

**City Council Agenda Item #13A**  
**Meeting of January 22, 2007**

**Brief Description:** Public hearing to consider applications by Christos Four, LLC, for on-sale and Sunday on-sale intoxicating liquor licenses for Christos Greek Restaurant, 15600 State Highway 7.

**Recommended Action:** Open the public hearing and continue to February 26, 2007.

**Background**

The city has received applications from Christos Four, LLC for on-sale and Sunday on-sale intoxicating liquor licenses for use at Christos Greek Restaurant, to be located at 15600 State Highway 7, the former Sidney's restaurant site. Christos Four, LLC has signed a 6-year lease agreement with Kyrenia, LLC, the property owner. Kyrenia, LLC is a corporation formed at the same time and by the same officers as Christos Four.

The officers of Christos Four, LLC are: Constantine G. Parpas, President; Carol A. Parpas, Secretary; and Mohamed E. Armeli, Executive Chef/Manager. These officers will also be the restaurant managers, and all meet the residency requirement of the city's ordinance.

The estimated ratio of food and liquor sales is 83.5 percent food and 16.5 percent liquor. A sample menu and daily special menu is included. The restaurant will be open for lunch and dinner, 7 days a week. The proposed hours are Sunday through Thursday from 11 a.m. to 10 p.m., and Fridays and Saturdays from 11 a.m. to 11 p.m. The restaurant area will have 183 seats, with an additional 15 seats at the bar, and 39 seats on the outdoor patio. The conditional use permit for the outdoor dining issued to Sidney's continues to be valid for this restaurant. There will be approximately 35-40 employees at this restaurant.

The floor plan of the proposed restaurant is enclosed, as well as a site map of the area. No changes to the seating arrangements from the previous occupant are planned. However, equipment changes to the kitchen area will be made. The applicant states they expect to open on March 1, 2007.

These owners also operate Christos Greek Restaurants at 2632 Nicollet Ave. South in Minneapolis, and at the Union Depot in St. Paul. They state they strive for authenticity of food, served by friendly, attentive staff, and offering good value.

Application information and fees for the liquor license have been submitted. The police department's investigative report on this application will be forwarded to the council prior to the continued public hearing planned for February 26, 2007.

**Recommendation**

Based on the foregoing information, it is recommended that the city council, at its meeting of January 22, 2007, open the public hearing and continue the hearing to February 26, 2007.

Submitted through:

John Gunyou, City Manager  
Ron Rankin, Community Development Director

Originated by:

Valerie Northway, Administrative Assistant

Case No. \_\_\_\_\_

Dated Received \_\_\_\_\_

By \_\_\_\_\_

# CITY OF MINNETONKA

## APPLICATION FOR ON SALE INTOXICATING LIQUOR OR ON SALE WINE LICENSE

### PART 1 - General Information

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license, permit, or identification card. Failure to provide the information will result in a denial of the license, permit, or identification card.

Directions: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

1. Name of applicant (name of individual, partnership, corporation or association):

CHRISTOS FOUR, LLC.

2. Business Name: CHRISTOS GREEK RESTAURANT

Business Address: 15600 HWY 7, MINNETONKA, MN  
(Street, City, State, Zip Code) 55345

Phone: 612 871 2111  
612 205 7300

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH TWO COPIES OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES, SECRETARY OF STATES OFFICE.

3. Type of applicant: \_\_\_\_\_ Natural Person (individual) \_\_\_\_\_ Partnership  Corporation  
\_\_\_\_\_ Association or other \_\_\_\_\_

4. Type of license applicant seeks:

- On Sale Intoxicating
- On Sale "Special Sunday Sales"
- \_\_\_\_\_ On Sale "Special Event"
- \_\_\_\_\_ On Sale Wine

### Individual

5 (a). If applicant is a natural person (individual), state full name, residence and business address and telephone numbers.

Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
(Street)

Phone: \_\_\_\_\_  
(Area Code and Number)

\_\_\_\_\_  
(City, State, Zip Code)

Business Address: \_\_\_\_\_  
(Street)

Phone: \_\_\_\_\_  
(Area Code and Number)

\_\_\_\_\_  
(City, State, Zip Code)

General Information

5 (b). The full name, residence address and telephone number of the manager(s) in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

5 (c). The full name, residence address and telephone number of the assistant manager(s) in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 5a, 5b, and 5c.)

Partnership

6 (a). If applicant is a partnership, state full names, residence and business addresses, telephone numbers, and interest of each member of the partnership.

1. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

2. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

3. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

6 (b). The managing partner will be:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (Area Code and Number)

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code)

6 (c). The full name, residence address and telephone number of the managers or assistant managers, and any other individual with management responsibilities of the partnership's premises to be licensed:

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 6a, 6b, and 6c.)

Corporation

7 (a). If the applicant is a corporation or association, give the name of corporation or association, Minnetonka address and phone number, and home office address and phone number.

Name: CHRISTOS FOUR, LLC State of Incorporation or Association: MN

Minnetonka Address: 15600 HWY 7, MTKA, MN 55345 Phone: N/A  
(Street, City, State, Zip Code) (Area Code and Number)

Home Office Address: 2632 NICOLLET AVE SOUTH, MPLS 55408 Phone: 612 871-2111  
(Street, City, State, Zip Code) (Area Code and Number)

7 (b). The full names, residence addresses and telephone numbers of all officers of said corporation or association.

President: CONSTANTINE PAPPAS

Residence Address: 10299 BLUFF RD EDEN PRAIRIE MN 55347 Phone: 952 944 3044  
(Street, City, State, Zip Code) (Area Code and Number)

Vice-President: ~~\_\_\_\_\_~~

Residence Address: ~~\_\_\_\_\_~~ Phone: ~~\_\_\_\_\_~~  
(Street, City, State, Zip Code) (Area Code and Number)

Secretary: CAROL ANN PAPPAS

Residence Address: 10299 BLUFF RD, EDEN PRAIRIE, MN 55347 Phone: 952 944 3044  
(Street, City, State, Zip Code) (Area Code and Number)

Exec. Chef - MGR  
Treasurer: NOHAMED EID ABACLI

Residence Address: 2715 SALEM AVE S, ST. LOUIS PARK MN 55416 Phone: 952 928 8166  
(Street, City, State, Zip Code) (Area Code and Number)

General Information

7 (c). The full names, residence addresses and telephone numbers of all persons who singly or together with their spouse and his or her parents, brothers, sisters, or children, own or control an interest in said corporation or association in excess of 5%.

Full Name: CONSTANTINE J. GREGORY PAPPAS

Residence Address: 10299 BLUFF RD EDEN PRAIRIE MN 55347 Phone: 952 944 3044  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: CAROL ANN PAPPAS

Residence Address: 10299 BLUFF RD EDEN PRAIRIE MN 55347 Phone: 952 944 3044  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: MOHAMED EID ARMELI

Residence Address: 2715 SAEED AVS ST. LOUIS PARK 55416 Phone: 952 928 8166  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code and Number)

(If additional space is necessary, attach additional sheet.)

7 (d). The full name, residence addresses and telephone numbers of the manager(s), assistant manager(s), and any other individual with management responsibilities for the corporation's or association's premises to be licensed.

Full Name: N/A Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 7b, 7c, and 7d.)

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY ALL APPLICANTS:

8. State the exact legal description of the premises to be licensed. (Applicant must also submit a plot plan showing dimensions, location of buildings, street access, parking facilities, and the locations of and distances to the closest point of a church structure or the closest point on a lot occupied by a public school.)

PROPERTY ID # 21-117-22 34 000 6  
15600 STATE HWY 7 (TRAC B, Registered Land Survey No. 1306)

9. How are the premises zoned under the Minnetonka zoning ordinance?

B3

10. State full names, residences and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant.

Full Name: KARENIA, LLC Phone: 612/871-2111  
(Area Code & Number)

Residence Address: ~~\_\_\_\_\_~~ (formed 10/18/06 to purchase property)  
(Street, City, State, Zip Code)

Business Address: 2632 NICOLLET AV S Phone: SAME  
(Street, City, State, Zip Code) (Area Code & Number)

OFFICER; same as applicant;  
Full Name: CONSTANTINE GREGORY PAPPAS Phone: 952 244 3074  
(Area Code & Number)

Residence Address: 10249 BLUFF RD EDEN PRAIRIE MN 55347  
(Street, City, State, Zip Code)

~~Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_~~  
(Street, City, State, Zip Code) (Area Code & Number)

11. Where the building is owned by other than applicant, state in summary the conditions of lease arrangement, such as, term of lease, monthly rental, renewal privileges, etc. (Two copies of the lease shall be attached.)

