workers Compensation insurance will be kept in effect during the license period.

Licensee has attached a liquor liability insurance certificate that corresponds with the license period in city/county where license is issued. \$100,000 in cash or securities or \$310,000 surety bond may be submitted in lieu of liquor liability. (3.2 & liquor licenses are exempt if sales are less than \$25,000 at on sale, or \$50,000 at off sale).

Soltis [Redacted] [Redacted] 9/12/24 3/28/24
 Licensee Signature DOB SSN Date
 (Signature certifies all above information to be correct and license has been approved by city/county.)

 City Clerk/County Auditor Signature Date
 (Signature certifies that renewal of a liquor, wine or club license has been approved by the city/county as stated above.)

 County Attorney Signature Date
 County Board issued licenses only (Signature certifies licensee is eligible for license).
Branda Thyer 5/8/24
 Police/Sheriff Signature Date
 Signature certifies licensee or associates have been checked for any state/local liquor law violations (criminal/civil) during the past five years.
 Report violations on back, then sign here.

Indicate below changes of corporate officers, partners, home addresses or telephone numbers:

None

Indicate below any direct or indirect interest in other liquor establishments:

working on a liquor license in minneapolis

Address- 1200 nicollet mall #C2, minneapolis mn 55403

Report below details of liquor law violations (civil or criminal) that have occurred within the last five years. (Dates, offenses fines or other penalties, including alcohol penalties):

none

Report below details involving any license rejections or revocations:

none

City/County Comments:

[REDACTED] [REDACTED]



COUNTY OF CHISAGO

BRIGITTE KONRAD, COUNTY AUDITOR-TREASURER

Chisago County Government Center

313 North Main Street, Room 271

Center City, MN 55012-9663

PHONE: 651-213-8500 § FAX: 651-213-8500

CONSENT FOR RELEASE OF INFORMATION FOR PERMIT OR LICENSE APPLICATION

A SEPARATE FORM MUST BE COMPLETED BY EACH INDIVIDUAL LISTED ON APPLICATION

The individual signing below authorizes the release of the following information to Chisago County for the purpose of completing a background check on the applicant applying for a license.

The individual signing below understands that access to records held by state and federal agencies may be protected, classified as private, or otherwise not accessible for completion of this background check without this written consent or unless otherwise provided by law.

The individual signing below may cancel this consent at any time prior to the information being released and that, in any event, this consent form expires ninety days after signing.

The undersigned hereby authorizes Chisago County to release necessary information to conduct a background check in conjunction with the Application for a Liquor License:

Athens trail market
NAME OF BUSINESS

Schil Dason
FULL NAME OF APPLICANT (PRINTED)

[REDACTED]
DATE OF BIRTH

[Signature]
SIGNATURE (authorizing release)

[REDACTED]
DRIVERS LICENSE NUMBER

3/3/24
DATE SIGNED



COMMERCIAL GENERAL LIABILITY
COVERAGE PART

Renewal Declarations

First Named Insured and Address:

MNCO ENERGY LLC
5563 ATHENS TRL
NORTH BRANCH MN 55056

Agency Name and Number:

SF INSURANCE GROUP
6446-AC

Policy Number: ZQ3815

Policy Period: Effective Date: 02-28-24
Expiration Date: 02-28-25

In return for the payment of the premium and subject to
all the terms of the policy, we agree to provide the
insurance coverage as stated in the policy.

12:01 A.M. standard time at your
mailing address shown in the
declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Table with 3 columns: Form Number, Form Title, Premium. Lists various coverage forms like Liquor Liability Coverage Form, Conditional Exclusion of Terrorism, etc.

Advance Endorsement Premium \$2.00

PREMIUM SUMMARY

Summary table showing Advance Premium (\$250.00), Advance Endorsement Premium (\$2.00), and Total Advance Premium (\$252.00).

The Total Advance Premium shown above is based on the exposures you told us you would have when this
coverage part began. We will audit this coverage part in accordance with Section IV - Conditions, item 5
Premium Audit at the close of the audit period.

