

**City of Menahga  
Action Memorandum 16-036**

**Subject:** Authorize Renewal of Liquor License ID #1-2017 for Orton's Menahga BP

**Agenda of: November 14, 2016**

**Council action:** Authorized \_\_\_\_\_

**Summary statement:**

Action Memorandum 16-036 authorizes renewal of Orton's liquor license. Orton's is in compliance with all laws pertaining to their license.

**Fiscal information:**

Total amount of funds listed in this legislation: \$ 200 \_\_\_\_\_

This legislation (✓):

Has no fiscal impact     Creates a positive impact in the amount of: \$ 200  
 Creates a negative impact in the amount of: \$ \_\_\_\_\_

Funds are (✓):

Budgeted                      Line items(s): 101-00000-32110 Alcoholic Beverage License  
 Not budgeted                    Affected line item(s): \_\_\_\_\_

\$75.00

NON-INTOXICATING MALT LIQUOR  
"OFF SALE" LICENSE

No. 1-2017

*License is hereby Granted to*

Tim Orton

TO SELL AT RETAIL

## Non-Intoxicating Malt Liquors

FOR CONSUMPTION OFF THE PREMISES LOCATED AT

Orton's Menahga bp

IN THE CITY OF MENAHGA, COUNTY OF WADENA, STATE OF MINNESOTA

FOR THE PERIOD COMMENCING

JANUARY 1, 2017 AND TERMINATING DECEMBER 31, 2017, AT MIDNIGHT.

This license is granted pursuant to application and payment of fee therefore and is subject to all the provisions and conditions of the laws of the state and of the federal government pertaining to such sale, and is revocable for the violation thereof. Not transferable.

WITNESS THE GOVERNING BODY of the City of Menahga, Minnesota, and the seal thereof on this 14th day of November, 2016.

The Council of the City of Menahga

Attest: \_\_\_\_\_  
Administratve Clerk Treasurer

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

**RETAIL "OFF SALE"**

State of Minnesota }  
County of Wadena } City of Menahga, Minnesota

To the Council of the City of Menahga, State of Minnesota:

TIM ORTON / FRANK ORTON  
Applicant Name

hereby applies for a license for the term of 12 months from the 1st day of January, 2017, to sell:

**In Original Packages Only, Non-Intoxicating Malt Liquors,** as the same are defined by law, for consumption "OFF" those certain premises in the City of Menahga described as follows, to-wit:

ORTON'S MENAHGA bp  
Business Name or Address

at which place said applicants operate the business of selling and to that end represents and states as follows:

That said applicants are citizens of the United States; of good moral character and repute; and have attained the age of 21 years; that they are proprietors of the establishment for which license will be issued if this application is granted.

That said applicants make this application pursuant and subject to all laws of the State of Minnesota and the ordinances and regulations of said City applicable thereto, which are hereby made a part hereof, and hereby agree to observe and obey the same:

(Here state other requirements, if any, of local regulations)

Each applicant further states that he is not now the holder of, nor has he made application for, nor does he intend to make applications for a Federal Retail Dealer's Special tax stamp for the sale of intoxicating liquor.

Dated 9/30/16, [Signature]  
Applicant  
Applicant

Address: PO Box 800  
Walker, mn 56484

Print

# Certificate of Compliance Minnesota Workers' Compensation Law

**THIS FORM MUST BE COMPLETED BY THE BUSINESS LICENSE APPLICANT**

PRINT IN INK or TYPE

Minnesota Statutes §176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes Chapter 176. If the required information is not provided or is falsely stated it shall result in a \$2,000 penalty assessed against the applicant by the commissioner of the Department of Labor and Industry.

A valid workers' compensation policy must be kept in effect at all times by employers as required by law.

|  |               |                           |                            |          |
|--|---------------|---------------------------|----------------------------|----------|
| License or certificate number (if applicable)  |               | Business telephone number | Alternate telephone number |          |
|  |               | 218-547-1719              |                            |          |
| Business name (Provide the legal name of the business entity. If the business is a sole proprietor or partnership, provide the owner's name(s), for example John Doe, or John Doe and Jane Doe.) |               |                           |                            |          |
| Orton Motor Inc.   |               |                           |                            |          |
| DBA ("doing business as" or "also known as" an assumed name), if applicable  |               |                           |                            |          |
| Orton's Menasha  |               |                           |                            |          |
| Business address (must be physical street address, no P.O. boxes)  |               | City                      | State                      | ZIP code |
| 60065 Cheryl Loop RD NW  |               | Walker                    | MN                         | 56484    |
| County   | Email address |                           |                            |          |
| Cass   |               |                           |                            |          |

**YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1 or 2 below.**

### Number 1 – Workers' compensation insurance policy information

|  |                |                 |
|--|----------------|-----------------|
| Insurance company name (not the insurance agent) |                | NAIC number     |
| Federated Ins. Co.                               |                | 424720          |
| Policy number                                    | Effective date | Expiration date |
| 9808077  | 10/1/16        | 10/1/17         |

### Number 2 – Reason for exemption from workers' compensation insurance

If you have questions regarding the need to obtain workers' compensation coverage, including exemptions, call (651) 284-5032 or 1-800-342-5354.

- I have no employees. (See Minnesota Statute § 176.011, subd. 9 for the definition of an employee.)
- I am self-insured for workers' compensation (attach a copy of the authorization to self-insure from the Minnesota Department of Commerce).
- I have employees but they are not covered by the workers' compensation law. (See Minnesota Statute § 176.041 for a list of excluded employees.) Explain why your employees are not covered:

I certify the information provided on this form is accurate and complete. If I am signing on behalf of a business, I certify I am authorized to sign on behalf of the business.

|                                |                |         |
|--------------------------------|----------------|---------|
| Print name                     |                |         |
| Frank Orton                    |                |         |
| Applicant signature (required) | Title          | Date    |
|                                | Vice President | 9/30/16 |



NOTE: You must notify the authority issuing your license if there is any change to your workers' compensation insurance information or an employee status change by resubmitting this form. This material can be made available in different forms, such as large print, Braille or audio.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
08/26/2016

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 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<br>FEDERATED MUTUAL INSURANCE COMPANY<br>HOME OFFICE: P.O. BOX 328<br>OWATONNA, MN 55060 | CONTACT NAME: CLIENT CONTACT CENTER |                             |
|   | PHONE (A/C, No, Ext): 888-333-4949  | FAX (A/C, No): 507-446-4664 |
| E-MAIL ADDRESS: CLIENTCONTACTCENTER@FEDINS.COM  |                                     |                             |
| INSURER(S) AFFORDING COVERAGE   |                                     | NAIC #                      |
| INSURER A: FEDERATED MUTUAL INSURANCE COMPANY   |                                     | 13935                       |
| INSURED<br>270-308-0<br>ORTON MOTOR INC, ORTON OIL CO<br>PO BOX 820<br>WALKER, MN 56484           | INSURER B:                          |                             |
|   | INSURER C:                          |                             |
|   | INSURER D:                          |                             |
|   | INSURER E:                          |                             |
|   | INSURER F:                          |                             |
|   |                                     |                             |

COVERAGES CERTIFICATE NUMBER: 10 REVISION NUMBER: 0

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS  |
|----------|---|-----------|----------|---------------|-------------------------|-------------------------|---|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | N         | N        | 9868672       | 10/01/2016              | 10/01/2017              | EACH OCCURRENCE \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000<br>MED EXP (Any one person) EXCLUDED<br>PERSONAL & ADV INJURY \$1,000,000<br>GENERAL AGGREGATE \$2,000,000<br>PRODUCTS - COMP/OP AGG \$2,000,000 |
| A        | <input checked="" type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS   | N         | N        | 9868672       | 10/01/2016              | 10/01/2017              | COMBINED SINGLE LIMIT (Ea accident) \$1,000,000<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)   |
| A        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br>DED RETENTION   | N         | N        | 9868675       | 10/01/2016              | 10/01/2017              | EACH OCCURRENCE \$4,000,000<br>AGGREGATE \$4,000,000  |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below  | N/A       | N        | 9868677       | 10/01/2016              | 10/01/2017              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$500,000<br>E.L. DISEASE - EA EMPLOYEE \$500,000<br>E.L. DISEASE - POLICY LIMIT \$500,000                                    |
| A        | LIQUOR LIABILITY  | N         | N        | 9868673       | 10/01/2016              | 10/01/2017              | EACH COMMON CAUSE \$1,000,000<br>AGGREGATE \$1,000,000  |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 STOP-GAP (EMPLOYER'S LIABILITY) COVERED STATE(S) ND

PROPERTY IN TRANSIT COVERAGE IS PROVIDED WITH A LIMIT OF \$50,000.

**CERTIFICATE HOLDER**

270-308-0  
 CITY OF MENA HGA  
 PO BOX C  
 MENA HGA, MN 56464-0453

10 0

**CANCELLATION**

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

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