ARRANGED THROUGH 5/31/13; \$16,500 PER MONTH; Ten year  
renewal option ~~beginning~~ beginning 6/1/13 - 5/31/2023

12. If the building is owned by the individual applicant, partnership, corporation or association, state:

(a) Date purchased: Nov. 10, 2006

(b) Name and address of person purchased from: TONFA CAPITAL, LLC.

(c) Purchase price: \$1,850,000 Amount of down payment: \$307,881.66

(d) Who currently holds the mortgage - Name and Address: FRANKLIN NATIONAL BANK OF  
MINNETONKA, 2100 BLAISDELL AVS, BOULS 55404

- (e) Amount of contract for deed: - 0 -
- (f) Who currently holds contract for deed - Name and Address: N/A
- (g) Term of mortgage: Five years
- (h) Term of contract for deed: N/A
- (i) Rate of interest in mortgage: 8.00%
- (j) Rate of interest on contract for deed: -
- (k) State the monthly payment at which the mortgage and/or contract for deed is being liquidated: \$ 16,246.13
- (l) Are the payments on the mortgage and/or contract for deed up to date? Yes

13 (a). State the total cost of assets acquired to start this business including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. (If acquired from predecessor, attach purchase agreement.):

|                  |                                   |                  |                 |
|------------------|-----------------------------------|------------------|-----------------|
| \$ 1,850,000     | PURCHASE PRICE                    | 1,925,000        | LOAN AMOUNT     |
| 450,000          | IMPROVEMENTS +<br>WORKING CAPITAL | 375,000          | OWNER'S<br>CASH |
| <u>2,300,000</u> | <u>TOTAL FUNDS</u>                | <u>2,300,000</u> | <u>TOTAL</u>    |

13 (b). Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business:  
\$ 375,000 (See attached statement)

(Attach supporting proof of the source of such money.)

14. Give full names, addresses, telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. (This shall include, but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

Full Name: See #10 - no others Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_

Full Name: Ch... Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**IF THIS APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON FILE WITH THE DEPARTMENT OF COMMUNITY DEVELOPMENT, NO ADDITIONAL PLANS NEED BE FILED WITH THIS APPLICATION.**

General Information

15. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach an 8" x 11" copy of a floor plan showing dimensions and indicating number of person intended to be served in the said rooms.)

ATTACHED FLOOR PLAN - SAME AS PREVIOUS LICENSEE

16. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

STATE "CERTIFICATION OF AN ON-SALE LIQUOR LICENSE

17. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Minnetonka delinquent or unpaid for the premises to be licensed? Yes        No X  
If yes, give details:

18. If the premises is a restaurant, is there a dining area open to the general public and provisions for seating a minimum of 100 persons (25 for wine license applications) at one time? Yes X No       

Number of Seats: Restaurant 183 Bar 15 OUTDOOR PATIO 39

ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

I HEREBY AUTHORIZE THE CITY OF MINNETONKA TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORMATION.

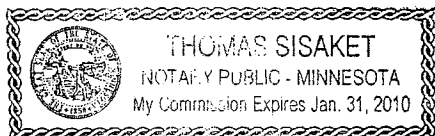
*Carl Gustafson*  
(Signature of Applicant)

Subscribed and sworn to before me a Notary Public

on this 29<sup>th</sup> day of December, 2006

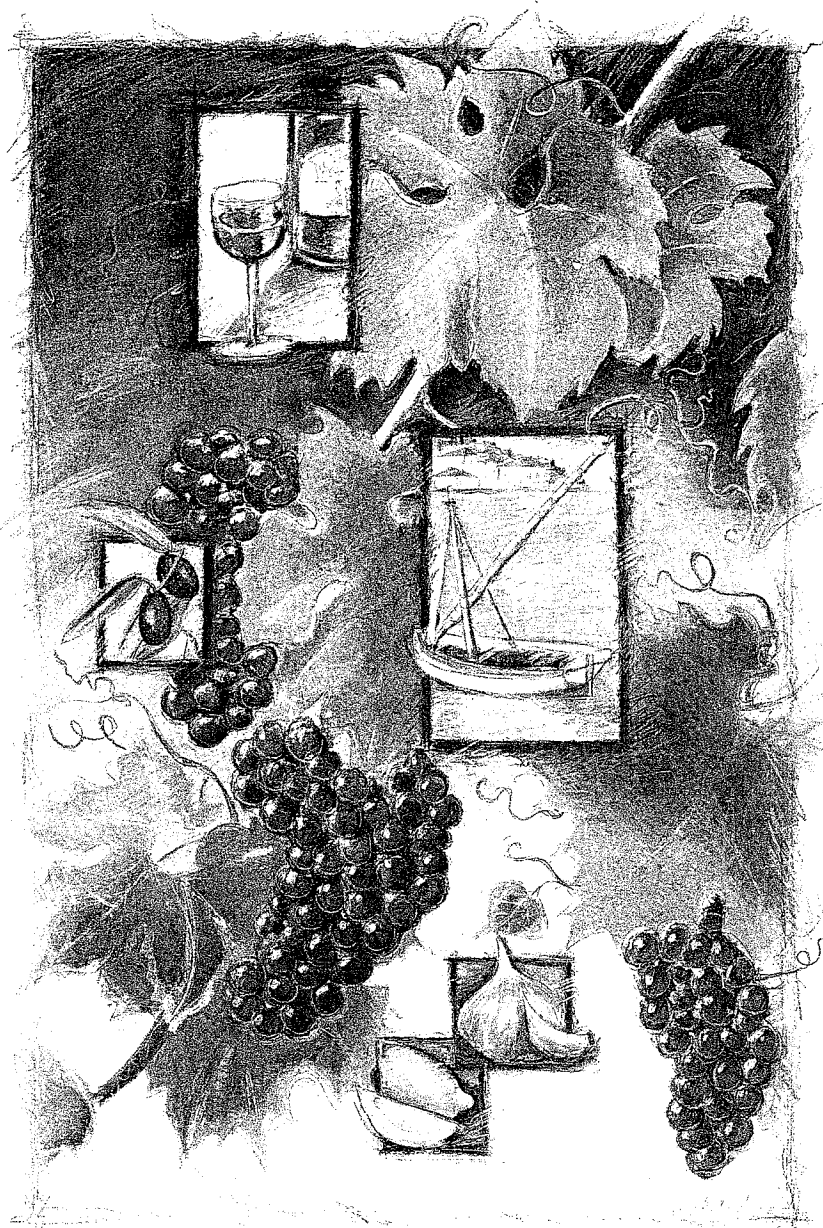
Commission expires on: 01/31/2010

*Thomas Sisaket*  
(Notary Public)



# CHRISTOS

## GREEK RESTAURANT



*Closed on all major holidays*

*Reservations are accepted and groups are welcome / Catering Menu available*

*We accept Visa, Mastercard, American Express, Diners Club and Discover. Prices subject to change without notice.*

[www.christos.com](http://www.christos.com)

### MINNEAPOLIS

#### CHRISTOS MINNEAPOLIS

Phone: 612.871.2111

Fax 612.871.8129

2632 Nicollet Avenue South  
Minneapolis, MN 55408

#### HOURS

Sunday - Thursday 11:00 am - 9:00 pm  
Friday & Saturday 11:00 am - 10:00 pm

### SAINT PAUL

#### CHRISTOS UNION DEPOT PLACE

Phone: 651.224.6000

Fax : 651.223.4933

214 Fourth Street East  
Saint Paul, MN 55101

#### HOURS

Luncheon Buffet Mon-Fri 11:00 am - 2:00 pm  
Monday - Thursday 11:00 am - 9:00 pm  
Friday 11:00 am - 9:30 pm  
Saturday 12:00 - 9:30 pm

## Chilled Appetizers

|  |      |
|--|------|
| Hummus ~ Puree of garbanzo beans, parsley, sesame paste, garlic, lemon and olive oil ..... | 5.95 |
| Tzatziki ~ Homemade yogurt blended with shredded cucumbers, dill and garlic .....          | 5.95 |
| Melintzanosalata ~ Roasted eggplant pureed with olive oil, lemon and garlic .....          | 5.95 |
| Skordalia ~ Pureed potatoes blended with olive oil and garlic .....                        | 5.65 |
| Dip Sampler ~ A garlic blast! Hummus, Tzatziki, Melintzanosalata, Skordalia .....          | 7.95 |
| Octapodi ~ Octopus marinated in wine, olive oil, black peppercorns and herbs .....         | 6.95 |
| Taverna Platter ~ Octapodi, Feta, Hummus and Melintzanosalata .....                        | 9.95 |

