



Temporary Liquor License Application

Name of Applicant: <i>Matthew Holmstrom</i>		Name of Event: <i>N, W, T, F. Banquet Long Spurs of Sunrise River</i>	
Location(s) of Event: <i>Lert town Hall</i>		Date(s) of Event (No more than 7 days): <i>02-10-2024</i>	
Anticipated Attendance: <i>200</i>	Occupancy Load for Area: <i>350</i>	<input checked="" type="checkbox"/> Site Plan of Premises Area Attached?	
Signature of Applicant & Date: <i>[Signature]</i>		<input checked="" type="checkbox"/> Certificate of Insurance Attached?	
Type of License Applied for: <input type="checkbox"/> Temporary 3.2 % Malt Liquor <input checked="" type="checkbox"/> Temporary Intoxicating Liquor			
*If the organization currently holds a 3.2% Malt Liquor license and is requesting the same for a special event not held at the premises listed on the license, only City Council approval is needed. If they are requesting an Intoxicating Liquor license, the AGE Application & Permit for a 1-Day to 4-Day Temporary On-Sale Liquor License must be completed and submitted to AGE after City Council approval and at least 30 days prior to the event. AGE Application attached if required? <u>YES</u> NO (Please circle)			

Please describe the measures that will be taken to ensure that alcoholic beverages will not be furnished in violation of state law or this code to persons under the age of 21 years or to obviously intoxicated persons, or carried outside of the premises area:

WE check licenses on all people and put stamps on hands. We also have 2 retired police officers on our committee watching for underage drinkers and overserved. NO one allowed outside with alcohol.

For City Staff Use Only	Date of Application:	Fee Amount:
	Date of Council Approval:	Date Fee Paid:

City Council Comments/Concerns:

Please see the next page for the full Stacy City Code §112.25 (D) as it applies to this application.

Approved by Stacy City Council July 11, 2023



Temporary Liquor License Application

The Stacy City Code States:

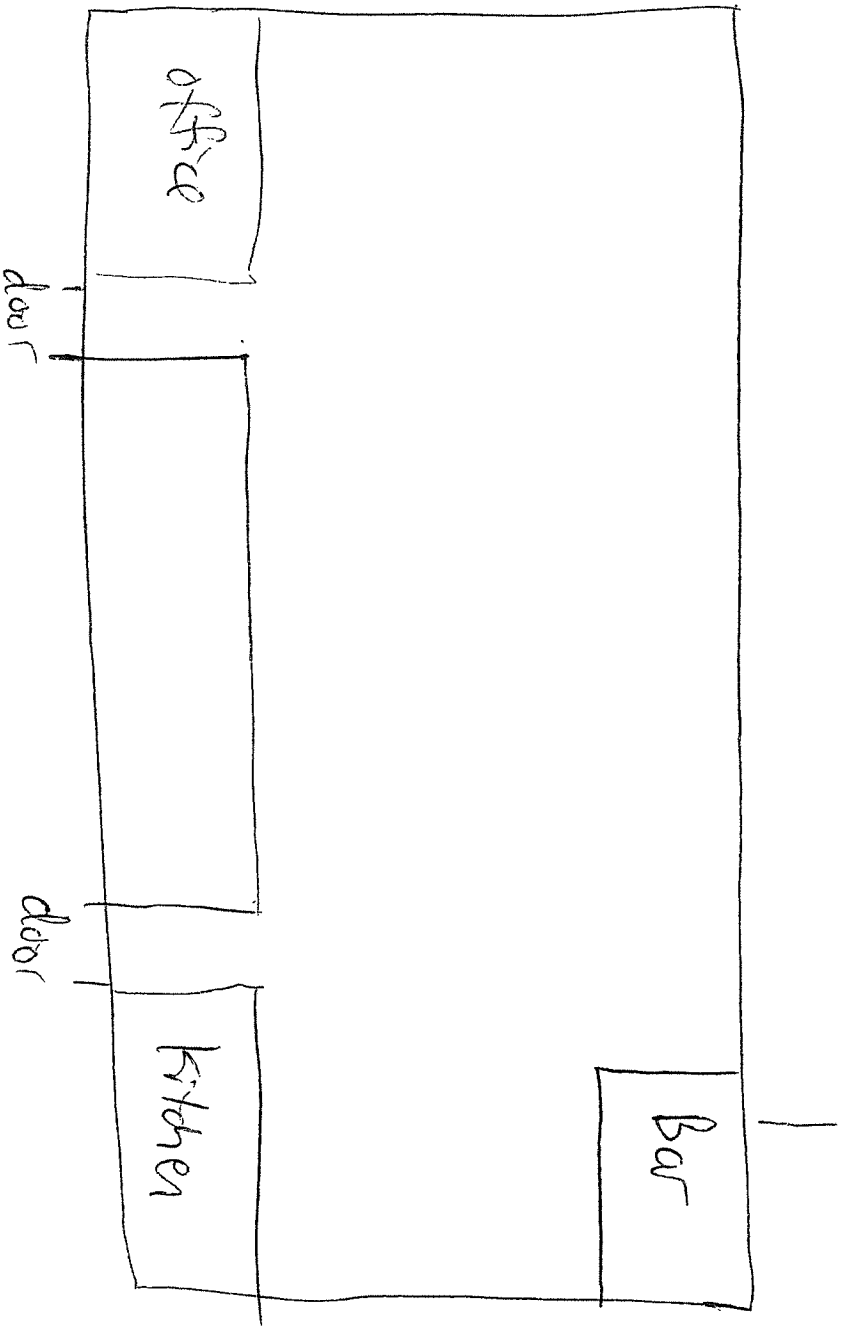
(D) Temporary on-sale intoxicating liquor and temporary 3.2% malt liquor licenses. A club, charitable, religious, or nonprofit organization shall make application to the city for a temporary on-sale intoxicating liquor or temporary 3.2% malt liquor license, at least 30 days in advance of any event at which the licensee proposes to provide for alcohol sale and consumption. Included in that application, the licensee must submit a site plan of the premises area from which liquor is to be dispensed and consumed, the maximum anticipated number of guests attending the event and the total occupancy load for the premises area. The application must include evidence of insurance for the premises area and payment of all fees set forth by the City Council. The City Council shall consider all such applications using the following criteria:

- (1) The license will be used in connection with a special event no longer than 7 days in duration;
- (2) No more than 4 temporary licenses will be allowed per year per licensee;
- (3) Adequate measures will be taken to control access to the premises area, to ensure that alcoholic beverages will not be furnished in violation of state law or this code to persons under the age of 21 years or to obviously intoxicated persons, or carried outside of the premises area;
- (4) Adequate measures will be taken to ensure that there will not be a violation of the city's noise ordinance;
- (5) The use of the premises area will not unreasonably impede traffic circulation;
- (6) The licensee has obtained adequate liquor liability insurance for the premises area; and
- (7) The issuance of the temporary license will not be adverse to the public health, safety and welfare.

Chapter 112: Alcoholic Beverages of the Stacy City Code has more details regarding alcohol licensing guidelines for the City of Stacy. Please visit www.stacymn.org for the complete Code of Ordinances or contact City Hall at 651-462-4486 to request a printed or email copy.

Site plan.

Serving out of the Bar.