Acuity, A Mutual Insurance Company

LIMITS OF INSURANCE

Aggregate Limit	\$1,000,000
Each Common Cause Limit	\$1,000,000
Bodily Injury Common Cause Limit	\$1,000,000
Per Person Bodily Injury Limit	\$1,000,000
Loss of Means of Support Common Cause Limit	\$1,000,000
Per Person Loss of Means of Support Limit	\$1,000,000
Property Damage Common Cause Limit	\$1,000,000
Other Pecuniary Loss Common Cause Limit	\$1,000,000
Per Person Other Pecuniary Loss Limit	\$1,000,000

SCHEDULE OF LIABILITY CLASSIFICATIONS

Unit No.	Classification Description	Class Code	Premium Basis ¹	Rates Premises	Products	Advance Premium
0001	Package Stores and Other Retail Establishments Selling Alcoholic Beverages for Consumption Off Premises-States Where Liquor Liability is Imposed by Statute or Under Common Law Principles-Not Including Michigan	59211	\$59,211 GS	2.924		\$250.00 ²
Advance Schedule Premium						\$250.00

¹ GS = Gross Sales - Rates Apply Per 1,000

² Minimum premium applies.

AUDIT PERIOD

Annual

FIRST NAMED INSURED IS:

LTD LIAB COMPANY (LLC)

ADDITIONAL NAMED INSURED - LIQUOR LIABILITY COVERAGE FORM

WHO IS AN INSURED (Section II) includes the following Additional Named Insureds:

MNCO PROPERTIES LLC

LOCATION OF ALL PREMISES YOU OWN, RENT OR OCCUPY:

5563 ATHENS TRL
NORTH BRANCH, MN 55056



COMMERCIAL EXCESS LIABILITY
COVERAGE PART

Renewal Declarations

First Named Insured and Address:

MNCO ENERGY LLC
5563 ATHENS TRL
NORTH BRANCH MN 55056

Agency Name and Number:

SF INSURANCE GROUP
6446-AC

Policy Number: ZQ3815
Policy Period: Effective Date: 02-28-24
Expiration Date: 02-28-25

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the same.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGE FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CU-7008(11-05)	Asbestos Exclusion	
CU-7010(3-03)	Nuclear Energy Liability Exclusion Endorsement	
CU-7031(3-03)	Minnesota Amendatory Endorsement	
CU-7037(5-05)	Commercial Excess Liability Coverage Form	
CU-7054(3-03)	Fungi or Bacteria Exclusion	
CU-7067(3-03)	War Liability Exclusion	
CU-7072(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Fed. Act)	
CU-7085(1-15)	Cap on Losses from Certified Acts of Terrorism	\$6.00
CU-7098(11-15)	Revision of Other Insurance Condition For Additional Insureds - Auto Status	\$100.00
CU-7136(8-20)	Exclusion - First Aid and Good Samaritan Services	
IL-7082(12-20)	Disclosure Pursuant to Terrorism Risk Insurance Act	
Advance Endorsement Premium		\$106.00

PREMIUM SUMMARY

Advance Premium	\$800.00
Advance Endorsement Premium	\$106.00
Total Advance	\$906.00

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

MNCO PROPERTIES LLC

LIMITS OF INSURANCE

General Aggregate	\$1,000,000
Products-Completed Operations Aggregate	\$1,000,000
Each Occurrence	\$1,000,000

PREMIUM COMPUTATION

Not Subject to Audit	
Estimated Advance Premium	\$800.00

SCHEDULE OF UNDERLYING INSURANCE - LIQUOR LIABILITY

Policy Number: CG-ZQ3815
 Name of Insurer: ACUITY, A Mutual Insurance Company
 Policy Period: 02-28-24 To 02-28-25

Occurrence Coverage

Limits or Amounts of Insurance

Aggregate Limit	\$1,000,000
Each Common Cause Limit	\$1,000,000

SCHEDULE OF UNDERLYING INSURANCE - EMPLOYERS' LIABILITY

Policy Number: CWC-ZQ3815-00
 Name of Insurer: ACUITY, A Mutual Insurance Company
 Policy Period: 02-28-24 To 02-28-25