## Warm Appetizers

|   |      |
|---|------|
| Saganaki ~ Melted kasseri cheese flamed tableside with brandy, doused with lemon juice .....    | 7.95 |
| Octapodi ~ Octopus with onions baked in vinegar and red wine with peppercorns and bayleaf ....  | 6.95 |
| Loukaniko ~ Grilled, spicy pork sausage .....   | 6.95 |
| Hot Sampler ~ Loukaniko, Koupepia and Gyros with Tzatziki .....                                 | 8.45 |
| Oregano Wings ~ Fried chicken wings sprinkled with lemon, oregano and pepper .....              | 5.95 |
| Manitaria ~ Broiled mushroom caps stuffed with crabmeat and onions with a touch of garlic ..... | 6.65 |
| Crab Cakes ~ Fried, topped with honey-mustard dressing; over mixed greens .....                 | 6.95 |

## Appetizer Versions of Our Entrees

|                   |      |                 |      |                          |      |
|-------------------|------|-----------------|------|--------------------------|------|
| Spanakopita ..... | 5.75 | Dolmathes ..... | 6.25 | Mousaka .....            | 5.75 |
| Tyroпита .....    | 5.75 | Calamari .....  | 7.25 | Vegetarian Mousaka ..... | 5.75 |
| Souvlaki .....    | 5.45 | Gyros .....     | 5.45 | Pastitsio .....          | 5.75 |
| Koupepia .....    | 5.95 |                 |      |                          |      |

## Pita Sandwiches

|  |      |
|--|------|
| Gyros ~ Slices of the rotisserie favorite with Tzatziki in a pita fold (pocket pita optional) .....  | 5.45 |
| Cheeseburger (Pocket) ~ One third pound with American cheese .....   | 5.35 |
| Souvlaki ~ Skewered pieces of pork tenderloin, marinated and broiled, served on pita fold;<br>with tomatoes, parsley, onions and Tzatziki (pocket pita optional) ..... | 5.45 |
| Chicken (Pocket) ~ Skinless breast, marinated, broiled and cut into strips;<br>with lettuce, tomatoes, onions and Tzatziki .....                                       | 5.75 |
| Falafel (Pocket) ~ Fried croquettes of ground, herbed garbanzos,<br>served with Tahini and Tabouli on the side .....   | 5.45 |
| Loukaniko (Pocket) ~ Grilled, spicy pork sausage .....   | 6.95 |

## Soup

|  |     |      |      |      |
|--|-----|------|------|------|
| Avgolemono ~ Traditional egg-lemon delight ..... | Cup | 2.35 | Bowl | 4.35 |
|--|-----|------|------|------|

## Salads

|  |  |              |              |
|--|--|--------------|--------------|
| <i>Prepared with our own house style special dressing</i>  |  | <i>Small</i> | <i>Large</i> |
| House ~ Romaine lettuce, tomatoes, cucumbers, onions, olives .....   |  | 3.15         | 5.35         |
| Greek ~ Romaine lettuce, tomatoes, cucumbers, onions, olives, capers, feta .....                           |  | 5.45         | 8.45         |
| Village ~ Tomatoes, cucumbers, onions, olives, capers, feta.....   |  | 5.45         | 8.45         |
| Tabouli ~ Chopped parsley, green onions, tomatoes and bulgur dressed<br>with lemon and olive oil .....     |  | 5.45         | 8.45         |
| Hummus ~ Olives, tomatoes, cucumbers and Salonika peppers<br>surrounding Hummus and Melintzanosalata ..... |  |              | 8.95         |

### Other

|                  |      |                        |      |
|------------------|------|------------------------|------|
| Pita Bread ..... | .55  | Diced Feta .....       | 1.65 |
| Tzatziki .....   | .85  | Olives .....           | 1.65 |
| Dips .....       | 1.60 | Salonika Peppers ..... | 1.35 |

### Side Orders

|                           |      |
|---------------------------|------|
| Fried Potatoes .....      | 2.25 |
| Oven-roasted Potatoes.... | 2.25 |
| Country Pilaf .....       | 2.25 |

## Desserts

|  |      |
|--|------|
| Baklavas ~ Sweet confection of walnuts, honey and buttery phyllo pastry .....      | 2.65 |
| Galatopourekko ~ Velvety nutmeg custard baked in phyllo pastry .....               | 2.65 |
| Rizogalo ~ Creamy, cool rice pudding with cinnamon and golden raisins .....        | 2.95 |
| Milopita ~ Glazed apple slices baked in phyllo with ricotta and cream cheese ..... | 3.75 |

## Lunch Entrees

*Served with a cup of soup or house salad. Asterisked entrees (\*) come with a choice of side order.*

*A bowl of soup may be substituted for \$2.00 extra. A Greek, Village, or Tabouli salad may be substituted for \$2.30 extra.*

### TRADITIONAL FAVORITES

|   |      |
|---|------|
| *Mousaka ~ Ground beef layered in eggplant and potatoes; baked under béchamel sauce .....   | 7.25 |
| *Pastitsio ~ Ground beef layered in ziti pasta; baked under béchamel sauce .....  | 7.25 |
| *Tyropita ~ Feta and kasseri cheeses with a hint of mint baked in phyllo pastry .....   | 7.45 |
| Koupepia ~ (Cyprus Dolmathes) Grape leaves stuffed with ground beef and lamb,<br>rice and herbs. Served over country pilaf. Topped with lemon sauce ..... | 7.25 |
| Gyros ~ Slices of the rotisserie favorite with Tzatziki and fries .....   | 7.25 |
| Greek Hash ~ Gyros, potatoes and vegetables sautéed with feta, oregano and white wine .....   | 7.15 |

### VEGETARIAN

|   |      |
|---|------|
| *Spanakopita ~ Spinach, feta cheese, dill and scallions baked in phyllo pastry .....  | 7.25 |
| Dolmathes ~ Chilled grape leaves stuffed with herbed rice, parsley and scallions.<br>Dressed with lemon and olive oil. Served with feta, tomatoes, cucumbers and olives ..... | 7.65 |
| Veggie Hash ~ Vegetables and potatoes sautéed with feta, oregano and white wine .....   | 7.15 |
| *Vegetarian Mousaka ~ Mushrooms, onions, peppers and tomatoes sautéed with herbs,<br>then baked between layers of eggplant and potatoes under a béchamel topping .....        | 7.25 |
| Falafel ~ Fried croquettes of ground, herbed garbanzos.<br>Served with fries and Tahini on the side. ....   | 6.55 |

### CHICKEN

|  |      |
|--|------|
| Chicken Ke Bab ~ Skinless breast, marinated, skewered with vegetables,<br>broiled with lemon, garlic, oregano. Served over country pilaf. .... | 9.65 |
| Oregano Wings ~ Fried chicken wings dressed with lemon, pepper and oregano.<br>Served with fries. ....   | 7.45 |

### SEAFOOD

|   |      |
|---|------|
| Calamari ~ Breaded, fried, served with aioli sauce and lemon. ....                      | 8.45 |
| Crab Cake Salad ~ Fried crab cakes with honey-mustard dressing; over mixed greens. .... | 8.35 |

### SOUP AND SALAD

*Small salad of your choice served with a cup of soup. A bowl of soup may be substituted for \$2.00 extra.*

|  |      |
|--|------|
| House ~ Romaine lettuce, tomatoes, cucumbers, onions, olives .....                                 | 5.45 |
| Greek ~ Romaine lettuce, tomatoes, cucumbers, onions, olives, capers, feta .....                   | 6.95 |
| Village ~ Tomatoes, cucumbers, onions, olives, capers, feta .....                                  | 6.95 |
| Tabouli ~ Chopped parsley, green onions, tomatoes and bulgur dressed with lemon and olive oil .... | 6.95 |
| Chicken ~ Skinless breast, marinated, broiled and cut into strips; served over Greek Salad .....   | 7.45 |
| Gyros ~ Hot slices of gyros served over Greek Salad .....  | 7.45 |

### SOUP AND PITA SANDWICH

*Pita sandwich of your choice served with fries and a cup of soup. A bowl of soup may be substituted for \$2.00 extra.*

|  |      |
|--|------|
| Chicken (Pocket) ~ Skinless breast, marinated, broiled and cut into strips;<br>with lettuce, tomatoes, onions and Tzatziki .....                                       | 7.25 |
| Cheeseburger (Pocket) ~ One third pound with American cheese.....  | 6.95 |
| Souvlaki ~ Skewered pieces of pork tenderloin, marinated and broiled, served on pita fold;<br>with tomatoes, parsley, onions and Tzatziki (pocket pita optional) ..... | 6.95 |
| Falafel (Pocket) ~ Fried croquettes of ground, herbed garbanzos.<br>Served with fries and Tahini on the side. ....   | 5.55 |

### Beverages

|                      |      |                          |      |                        |      |
|----------------------|------|--------------------------|------|------------------------|------|
| Arnie Palmer .....   | 2.25 | Evian, Perrier .....     | 1.75 | Coffee, Tea .....      | 1.75 |
| Pink Lemonade .....  | 2.25 | Classic, Diet Coke ..... | 1.75 | Iced Tea, Juices ..... | 1.75 |
| Fresh Lemonade ..... | 2.25 | Sprite .....             | 1.75 | Milk .....             | 1.50 |
| Greek Coffee .....   | 2.25 | Ginger Ale .....         | 1.75 |                        |      |

Please see our daily specials insert for additional offerings.