NATIWL-01

BGRIFFIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/8/2023

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 First Citizens Insurance Services 8510 Colonnade Center Drive 5th Floor PO Box 29611 (27626-0611) Raleigh, NC 27615	CONTACT NAME: Beverly Griffin PHONE (A/C, No, Ext): (803) 733-2046 E-MAIL ADDRESS: beverly.griffin@firstcitizens.com	FAX (A/C, No): (866) 578-4508
	INSURER(S) AFFORDING COVERAGE	
INSURED The National Wild Turkey Federation, Inc 770 Augusta Road P O Box 530 Edgefield, SC 29824	INSURER A : Philadelphia Indemnity Insurance Company	NAIC # 18058
	INSURER B : Accident Fund General	NAIC # 12304
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES **CERTIFICATE NUMBER:** **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"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			PHPK2616652	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 LIQUORLIABILITY \$ 2,000,000
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2616652	11/1/2023	11/1/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 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 <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB886570	11/1/2023	11/1/2024	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input checked="" type="checkbox"/> N N/A If yes, describe under DESCRIPTION OF OPERATIONS below			100085129	11/1/2023	11/1/2024	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Stacy and Long Spurs Hunting Heritage Chapter, MN on February 10th, 2024 is included as an additional insured under the General Liability policy when required by written contract prior to a loss.

CERTIFICATE HOLDER

CANCELLATION

City of Stacy 30955 Forest Blvd Stacy, MN 55079	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 <i>Beverly Griffin</i>
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Minnesota Department of Public Safety
Alcohol and Gambling Enforcement Division
445 Minnesota Street, Suite 1600, St. Paul, MN 55101
651-201-7507 TTY 651-282-6555
**APPLICATION AND PERMIT FOR A 1 DAY
TO 4 DAY TEMPORARY ON-SALE LIQUOR LICENSE**

Name of organization: NiWiFi, Long Spurs of Sunrise River chapter Date of organization: 2-9-1999 Tax exempt number: ES29248

Organization Address (No PO Boxes): 30178 Limpopo street NE City: North Branch State: Minnesota Zip Code: 55056

Name of person making application: Matthew Holmstrom Business phone: _____ Home phone: [REDACTED]

Date(s) of event: 02-10-2024 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Matthew Holmstrom City: Harriet State: Minnesota Zip Code: 55032

Organization officer's name: Lance Morgan City: North Branch State: Minnesota Zip Code: 55056

Organization officer's name: Will Schmidt City: Rush city State: Minnesota Zip Code: 55069

Location where permit will be used. If an outdoor area, describe.
Leif town Hall, Stacy MN

If the applicant will contract for intoxicating liquor service give the name and address of the liquor license providing the service.

If the applicant will carry liquor liability insurance please provide the carrier's name and amount of coverage.

First Citizens Insurance Services 2,000,000

APPROVAL
APPLICATION MUST BE APPROVED BY CITY OR COUNTY BEFORE SUBMITTING TO ALCOHOL AND GAMBLING ENFORCEMENT

City or County approving the license _____ Date Approved _____

Fee Amount _____ Permit Date _____

Event in conjunction with a community festival Yes No _____

Current population of city _____ City or County E-mail Address _____

Please Print Name of City Clerk or County Official Signature City Clerk or County Official

CLERKS NOTICE: Submit this form to Alcohol and Gambling Enforcement Division 30 days prior to event
No Temp Applications faxed or mailed. Only emailed.
ONE SUBMISSION PER EMAIL, APPLICATION ONLY.
PLEASE PROVIDE A VALID E-MAIL ADDRESS FOR THE CITY/COUNTY AS ALL TEMPORARY PERMIT APPROVALS WILL BE SENT BACK VIA EMAIL. E-MAIL THE APPLICATION SIGNED BY CITY/COUNTY TO AGE.TEMPORARYAPPLICATION@STATE.MN.US

MINNESOTA LAWFUL GAMBLING
LG220 Application for Exempt Permit

An exempt permit may be issued to a nonprofit organization that:

- conducts lawful gambling on five or fewer days, and
- awards less than \$50,000 in prizes during a calendar year.

If total raffle prize value for the calendar year will be \$1,500 or less, contact the Licensing Specialist assigned to your county by calling 651-539-1900.

Application Fee (non-refundable)

Applications are processed in the order received. If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**.

Due to the high volume of exempt applications, payment of additional fees prior to 30 days before your event will not expedite service, nor are telephone requests for expedited service accepted.

