



**Minnesota Department of Public Safety
Alcohol and Gambling Enforcement**
445 Minnesota Street, Suite 222
St. Paul, MN 55101
651-201-7512

FEB 05 2016

RENEWAL OF CONSUMPTION AND DISPLAY PERMIT
Permit Fee \$250 (Renewal Date: April 1)

ID# 44156	License Code	CDPBL
Boomerville LLC		
Boomerville Lodge		
25417 Co Rd 2		
St. Cloud	MN	56301
Business Phone	3202934058	

**IF NAME AND ADDRESS
SHOWN ARE NOT
CORRECT, MAKE
CHANGES BELOW**

Worker's Comp. Ins. Name _____ Policy # _____ Policy Period _____

City/County where permit approved St Cloud, Stearns

Licensee Name Michael A. Nistler

Address, City, State, Zip 25417 Co Rd 2 St Cloud, Mn 56301

Business Phone 320 293 4058 Email Prairievalley@Msn.com

By signing this renewal application, applicant certifies that there has been no change in ownership, corporate officers, bylaws, membership, partners, home addresses, or telephone numbers. If changes have occurred during the past 12 months, please give details on the back of this renewal, then sign below.

Applicant's signature on this renewal confirms the following: Failure to report any of the following will result in fines.

1. Applicant 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.
2. Applicant 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.
3. Applicant 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 the back of this renewal, then sign below.
4. Applicant confirms that workers compensation insurance is in effect for the full license period.
5. Applicant confirms, no club on-sale intoxicating liquor license is held.
6. Applicant confirms business premises are separate from any other business establishment.

Licensee Signature Michael A. Nistler Date 1/25/15
(Signature certifies all application information to be correct and permit has been approved by city/county.)

City Clerk/County Signature _____ Date _____
(Signature certifies that a consumptions and display permit has been approved by the city/county as stated above.)

**MAKE CHECKS PAYABLE TO: DIRECTOR ALCOHOL AND GAMBLING ENFORCEMENT
AND RETURN WITH APPLICATION**

Amount Received _____

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

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 found  Stearns Co. Sheriff's Office

Report below details involving any license rejections or revocations:

City/County Comments:

APPLICANT'S INFORMATION
FOR
INTOXICATING LIQUOR LICENSE RENEWAL

PLEASE PRINT FULL NAME:

FIRST Michael FULL MIDDLE Adolph LAST Nistler

ADDRESS 25417 Co Rd 2

CITY St Cloud STATE Mn ZIP 56301

HOME PHONE# 320 685 8406 WORK PHONE # 320 293 4058

DRIVERS LICENSE NUMBER C32307742508

DATE OF BIRTH 8/6/52

APPLICANT'S SIGNATURE Michael A. Nistler DATE 1/28/16