*We will be happy to accommodate any special requests. All menu items, except Saganaki, available for take-out.*

*A 17% gratuity will be added for parties of 8 or more.*

# Dinner Entrees

*Served with a cup of soup or house salad. Asterisked entrees (\*) come with a choice of side order.  
A bowl of soup may be substituted for \$2.00 extra. A Greek, Village, or Tabouli salad may be substituted for \$2.30 extra.*

## TRADITIONAL FAVORITES

|  |       |
|--|-------|
| *Mousaka ~ Ground beef layered in eggplant and potatoes; baked under béchamel sauce .....  | 11.35 |
| *Pastitsio ~ Ground beef layered in ziti pasta; baked under béchamel sauce .....   | 11.35 |
| *Tyropita ~ Feta and kasseri cheeses with a hint of mint baked in phyllo pastry .....  | 11.65 |
| Koupepia ~ (Cyprus Dolmathes) Grape leaves stuffed with ground beef,<br>lamb, rice and herbs. Served over country pilaf. Topped with lemon sauce ..... | 11.65 |
| Sikotaki ~ Chicken livers sautéed with onions, mushrooms, peppers and red wine.<br>Served over country pilaf .....                                     | 13.95 |
| Gyros ~ Slices of the rotisserie favorite with Tzatziki and fries .....  | 11.75 |
| Gyros Salad ~ Hot strips of gyros over Greek Salad .....   | 11.65 |
| Greek Hash ~ Gyros, potatoes and vegetables sautéed with feta, oregano and white wine .....  | 11.65 |

## VEGETARIAN

|   |       |
|---|-------|
| *Spanakopita ~ Spinach, feta cheese, dill and scallions baked in phyllo pastry .....  | 11.35 |
| Dolmathes ~ Chilled grape leaves stuffed with herbed rice, parsley and scallions.<br>Dressed with lemon and olive oil. Served with feta, tomatoes, cucumbers and olives. .... | 11.95 |
| Falafel ~ Fried croquettes of ground, herbed garbanzos over tabouli with Tahini .....   | 10.75 |
| Veggie Hash ~ Vegetables and potatoes sautéed with feta, oregano and white wine .....   | 11.65 |
| *Vegetarian Mousaka ~ Mushrooms, onions, peppers and tomatoes sautéed with herbs,<br>then baked between layers of eggplant and potatoes under a béchamel topping .....        | 11.35 |
| *Vegetarian Sampler ~ Any two of: Spanakopita, Dolmathes, Falafel, Veg. Mousaka .....   | 11.95 |

## LAMB

|  |       |
|--|-------|
| Shish Ke Bab ~ Leg of lamb pieces, marinated, skewered with vegetables and broiled.<br>Served over country pilaf .....                               | 15.95 |
| Tavas ~ Boneless pieces of lamb shoulder with onions, tomatoes and potatoes<br>oven-baked with red wine, herbs. Topped with melted feta cheese ..... | 13.95 |
| *Lamb Chops ~ Three 5 oz. loin chops marinated with lemon, garlic and oregano; broiled .....   | 23.95 |
| Lamb Shank ~ Baked tender in caramelized onion-dill sauce. Served with country pilaf .....   | 14.95 |

## CHICKEN

|  |       |
|--|-------|
| *Oregano Chicken ~ (40 min.) One half, marinated in lemon, olive oil, garlic; broiled .....  | 13.95 |
| Kotopoulo ~ One half chicken roasted with sauce of mushrooms, scallions and wine.<br>Served with oven-roasted potatoes. ....                       | 13.95 |
| Chicken Ke Bab ~ Skinless breast, marinated with lemon, garlic, oregano,<br>skewered with vegetables, and broiled. Served over country pilaf ..... | 13.45 |
| Chicken Salad ~ Slices of marinated, broiled breast over Greek Salad .....   | 10.95 |

## SEAFOOD

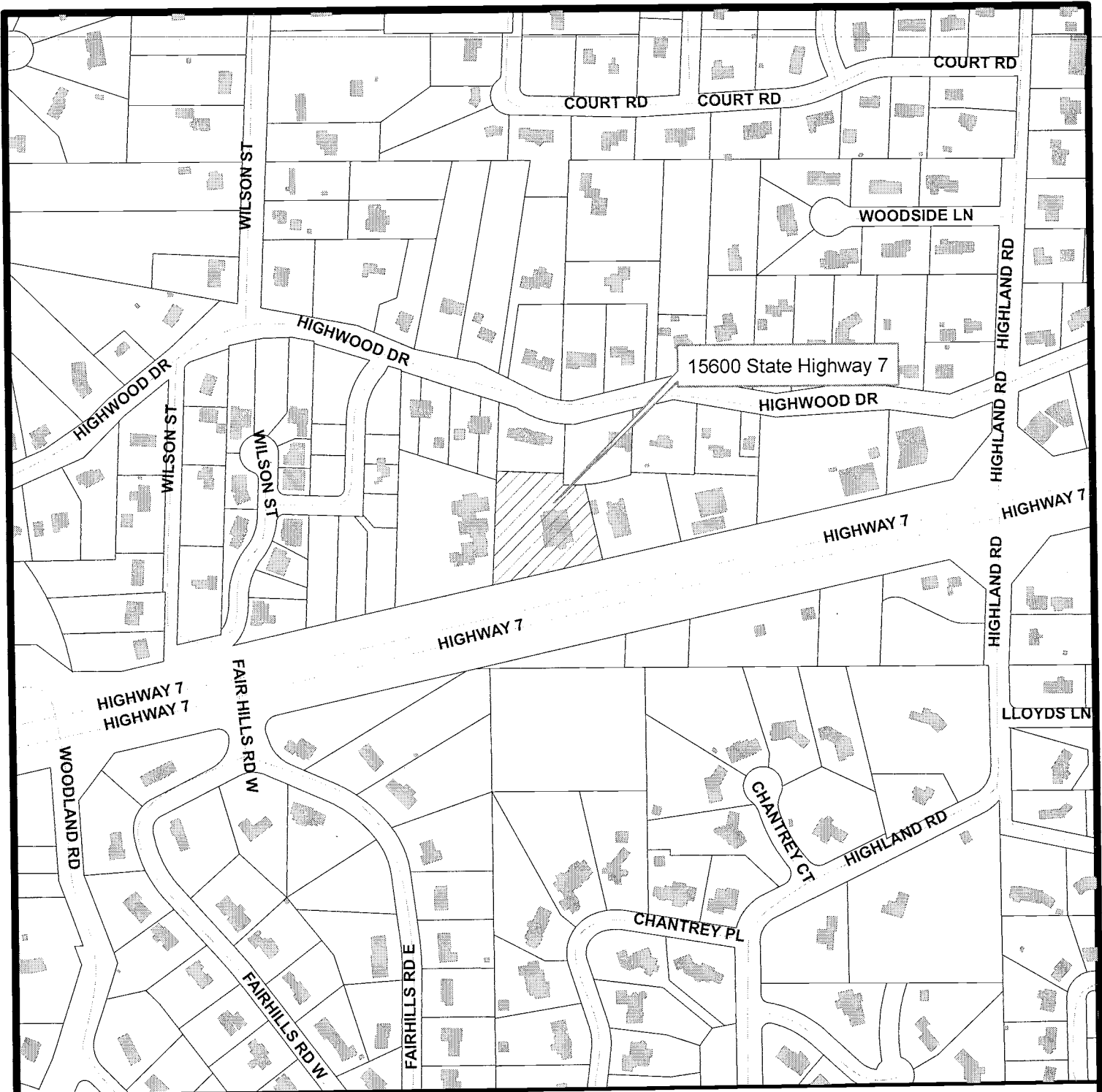
|  |       |
|--|-------|
| Shrimp Myconos ~ Sautéed with vegetables, feta cheese, white wine. Served with pilaf ..... | 15.95 |
| *Calamari ~ Breaded, fried, served with aioli sauce and lemon .....                        | 12.35 |
| Crab Cake Salad ~ Fried crab cakes with honey-mustard dressing over mixed greens .....     | 11.95 |