ORGANIZATION INFORMATION

Organization Name: NWTF Long Spurs of Sunrise River Ch. Previous Gambling Permit Number: X- 05849-24-023
Minnesota Tax ID Number, if any: E529248 Federal Employer ID Number (FEIN), if any: _____
Mailing Address: [REDACTED]
City: North Branch State: MN Zip: 55056 County: Chisago
Name of Chief Executive Officer (CEO): Matthew Holmstrom
CEO Daytime Phone: [REDACTED] CEO Email: [REDACTED]
(permit will be emailed to this email address unless otherwise indicated below)
Email permit to (if other than the CEO): _____

NONPROFIT STATUS

Type of Nonprofit Organization (check one):
 Fraternal Religious Veterans Other Nonprofit Organization

Attach a copy of one of the following showing proof of nonprofit status:

(DO NOT attach a sales tax exempt status or federal employer ID number, as they are not proof of nonprofit status.)

- A current calendar year Certificate of Good Standing**
Don't have a copy? Obtain this certificate from:
MN Secretary of State, Business Services Division
60 Empire Drive, Suite 100
St. Paul, MN 55103
Secretary of State website, phone numbers:
www.sos.state.mn.us
651-296-2803, or toll free 1-877-551-6767
- IRS income tax exemption (501(c)) letter in your organization's name**
Don't have a copy? To obtain a copy of your federal income tax exempt letter, have an organization officer contact the IRS toll free at 1-877-829-5500.
- IRS - Affiliate of national, statewide, or international parent nonprofit organization (charter)**
If your organization falls under a parent organization, attach copies of both of the following:
1. IRS letter showing your parent organization is a nonprofit 501(c) organization with a group ruling; and
2. the charter or letter from your parent organization recognizing your organization as a subordinate.

GAMBLING PREMISES INFORMATION

Name of premises where the gambling event will be conducted (for raffles, list the site where the drawing will take place): lent Town Hall
Physical Address (do not use P.O. box): 33155 Hemingway Avenue
Check one:
 City: Stacy Zip: 55079 County: Chisago
 Township: _____ Zip: _____ County: _____
Date(s) of activity (for raffles, indicate the date of the drawing): 2-10-2024

Check each type of gambling activity that your organization will conduct:

- Bingo Paddlewheels Pull-Tabs Tipboards Raffle

Gambling equipment for bingo paper, bingo boards, raffle boards, paddlewheels, pull-tabs, and tipboards must be obtained from a distributor licensed by the Minnesota Gambling Control Board. EXCEPTION: Bingo hard cards and bingo ball selection devices may be borrowed from another organization authorized to conduct bingo. To find a licensed distributor, go to www.mn.gov/gcb and click on **Distributors** under the **List of Licensees** tab, or call 651-539-1900.

LOCAL UNIT OF GOVERNMENT ACKNOWLEDGMENT (required before submitting application to the Minnesota Gambling Control Board)

<p style="text-align: center;">CITY APPROVAL for a gambling premises located within city limits</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days (60 days for a 1st class city).</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print City Name: _____</p> <p>Signature of City Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p> <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 20px;"> <p>The city or county must sign before submitting application to the Gambling Control Board.</p> </div>	<p style="text-align: center;">COUNTY APPROVAL for a gambling premises located in a township</p> <p><input type="checkbox"/> The application is acknowledged with no waiting period.</p> <p><input type="checkbox"/> The application is acknowledged with a 30-day waiting period, and allows the Board to issue a permit after 30 days.</p> <p><input type="checkbox"/> The application is denied.</p> <p>Print County Name: _____</p> <p>Signature of County Personnel: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p> <p>TOWNSHIP (if required by the county) On behalf of the township, I acknowledge that the organization is applying for exempted gambling activity within the township limits. (A township has no statutory authority to approve or deny an application, per Minn. Statutes, section 349.213.)</p> <p>Print Township Name: _____</p> <p>Signature of Township Officer: _____</p> <p>_____</p> <p>Title: _____ Date: _____</p>
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CHIEF EXECUTIVE OFFICER'S SIGNATURE (required)

The information provided in this application is complete and accurate to the best of my knowledge. I acknowledge that the financial report will be completed and returned to the Board within 30 days of the event date.