Limits or Amounts of Insurance

Bodily Injury by Accident (Each Accident)	\$500,000
Bodily Injury by Disease (Policy Limit)	\$500,000
Bodily Injury by Disease (Each Employee)	\$500,000

SCHEDULE OF UNDERLYING INSURANCE - BIS-PAK

Policy Number: CB-ZQ3815
 Name of Insurer: ACUITY, A Mutual Insurance Company
 Policy Period: 02-28-24 To 02-28-25

Limits or Amounts of Insurance

Liability and Medical Expenses (Each Occurrence)	\$1,000,000
Products-Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit (Other than Products-Completed Operations)	\$2,000,000



**BIS-PAK
COVERAGE PART**

Renewal Declarations

First Named Insured and Address:

MNCO ENERGY LLC
5563 ATHENS TRL
NORTH BRANCH MN 55056

Agency Name and Number:

SF INSURANCE GROUP
6446-AC

Policy Number: ZQ3815

Policy Period: Effective Date: 02-28-24

Expiration Date: 02-28-25

In return for the payment of the premium and subject to all the terms of the policy, we agree to provide the insurance coverage as stated in the Policy.

12:01 A.M. standard time at your mailing address shown in the declarations

COVERAGES FORMS AND ENDORSEMENTS APPLICABLE TO THIS COVERAGE PART

Form Number	Form Title	Premium
CB-0002(5-22)	Deluxe Bis-Pak Property Coverage Form	
CB-0006(8-15)	Bis-Pak Business Liability and Medical Expenses Coverage Form	
CB-0009(9-04)	Bis-Pak Common Policy Conditions	
CB-0417(1-10)	Employment-Related Practices Exclusion	
CB-0564(1-15)	Conditional Exclusion of Terrorism (Relating to Disposition of Federal Act)	
CB-0577(4-10)	Fungi or Bacteria Exclusion (Liability)	
CB-0703(1-97)	Business Liability Coverage-Prop Damage Liability Deductible(Per Claim Basis)	
CB-1416(1-10)	Snow Plow Products-Completed Operations Hazard Coverage	
CB-1481(7-13)	Limitations on Coverage for Roof Surfacing	
CB-1488(7-13)	Primary and Noncontributory - Other Insurance Condition	
CB-1504(5-14)	Exclusion-Access of Confidential or Personal Info/Data with Limited BI	
CB-1560(2-21)	Cyber Incident Exclusion	
CB-7025(2-07)	Minnesota Changes	
CB-7057(9-04)	Operation Of Customers' Autos	
CB-7155(11-13)	Equipment Breakdown Coverage	\$2,403.00
CB-7296(1-15)	Cap on Losses from Certified Acts of Terrorism - Property	\$485.00
CB-7299(1-15)	Cap on Losses from Certified Acts of Terrorism - Liability	\$35.00
CB-7406(6-15)	Exclusion - Unmanned Aircraft	
CB-7410(8-15)	Civil Authority Changes	
CB-7437(3-21)	Acuity Property Enhancements - Silver	
CB-7455(8-20)	Acuity Liability Enhancements - Silver	
IL-0415R(1-06)	Protective Safeguards	

Acuity, A Mutual Insurance Company

Form Number	Form Title	Premium
IL-7012(1-18)	Asbestos Exclusion	
IL-7076(5-07)	Minnesota Fire Insurance Surcharge	\$115.00
IL-7082(12-20)	Disclosure Pursuant to Terrorism Risk Insurance Act	
Advance Endorsement Premium		\$3,038.00

PREMIUM SUMMARY

Advance Premium	\$20,796.00
Advance Endorsement Premium	\$3,038.00
Total Advance Premium	\$23,834.00

The Total Advance Premium shown above is based on the exposures you anticipated at the time this coverage part began. We will audit this coverage part in accordance with the Bis-Pak[®] Liability and Medical Expenses General Condition entitled Premium Audit - Business Liability at the close of the audit period.