## PORK

|  |       |
|--|-------|
| Souvlaki ~ Skewered pieces of pork tenderloin, marinated and broiled,<br>served over pita with tomatoes, cucumbers, onions, Tzatziki and fries. .... | 11.95 |
| Pork Chops Piperata ~ Two zesty six-ouncers coated with ground peppers,<br>sautéed in an iron skillet. Served with oven-roasted potatoes. ....       | 13.65 |

## SAMPLER PLATES

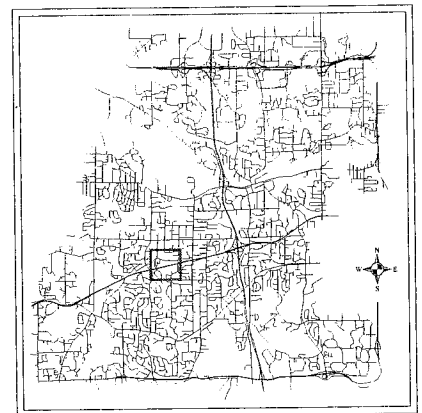
|   |       |
|---|-------|
| The Iliad ~ (recommended for two; served with house salad or cup of soup for each)<br>Spanakopita, Mousaka, Koupepia, Gyros and Loukaniko<br>with country pilaf, oven-roasted potatoes and Tzatziki ..... | 27.95 |
| Diafora ~ Pastitsio, Mousaka and Spanakopita or Tyropita .....  | 13.95 |
| Syndiasmos ~ Loukaniko, Koupepia and Spanakopita or Tyropita .....  | 11.95 |
| Symposium ~ Spanakopita, Koupepia and Mousaka or Pastitsio .....  | 13.95 |
| Combination ~ Gyros and Souvlaki with Tzatziki and fries .....  | 12.95 |
| Mezes ~ Manitaria, Loukaniko and Gyros with pilaf and oven-roasted potatoes .....   | 14.95 |



On-sale and Sunday On-sale Intoxicating Liquor

Applicant: Christos Four, LLC

Location: 15600 State Highway 7



City of  
**minnetonka**  
Where quality comes naturally

This map is for illustrative purposes only.



522

TR OF TRACT B  
ON MONUMENT  
0.34E

N. LINE OF TRACT B.  
R.L.S. NO. 1306

S87°26'43"E

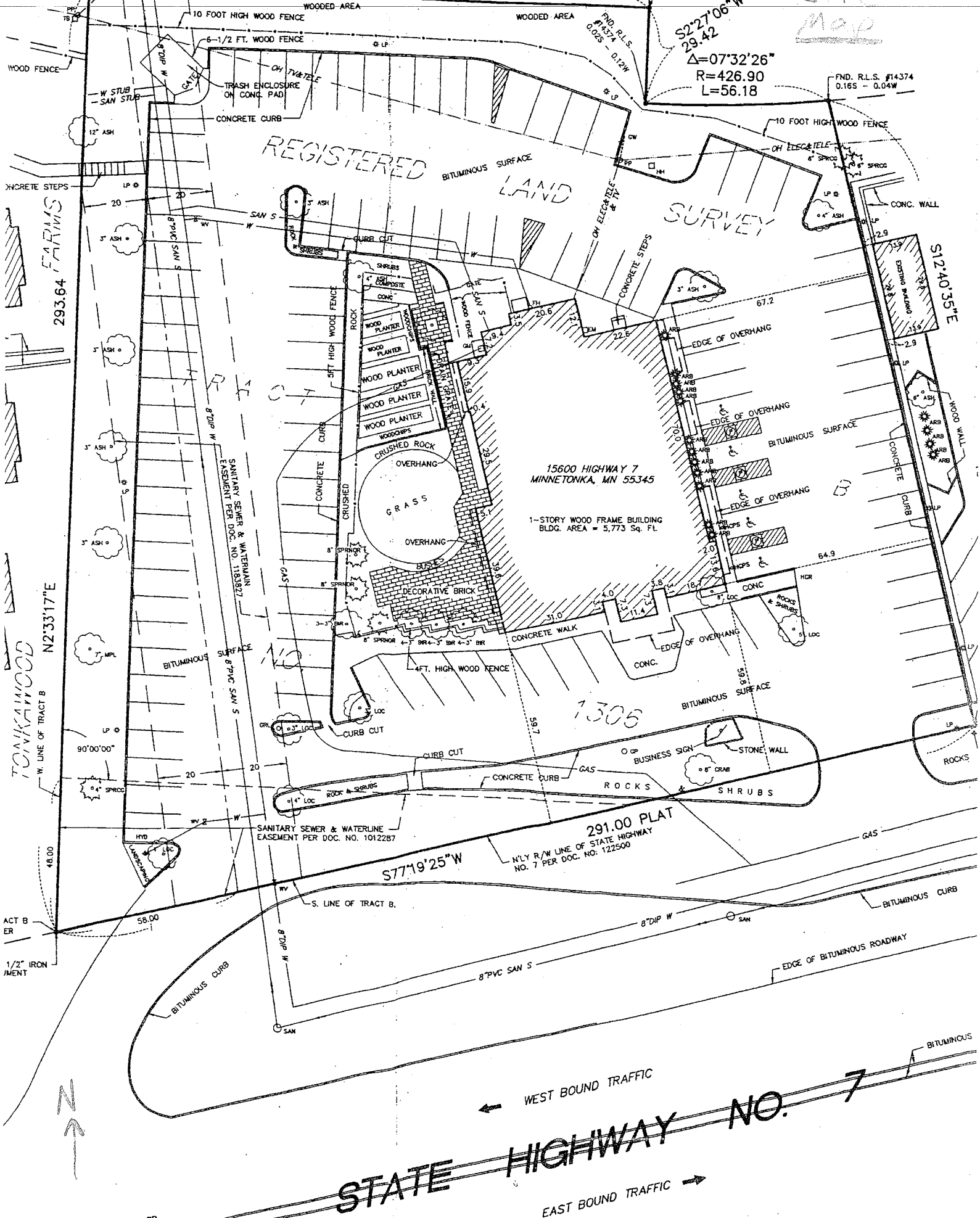
172.68

S227°06"W  
29.42

$\Delta = 07^{\circ}32'26''$   
R=426.90  
L=56.18

FND. R.L.S. #14374  
0.16S - 0.04W

Site Map



293.64

N2°33'17"E

291.00 PLAT

1/2" IRON MONUMENT

S77°19'25"W

N'LY R/W LINE OF STATE HIGHWAY NO. 7 PER DOC. NO. 122500

WEST BOUND TRAFFIC

STATE HIGHWAY NO. 7

EAST BOUND TRAFFIC



**City Council Agenda Item #13B**  
**Meeting of January 22, 2007**

**Brief Description:** Public hearing to consider a temporary on-sale wine license for the Morris Park Players, Inc. for a fundraiser on February 24, 2007.

**Recommended Action:** Hold the hearing and grant the license.

**Background**

The Morris Park Players, Inc. is planning a 2<sup>nd</sup> annual fundraiser event to help their general fund. They are a non-profit local community theater group that produces 2 musicals a year. The event will be held at Bet Shalom synagogue, 13613 Orchard Road, the same location as last year.

City liquor ordinances allow temporary on-sale liquor licenses to be issued to clubs and other charitable, religious, or not-for-profit organizations, subject to application and public hearing requirements, and approval by the City Council. This organization has completed the license application, paid the \$25.00 fee, and provided proof of insurance. The Morris Park Players is a non-profit charitable organization, and is therefore eligible for a temporary license.

The event will be held on Saturday, February 24, from 7 p.m. to 9:30 p.m., at the Bet Shalom synagogue Social Room, at 13613 Orchard Road. The event is called "Luck Be A Lady" and the evening will include a variety show, live auction, silent auction, and general fund-raiser activities. They will be serving appetizers and desserts, coffee and other non-alcoholic beverages, and wine.

Staff does not anticipate any difficulties to be encountered in connection with serving wine at the event. The fundraiser is to be held on one evening only, and will be attended primarily by adults over age 21. All attendees will have their ID's checked at the door, as they pick-up their color coded name tags and wine tickets (used to purchase wine). Name tags for under 21-year-olds will be of a different color – identifying them as not able to redeem wine tickets. As an added precaution, servers will also ask for proof of age from anyone who appears underage at the time any wine ticket is redeemed.

**Recommendation**

Staff recommends the council hold the public hearing and grant the license.