Chief Executive Officer's Signature: _____ Date: _____
(Signature must be CEO's signature; designee may not sign)

Print Name: _____

REQUIREMENTS	MAIL APPLICATION AND ATTACHMENTS
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Complete a separate application for:

- all gambling conducted on two or more consecutive days; or
- all gambling conducted on one day.

Only one application is required if one or more raffle drawings are conducted on the same day.

Financial report to be completed within 30 days after the gambling activity is done:
A financial report form will be mailed with your permit. Complete and return the financial report form to the Gambling Control Board.

Your organization must keep all exempt records and reports for 3-1/2 years (Minn. Statutes, section 349.166, subd. 2(f)).

Mail application with:

_____ a copy of your proof of nonprofit status; and

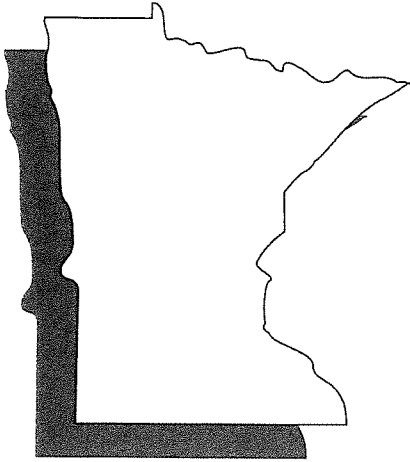
_____ application fee (non-refundable). If the application is postmarked or received 30 days or more before the event, the application fee is **\$100**; otherwise the fee is **\$150**. Make check payable to **State of Minnesota**.

To: Minnesota Gambling Control Board
1711 West County Road B, Suite 300 South
Roseville, MN 55113

Questions?
Call the Licensing Section of the Gambling Control Board at 651-539-1900.

<p>Data privacy notice: The information requested on this form (and any attachments) will be used by the Gambling Control Board (Board) to determine your organization's qualifications to be involved in lawful gambling activities in Minnesota. Your organization has the right to refuse to supply the information; however, if your organization refuses to supply this information, the Board may not be able to determine your organization's qualifications and, as a consequence, may refuse to issue a permit. If your organization supplies the information requested, the Board will be able to process the</p>	<p>application. Your organization's name and address will be public information when received by the Board. All other information provided will be private data about your organization until the Board issues the permit. When the Board issues the permit, all information provided will become public. If the Board does not issue a permit, all information provided remains private, with the exception of your organization's name and address which will remain public. Private data about your organization are available to Board members, Board staff whose work requires access to the information; Minnesota's Depart-</p>	<p>ment of Public Safety; Attorney General; Commissioners of Administration, Minnesota Management & Budget, and Revenue; Legislative Auditor, national and international gambling regulatory agencies; anyone pursuant to court order; other individuals and agencies specifically authorized by state or federal law to have access to the information; individuals and agencies for which law or legal order authorizes a new use or sharing of information after this notice was given; and anyone with your written consent.</p>
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This form will be made available in alternative format (i.e. large print, braille) upon request.



**Minnesota
Gambling Control
Board**

has issued

Lawful Gambling Exempt Permit

X-05849-24-023

Lent Town Hall

33155 Hemmingway Ave

Lent Twp, MN 55079

to

**NWTF Long Spurs of
Sunrise River Chapter**

Effective Date: Feb 10 2024

Expiration Date: Feb 10 2024



Licensing Supervisor

Lance Morgan
NWTF Long Spurs of Sunrise River Chapter
PO Box 146
North Branch, MN 55056

Issued by:
Minnesota Gambling Control Board
Suite 300 South
1711 W. County Road B
Roseville, MN 55113