



To whom it may concern,

I am writing to you as owner / operator of Agra Culture Highland Park, located at 721 Cleveland Ave S, to offer alcohol on my current sidewalk café. We have operated this location since November 2017 with a beer / wine license with zero violations. Due to Covid 19 we are making some operational challenges to ensure both a higher / safer customer experience plus hopefully higher levels of overall business. We are switching to full service with waiters / waitresses to ensure a controlled dining room for all customers and are requesting ability to offer alcohol on our sidewalk café.

I greatly appreciate your support in our efforts to maintain our viability during an extremely difficult time for all St Paul residents. I have been a Highland park resident for almost 20 years and feel confident our locals will enjoy these added service offerings.

If you have any questions please feel free to reach out to me directly via email / phone.

Thanks,

Mikael Asp

mikaelasp@hillcrestholdingsmsp.com

612.845.8938



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 RAMSEY License Period From: 06/09/20 To: 11/22/20

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: \$ 4891 Sunday License fee: \$ 200 3.2% On Sale fee: \$ _____ 3.2% Off Sale fee: \$ _____

Licensee Name: AGM CULTURE HIGHLAND PARK LLC DOB _____ Social Security # _____
 (corporation, partnership, LLC, or Individual)

Business Trade Name AGM CULTURE Business Address: 721 CLEVELAND AVE S City ST. PAUL

Zip Code 55116 County RAMSEY Business Phone 612-895-8938 Home Phone _____

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

Licensee's Federal Tax ID # _____ (To Apply call 651-296-6181)

 (To apply call IRS 800-829-4933)

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

Partner/Officer Name (First Middle Last)	DOB	Social Security #	Home Address
<u>AARON SWIFT</u>			
<u>MICHAEL ASP</u>			
_____ (Partner/Officer Name (First Middle Last))	DOB	Social Security #	Home Address
_____ (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: WEST BERN Policy # A378523

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 06/11/20
 _____ Director

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.