Submitted through:

John Gunyou, City Manager  
Ron Rankin, Community Development Director

Originated by:

Valerie Northway, Administrative Assistant

*Rec'd  
1/1/07*

Case No. \_\_\_\_\_  
Dated Received \_\_\_\_\_  
By \_\_\_\_\_

# CITY OF MINNETONKA

*Temporary*  
APPLICATION FOR ON SALE INTOXICATING LIQUOR  
OR ON SALE WINE LICENSE

## PART 1 - General Information

This application form requests information which may be classified as private or confidential under the Minnesota Data Practices Act. This information is required by State law or City ordinance. The information will be used to determine your eligibility for issuance of a license, permit, or identification card. Failure to provide the information will result in a denial of the license, permit, or identification card.

Directions: This form must be filled out with typewriter or by printing in ink. If the application is by a natural person, by such person; if by a corporation, by an officer thereof; if by a partnership, by one of the partners; if by an unincorporated association, by the manager or managing officer thereof.

- Name of applicant (name of individual, partnership, corporation or association):  
Morris Park Players
- Business Name: *(if d/w/a)* Morris Park Players  
Business Address: 1490 Williams Ln. Minnetonka MN 55345 Phone: 612-724-8373  
(Street, City, State, Zip Code)

IF BUSINESS IS TO BE CONDUCTED UNDER A DESIGNATION, NAME OR STYLE OTHER THAN FULL INDIVIDUAL NAME OF THE APPLICANT, ATTACH TWO COPIES OF THE TRADE NAME CERTIFICATE, AS REQUIRED BY CHAPTER 333, MINNESOTA STATUTES. SECRETARY OF STATES OFFICE.

- Type of applicant:  Natural Person (individual)  Partnership  Corporation  
 Association or other \_\_\_\_\_

- Type of license applicant seeks:  
 On Sale Intoxicating Wine Temporary  
 On Sale "Special Sunday Sales"  
 On Sale "Special Event"  
 On Sale Wine

*= Pick 1 of 3 categories to complete  
1) Individual  
or 2) Partnership  
or 3) Corporation*

Individual

- (a) If applicant is a natural person (individual), state full name, residence and business address and telephone numbers.  
Name: \_\_\_\_\_  
Residence Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street) \_\_\_\_\_ (City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

General Information

5 (b). The full name, residence address and telephone number of the manager(s) in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

*who will be in charge of 5(c)*

5 (c). The full name, residence address and telephone number of the assistant manager(s) in charge of the individual owner's premises at such time as the owner is absent.

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 5a, 5b, and 5c.)

Partnership

6 (a). If applicant is a partnership, state full names, residence and business addresses, telephone numbers, and interest of each member of the partnership.

1. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

2. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

3. Full Name: \_\_\_\_\_ Interest: \_\_\_\_\_ %  
Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)  
Business Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

6 (b). The managing partner will be:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_ (Area Code and Number)

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code)

General Information

6 (c). The full name, residence address and telephone number of the managers or assistant managers, and any other individual with management responsibilities of the partnership's premises to be licensed:

Who will be in charge at the event?

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 6a, 6b, and 6c.)

Corporation ?

7 (a). If the applicant is a corporation or association, give the name of corporation or association, Minnetonka address and phone number, and home office address and phone number.

Name: Morris Park Players State of Incorporation or Association: MN

Minnetonka Address: 14901 Williams Ln. Minnetonka MN 55305 Phone: 612-724-8373

Home Office Address: \_\_\_\_\_ (Street, City, State, Zip Code) Phone: \_\_\_\_\_ (Area Code and Number)

7 (b). The full names, residence addresses and telephone numbers of all officers of said corporation or association.

President: Lona Suzanne Fust

Residence Address: 14901 Williams Lane Minnetonka MN 55305 Phone: 952-949-2926

Vice-President: Kristen Hirsch

Residence Address: 1093 Kent St. St. Paul MN 55117 Phone: 651-488-4249

Secretary: Barbara Greenhalgh

Residence Address: 2224 E. 36th St. Minneapolis MN 55407 Phone: 612-721-8004

Treasurer: Gary Quam

Residence Address: 2717 Kenwood Ave S St. Louis Park, MN Phone: 952-894-0679

General Information

7 (c). The full names, residence addresses and telephone numbers of all persons who singly or together with their spouse and his or her parents, brothers, sisters, or children, own or control an interest in said corporation or association in excess of 5%.

Full Name: none

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code and Number)

Full Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code and Number)

(If additional space is necessary, attach additional sheet.)

7 (d). The full name, residence addresses and telephone numbers of the manager(s), assistant manager(s), and any other individual with management responsibilities for the corporation's or association's premises to be licensed.

Full Name: Lana Suzanne Fust Phone: 952 949-2926  
(Area Code and Number)

Residence Address: 14901 Williams Ln. Minnetonka MN 55345  
(Street, City, State, Zip Code)

Full Name: Kathy Dibble Phone: 952 835-0245  
(Area Code and Number)

Residence Address: 9507 Yosemite Circle Bloomington MN 55437  
(Street, City, State, Zip Code)

Full Name: Jim Dube Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: 8609 28th Ave N. New Hope, MN 55427  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code and Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

(A Part 2 - Personal History form must be filled out and attached for each of the individuals in 7b, 7c, and 7d.)

*in charge of the event*

General Information

THE FOLLOWING QUESTIONS SHOULD BE ANSWERED BY ALL APPLICANTS:

8. *Enter the name & address of the place where the activity will occur.*  
State the exact legal description of the premises to be licensed. (Applicant must also submit a plot plan showing dimensions, location of buildings, street access, parking facilities, and the locations of and distances to the closest point of a church structure or the closest point on a lot occupied by a public school.)

Bet Shalom Synagogue  
13613 Orchard Rd. Minnetonka MN 55325

9. ~~How are the premises zoned under the Minnetonka zoning ordinance?~~

10. *Who is the owner of the site named in #8 above*  
State full names, residences and business addresses and telephone numbers of the owner or owners of the building wherein the licensed business will be located, if the owner is other than the applicant.

Full Name: Bet Shalom Congregation Phone: 952-933-8525  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Business Address: 13613 Orchard Rd Minnetonka Phone: 952-933-8525  
(Street, City, State, Zip Code) MN 55305 (Area Code & Number)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Business Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street, City, State, Zip Code) (Area Code & Number)

11. Where the building is owned by other than applicant, state in summary the conditions of lease arrangement, such as, term of lease, monthly rental, renewal privileges, etc. (Two copies of the lease shall be attached.)

12. If the building is owned by the individual applicant, partnership, corporation or association, state:

(a) Date purchased: \_\_\_\_\_

(b) Name and address of person purchased from: \_\_\_\_\_

(c) Purchase price: \_\_\_\_\_ Amount of down payment: \_\_\_\_\_

(d) Who currently holds the mortgage - Name and Address: \_\_\_\_\_

(e) Amount of contract for deed: \_\_\_\_\_

(f) Who currently holds contract for deed - Name and Address: \_\_\_\_\_  
\_\_\_\_\_

(g) Term of mortgage: \_\_\_\_\_

(h) Term of contract for deed: \_\_\_\_\_

(i) Rate of interest in mortgage: \_\_\_\_\_

(j) Rate of interest on contract for deed: \_\_\_\_\_

(k) State the monthly payment at which the mortgage and/or contract for deed is being liquidated: \_\_\_\_\_

(l) Are the payments on the mortgage and/or contract for deed up to date? \_\_\_\_\_

13 (a). State the total cost of assets acquired to start this business including the business premises, if purchased, fixtures, furniture, equipment, merchandise for resale, cash for working capital, prepaid insurance and any other assets. (If acquired from predecessor, attach purchase agreement.):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13 (b). Of the above cost of assets acquired, state the amount that is provided by the person(s) investing in this business:  
\_\_\_\_\_  
\_\_\_\_\_

(Attach supporting proof of the source of such money.)

14. Give full names, addresses, telephone numbers of all persons, other than the applicant, who have any financial interest in the business, buildings, premises, fixtures, furniture, or stock in trade. State the nature of the interest amount thereof, and the terms for payment or other reimbursement. (This shall include, but not be limited to, any lessees, lessors, mortgagors, lenders, lien holders, trustees, trustors and persons who have co-signed notes or otherwise loaned, pledged, or extended security for any indebtedness of the applicant.)

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Area Code & Number)

Residence Address: \_\_\_\_\_  
(Street, City, State, Zip Code)

Nature of Interest, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IF THIS APPLICATION IS FOR PREMISES EITHER PLANNED OR UNDER CONSTRUCTION OR UNDERGOING SUBSTANTIAL ALTERATION, THE APPLICATION SHALL BE ACCOMPANIED BY A SET OF PRELIMINARY PLANS SHOWING THE DESIGN OF THE PROPOSED PREMISES TO BE LICENSED. IF THE PLANS OR DESIGN ARE ON FILE WITH THE DEPARTMENT OF COMMUNITY-DEVELOPMENT, NO ADDITIONAL PLANS NEED BE FILED WITH THIS APPLICATION.**

General Information

15. State the floor number, general area, and all rooms where intoxicating liquor is to be sold and consumed. (Applicant shall attach an 8" x 11" copy of a floor plan showing dimensions and indicating number of person intended to be served in the said rooms.)