PROPERTY COVERAGES PROVIDED

Form: Deluxe

Coverage Item	Premises Number	Building Number	Valuation Basis	Limit of Insurance	Automatic Increase Percentage
Building	001	001	Replacement Cost	\$1,789,560	8%
Business Personal Property Deductible: \$1,000 Optional Coverages Deductible: \$500	001	001	Replacement Cost	\$141,440	4%
Building Deductible: \$1,000 Optional Coverages Deductible: \$500	001	002	Replacement Cost	\$495,883	8%
Building Deductible: \$1,000 Optional Coverages Deductible: \$500	001	003	Replacement Cost	\$155,340	8%
Building Deductible: \$1,000 Optional Coverages Deductible: \$500	001	004	Replacement Cost	\$93,853	8%

DESCRIPTION OF PREMISES

Premises Number	Building Number	Construction, Occupancy and Location
001	001	FRAME GAS STATION CONVENIENCE STORE 5563 ATHENS TRL NORTH BRANCH MN 55056
001	002	FRAME PUMPS & TANKS 5563 ATHENS TRL NORTH BRANCH MN 55056

Premises Number	Building Number	Construction, Occupancy and Location
001	003	FRAME LARGE CANOPY 5563 ATHENS TRL NORTH BRANCH MN 55056
001	004	FRAME SMALL CANOPY 5563 ATHENS TRL NORTH BRANCH MN 55056

MORTGAGEHOLDER NAME AND ADDRESS

Premises Number	Building Number	Mortgageholder	Loan Number
001	001	CHEROKEE STATE BANK 212 W WILLOW ST CHEROKEE IA 51012	
001	002	CHEROKEE STATE BANK 212 W WILLOW ST CHEROKEE IA 51012	
001	003	CHEROKEE STATE BANK 212 W WILLOW ST CHEROKEE IA 51012	
001	004	CHEROKEE STATE BANK 212 W WILLOW ST CHEROKEE IA 51012	

LIABILITY COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Liability and Medical Expenses (Each Occurrence)	\$1,000,000
Medical Expenses (Any One Person)	\$5,000
Damage to Premises Rented to You	\$100,000
Products-Completed Operations Aggregate Limit	\$2,000,000
General Aggregate Limit (Other Than Products-Completed Operations)	\$2,000,000

SCHEDULE OF LIABILITY CLASSIFICATION

Premises Number	Building Number	Classification Description	Class Code	Premium Basis ¹	Premises Rate	Products Rate
001	001	Convenience Stores	18501	\$2,146,715 GS	.740	.023
001	001	Gasoline Stations - Self - Service	13454	1,764,125 GA	.596	.254
001	001	Car Washes - Not Self Service	10367	\$71,155 GS	3.065	Included
001	001	Lessors' Risk	61212	7,079 AR	28.050	Included

¹ GS = Gross Sales - Rate Applies Per \$1,000 of Gross Sales

GA = Gallons - Rate Applies Per 1,000 gallons

AR = Area - Rate Applies Per 1,000 Square Feet

OPTIONAL COVERAGES PROVIDED

Coverage Item	Limit of Insurance
Employee Dishonesty	\$10,000
Forgery and Alteration	\$25,000
Electronic Data	\$10,000
Acuity Liability Enhancements - Silver	See CB-7455
Acuity Property Enhancements - Silver	See CB-7437

Coverage Item	Premises Number	Building Number	Limit of Insurance
Additional Outdoor Signs	001	001	\$1,000
Business Income and Extra Expense	001	001	Actual Loss Sustained
<i>Money and Securities</i>	001	001	
Inside the Premises			\$10,000
Outside the Premises			\$5,000
Accounts Receivable	001	001	\$25,000
Business Income and Extra Expense	001	002	Actual Loss Sustained
Business Income and Extra Expense	001	003	Actual Loss Sustained
Business Income and Extra Expense	001	004	Actual Loss Sustained

BIS-PAK PLAN

Retail Stores

AUDIT PERIOD

Annual

ADDITIONAL NAMED INSUREDS

WHO IS AN INSURED includes the following Additional Named Insureds:

MNCO PROPERTIES LLC

FIRST NAMED INSURED IS:

LTD LIAB COMPANY (LLC)