



CITY OF NORTH OAKS

Special City Council Meeting

Monday, July 31, 2023

5:30 PM, Community Meeting Room, 100 Village Center Drive

MEETING AGENDA

Remote Access - *City Council members will participate in person in Council Chambers (Community Room, 100 Village Center Drive, Suite 150, North Oaks, MN) during the meeting. Members of the public are welcome to attend. Any person wishing to monitor the meeting electronically from a remote location may do so by calling the following Zoom meeting videoconference number: 1-312-626-6799, Webinar ID: 861 3006 4586 or by joining the meeting via the following link:
<https://us02web.zoom.us/j/86130064586>.*

1Call to Order

2Roll Call

3Discussion Items(s)

3.aDiscussion and possible action on master infrastructure plan

3.bApproval of Hill Farm Historical Liquor License

[HFHS Farmfest Liquor License.pdf](#)

4Adjourn



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: Hill Farm Historical Society Date of organization: January 1, 1989 Tax exempt number: 41-1643145

Organization Address (No PO Boxes): 35 Hill Farm Circle City: North Oaks State: MN Zip Code: 55127

Name of person making application: Denise Fleming, President Business phone: 651.442.9901 Home phone: —

Date(s) of event: September 10, 2023 Type of organization: Microdistillery Small Brewer
 Club Charitable Religious Other non-profit

Organization officer's name: Denise Fleming, President City: North Oaks State: MN Zip Code: 55127

Organization officer's name: John Grant, PhD, Treasurer City: North Oaks State: MN Zip Code: 55127

Organization officer's name: Tari McNeil, VP Membership City: North Oaks State: MN Zip Code: 55127

Location where permit will be used. If an outdoor area, describe.
At the historic Hill Farm site in North Oaks, Minnesota, where there are a number of historical buildings.

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.
Minnesota Joint Underwriting Association, recommended coverage.

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