Social Hall

16. What permits or licenses required by the State of Minnesota have been applied for or issued for the premises? In what name were these applied for or issued and what is the nature of the permit or license?

Have also applied for Minnesota state temporary consumption permit

17. Are any real estate taxes, personal property taxes, special assessments, or other financial claims of the City of Minnetonka delinquent or unpaid for the premises to be licensed? Yes  No   
If yes, give details:

~~\_\_\_\_\_~~  
~~\_\_\_\_\_~~

18. If the premises is a restaurant, is there a dining area open to the general public and provisions for seating a minimum of 100 persons (25 for wine license applications) at one time? Yes  No

Number of Seats: Restaurant \_\_\_\_\_ Bar \_\_\_\_\_

ANY FALSIFICATION OF ANSWERS TO THE PRECEDING QUESTIONS WILL RESULT IN DENIAL OF THE APPLICATION.

I HEREBY AUTHORIZE THE CITY OF MINNETONKA TO HAVE ACCESS TO ALL SOURCES OF INFORMATION WHICH MAY BE CONSULTED TO VERIFY THE INFORMATION I HAVE PROVIDED ABOVE. THIS INCLUDES AUTHORIZATION TO CHECK CRIMINAL HISTORY RECORDS IF I HAVE BEEN ASKED TO PROVIDE THAT INFORMATION.

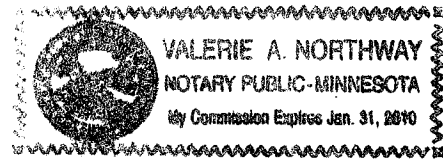
X [Signature]  
(Signature of Applicant)

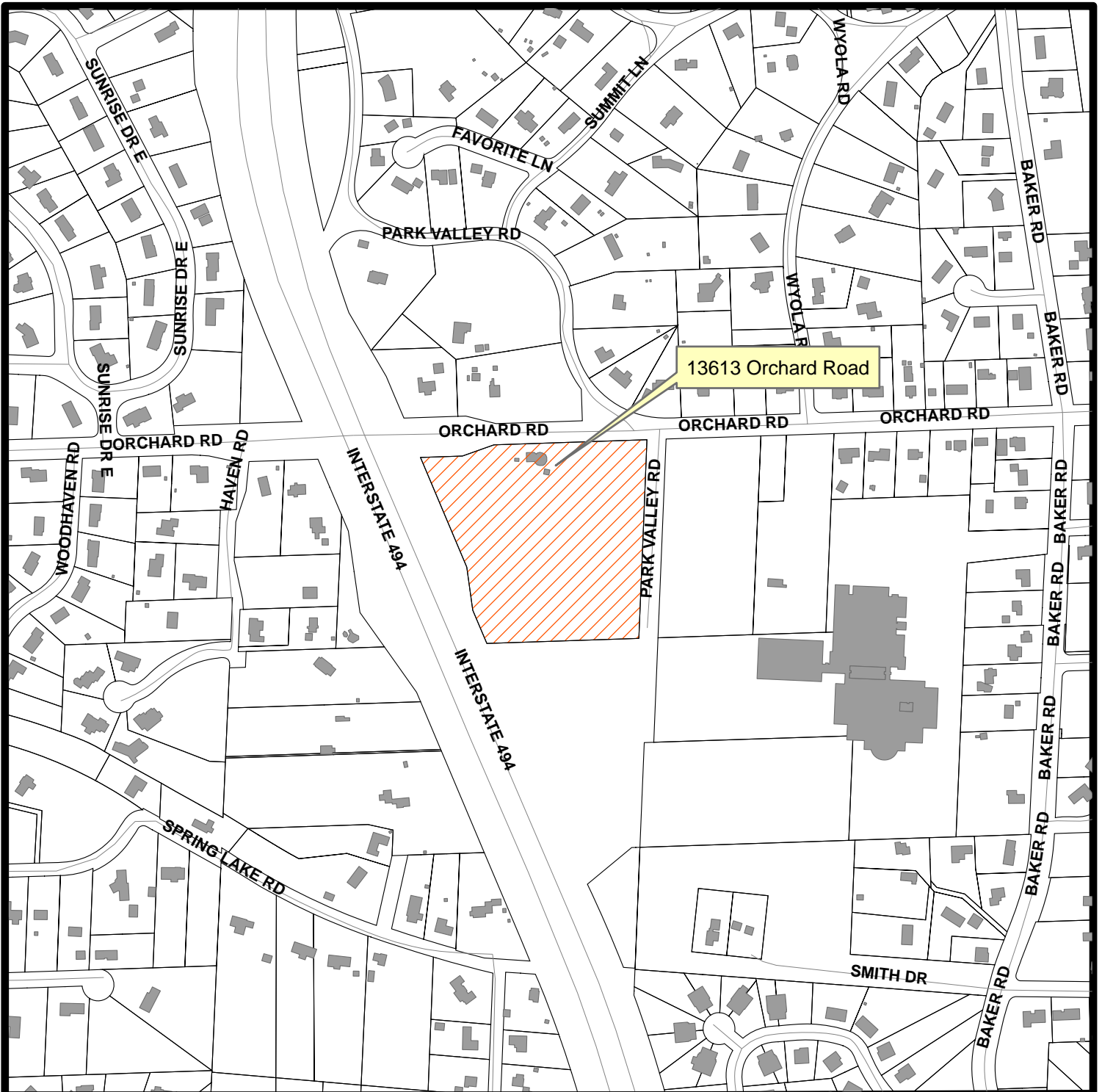
Subscribed and sworn to before me a Notary Public

on this 28 day of December, 2006.

Commission expires on: 1-31-2010

Valerie A. Northway  
(Notary Public)

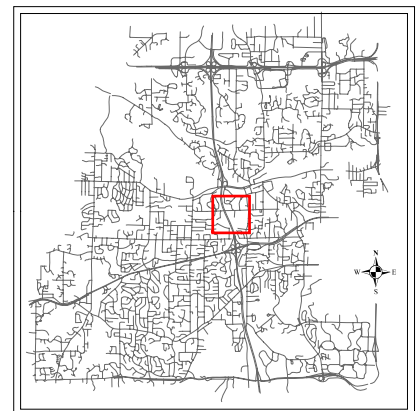




Temporary On-sale Wine License

Applicant: Morris Park Players

Location: 13613 Orchard Road



This map is for illustrative purposes only.

**City Council Agenda Item #13C**  
**Meeting of January 22, 2007**

**Brief Description:** Public hearing to consider a resolution approving a housing program and confirming a joint powers agreement for Hammer Residences.

**Recommended Action:** Hold the public hearing and adopt the resolution.

**Background**

As reviewed with the council on December 18, Hammer Residences is working with Wells Fargo and the City of Wayzata to arrange the refinancing of several group-home properties. Because one of the group homes proposed to be included in the refinancing is located in Minnetonka, the city council was asked to participate in a joint powers arrangement that would allow this to occur. The council authorized such action on December 18, and the mayor and city manager signed the joint powers agreement needed for the refinancing.

The statutory procedures necessary to accomplish this refinancing also require a public hearing to consider a resolution approving a proposed "housing program" that covers the refinancing and rehab work planned for the group home in Minnetonka. A resolution doing so is enclosed for council review, along with a copy of the housing program.

The council has authorized similar actions several times in the past, in order to help local non-profits with their refinancing arrangements. Doing so poses no financial obligation to the city, either now or in the future.

**Recommendation**

Staff recommends the city council hold the public hearing and adopt the enclosed resolution to facilitate the proposed refinancing by Hammer Residences.

Submitted through:  
John Gunyou, City Manager

Originated by:  
Ron Rankin, Community Development Director

## RESOLUTION NO. 2007-

### RESOLUTION GIVING APPROVAL TO A PROPOSED HOUSING PROGRAM, AT THE REQUEST OF HAMMER RESIDENCES, INC., AND RATIFYING AND CONFIRMING THE EXECUTION AND DELIVERY OF A JOINT POWERS AGREEMENT

---

BE IT RESOLVED by the City Council of the City of Minnetonka, Minnesota as follows:

Section 1. Background.

- 1.01. By the provisions of Minnesota Statutes, Chapter 462C, as amended (the "Housing Programs Act"), the City of Minnetonka, Minnesota (the "City"), is authorized to exercise within its corporate limits, among other things, any of the powers the Minnesota Housing Finance Agency may exercise under Minnesota Statutes, Chapter 462A.
- 1.02. The City has received a request from Hammer Residences, Inc., a Minnesota nonprofit corporation (the "Borrower"), that the City approve a housing program (the "Program") pursuant to the Housing Programs Act, which provides for the City of Wayzata, Minnesota (the "Issuer"), to issue a revenue bond (the "Bond") in a principal amount not to exceed \$2,500,000, all pursuant to the Housing Programs Act and Minnesota Statutes, Section 471.59, as amended (the "Joint Powers Act").
- 1.03. A portion of the proceeds of the Bond (the "Minnetonka Portion") would be loaned to the Borrower, to provide refinancing of existing mortgage indebtedness and rehabilitation of the facility located at 2412 Sheridan Hills Curve in the City, to the extent required by the Housing Programs Act, all as more particularly described in the Housing Program developed in connection therewith, a copy of which is currently on file in the offices of the City Manager (the "Housing Program").
- 1.04. The Housing Program has been submitted to the Metropolitan Council for review and comment as required by the Housing Programs Act.
- 1.05. Proceeds of the Bond not constituting a part of the Minnetonka Portion would be applied to programs involving the refinancing of existing mortgage indebtedness and rehabilitation of facilities of the Borrower (such programs, together with the Housing Program, all collectively referred to as the "Programs" or the Program"), located in one or more of the other Participating Jurisdictions (as identified in Exhibit A hereto).
- 1.06. The Joint Powers Act provides that one or more governmental units of the State of Minnesota, by agreement entered into with one or more other governmental units of the State of Minnesota, or another State, through action of their governing bodies, may jointly or cooperatively exercise any power common to the contracting parties, and may provide for the exercise of

such power by one of the participating governmental units on behalf of the other participating units.

- 1.07. Pursuant to the Joint Powers Act, at the request of the Borrower, the City has determined to enter into a Joint Powers Agreement in the form heretofore furnished to the City and currently on file in the office of the City Manager (the "Joint Powers Agreement") with the other Participating Jurisdictions, and the governing body desires to ratify and confirm all actions in connection therewith heretofore taken by officers of the City.
- 1.08. The Borrower has agreed to reimburse the City for the costs of publication of notice of public hearing in a newspaper of general circulation in the City, together with legal fees to be incurred by the City, as well as any other costs incurred by the City related to the Housing Program or the Joint Powers Agreement.

Section 2. Council Action.

- 2.01. As required by the Housing Programs Act, the City Council held a public hearing on Monday, January 22, 2007 on the Housing Program, after publication in a newspaper of general circulation of a notice setting forth, among other things, the time and place of hearing; describing the Housing Program; and stating that all parties who appear at the public hearing shall have an opportunity to express their views with respect to the proposal.
- 2.02. It is hereby found that the Housing Program and the Joint Powers Agreement promotes the purposes of the Housing Programs Act and are in the best interests of the City
- 2.03. The Housing Program and the issuance of a revenue bond by the Issuer to provide financing for, among other things, the Housing Program, are hereby approved, ratified and confirmed.
- 2.04. In no event shall the Bond ever be payable from or charged upon any funds of the City other than amounts payable under the revenue agreement which are to be pledged to the payment thereof; no holder of the Bond shall ever have the right to compel the exercise of the taxing power of the City to pay the Bond or the interest thereon, nor enforce the payment thereof against any property of the City the Bond shall not constitute a charge, lien or encumbrance, legal or equitable, upon any property of the City; and the Bond does not constitute an indebtedness of the City within the meaning of any constitutional, statutory, or charter limitation.
- 2.05. The execution and delivery by officers of the City of the Joint Powers Agreement is hereby ratified and confirmed. The form of the Joint Powers Agreement, as currently on file, is hereby approved, ratified and confirmed.

Adopted by the City Council of the City of Minnetonka, Minnesota, on January 22, 2007.

---

Janis A. Callison, Mayor

ATTEST:

---

David E. Maeda, City Clerk

ACTION ON THIS RESOLUTION:

Motion for adoption:

Seconded by:

Voted in favor of:

Voted against:

Abstained:

Absent:

Resolution adopted.

I hereby certify that the foregoing is a true and correct copy of a resolution adopted by the City Council of the City of Minnetonka, Minnesota, at a duly authorized meeting held on January 22, 2007.

---

David E. Maeda, City Clerk

## **EXHIBIT A**

### **(Participating Jurisdictions)**

1. City of Wayzata, Minnesota
2. City of Plymouth, Minnesota
3. City of Golden Valley, Minnesota
4. City of Minnetonka, Minnesota

**PROGRAM FOR MULTIFAMILY HOUSING DEVELOPMENTS  
UNDER MINNESOTA STATUTES, CHAPTER 462C**

**HAMMER RESIDENCES, INC. PROJECT**

This housing program has been developed by the City of Minnetonka, Minnesota (the “City”) in connection with financing certain multifamily housing developments for persons with developmental and other disabilities (the “Developments”), including the refinancing and rehabilitation of the Developments. The Developments are owned by Hammer Residences, Inc., a Minnesota nonprofit corporation (the “Borrower”), and an organization described in Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. One of the Developments is located at 2412 Sheridan Hills Curve in the City (the “Minnetonka Facility”). Financing and refinancing for the Developments will be provided through the issuance of a revenue bond or note (the “Bond”) to be issued by the City of Wayzata (the “Issuer”) in a principal amount not to exceed \$2,500,000, pursuant to Minnesota Statutes, Chapter 462C, as amended (the “Act”).

The proceeds of the Bond will be used to provide refinancing for outstanding mortgage indebtedness and, to the extent required by the Act, rehabilitation of the Developments, including the Minnetonka Facility and Developments located at 550 Broadway Avenue North in the City of Wayzata, Minnesota, at 16205 14<sup>th</sup> Avenue North, 4525 Zachary Lane North, 420 Merrimac Lane and 11300 42<sup>nd</sup> Avenue North in the City of Plymouth, Minnesota and at 300 Jersey Avenue North and 2025 and 2027 Unity Avenue North in the City of Golden Valley, Minnesota (the Cities of Plymouth, Golden Valley and Minnetonka referred to together as the “Joint Powers Participants”). In connection with the issuance of the Bond, the Issuer and the Joint Powers Participants will enter into a Joint Powers Agreement pursuant to the Act and Minnesota Statutes, Section 471.59, as amended (the “Joint Powers Act”).

The Developments will be available for rental primarily to developmentally disabled persons, and each will be operated as a multifamily housing facility for the term of the Bond. With respect to each Development, the Borrower will agree to provide for the rehabilitation of the Development to the extent required by the Act. Rehabilitation expenditures with respect to each Development will be made in a minimum amount equal to \$1,000 per dwelling unit. For such purpose, “rehabilitation expenditures” shall mean the improvement of the existing multifamily housing development to improve the basic livability of the housing or restore it to a decent, safe, and sanitary condition. Improvements may include, without limitation, room additions, renovation, improvement or construction of a garage, repair of sidewalks, and improvements used or useful to conserve energy or to convert or refit an existing residential building for the use of any energy source which does not depend on nuclear fuel or nonrenewable fossil fuel, or which makes available another energy source which is wasted including, without limitation, cogeneration or district heating. Improvements shall not include the construction or improvement of recreational facilities, routine or minor repairs or maintenance, or cosmetic improvements unless coupled with the cure of substantial accumulation of deferred maintenance or other permitted improvements.

The Borrower will be required, pursuant to a revenue agreement, to make payments sufficient to pay when due the principal of, premium, if any, and interest on the Bond. The repayment of the Bond and security therefor may be structured so as to take advantage of

whatever means are available or necessary and are permitted by law to enhance the security for and marketability of the Bond. Substantially all of the net proceeds of the Bond will be used to pay the costs of the Development, including any functionally related and subordinate facilities.

Each of the Developments will be operated as a multifamily housing development, within the meaning of the Act.

Ownership and operation of the Developments will be carried out by the Borrower, in accordance with applicable land use and development restrictions, and such ownership and operation will be subject to applicable state and local building codes. The Borrower will be required to operate the Developments in accordance with state and local anti-discrimination laws and ordinances.

The Issuer may periodically require from the Borrower or such other person deemed necessary evidence concerning compliance with this housing program and the documents prepared in connection with the issuance of the Bond.

The costs of the Developments and the program of financing the Developments, including specifically the costs of the City in connection therewith, will be paid or reimbursed by the Borrower or, to the extent legally available therefor, from the proceeds of the Bond.