

CLUB ON-SALE LIQUOR & SUNDAY LICENSE

_____ Completed City application for Club On-Sale Liquor license, signed, notarized

_____ Completed City application for Sunday Liquor License

_____ Completed State applications 9016 and 9011

_____ Investigation application fully completed.

_____ Insurance - MN Statutes 340A, Subd. 1 provides that no retail license may be issued, maintained or renewed unless the applicant demonstrates proof of financial responsibility with regards to liability imposed by Section 340A, 801. Proof of financial responsibility may be given by filing:

* (a) A certificate that there is in effect an insurance policy or pool providing the following minimum coverages:

(1) \$50,000 because of bodily injury to any one person in any one occurrence and subject to the limit for one person, in the amount of \$100,000 because of bodily injury to two or more persons in any one occurrence and in the amount of \$10,000 because of injury to or destruction of property of others in any one occurrence

(2) \$50,000 for loss of means of support of any one person in any occurrence, and subject to the limit for one person, \$100,000 for loss of means of support of two or more persons in any one occurrence;
or

(b) A bond of surety company with minimum coverages as provided in Clause (a) above, or

(c) A certificate of the State Treasurer that the licensee has deposited with the State Treasurer \$100,000 in cash or securities which may legally be purchased by savings banks or for trust funds having a market value of \$100,000

However, the City of Brainerd Ordinance No. 803 provides that all license holders must demonstrate financial responsibility and not just those with

sales exceeding \$10,000 per year. Therefore, a liability insurance certificate must accompany your application, showing the City of Brainerd as the certificate holder. All liquor liability insurance coverage shall completely cover the license period. The date of coverage must run from July 1 to June 30. The liability policy must include a provision that the insurer may not cancel coverage without ten (10) days written notice to the City and Commissioner of Public Safety.

- _____ Copy of incorporation papers, if applicable.
- _____ Workers Compensation insurance form - check if you have employees, or if no employees, a statement to that effect.
- _____ TTB Alcohol Dealer Registration Application
- _____ Buyer's Card application completed and a \$20 check payable to the Dept. of Public Safety.
- _____ Tax Clearance informational form
- _____ Authorization and Release form
- _____ If your establishment is brand new and never been licensed for the type of license you are applying for, your establishment will need to speak with the City Planner's office at 218-828-2309 and will also need to be inspected by a State inspector. Contact the State at 651-296-6159 to arrange the State inspection.
- _____ \$100 investigation fee payable to the City of Brainerd
- _____ \$500 license fee payable to the City of Brainerd



Minnesota Department of Public Safety
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 444 Minnesota St., Suite 222, St. Paul, MN 55101-5133
 (651) 201-7507
 FAX (651) 297-5259 TTY (651) 282-6555
 WWW.DPS.STATE.MN.US



APPLICATION FOR CLUB ON SALE RETAIL LIQUOR LICENSE

An officer of the club seeking a license shall complete this application. This application and the proof of liquor liability insurance must be filed with the city clerk or the county auditor. To qualify for a license a club must have at least thirty members, been in continuous existence for at least three years, have an elected governing board and limit sales to members and bona fide guests only. The annual license fee is set by statute (M.S. 340A.408). Granting of a license by the city or county is discretionary.

Workers Compensation Insurance Company _____ **Policy #** _____

Licensee's MN Sales and Use Tax ID Number _____ *To apply for MN sales and use tax number call (651) 296-6181*

Licensee's Federal Tax ID # _____

Corporation Name		Club Trade Name or DBA	
License Location (Street Address)		License Period FROM _____ TO _____	Business Phone () _____
Municipality	County	State	Zip Code
Building Owner's Name		Building Owner's Address	
Are there any delinquent taxes on the property? <input type="checkbox"/> Yes <input type="checkbox"/> No		Club Manager's Name	
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
Name of Member of Managing Board	DOB	Social Security #	Address
The Licensee must have one of the following: CHECK ONE			
<input type="radio"/> A. Liquor Liability Insurance (Dram Shop) - \$50,000 per person: \$100,000 more than one person: \$10,000 property destruction: \$50,000 and \$100,000 for loss of means of support. ATTACH "CERTIFICATE OF INSURANCE" TO THIS FORM			
OR			
<input type="radio"/> B. A Surety bond from a surety company with minimum coverage as specified above in A.			
OR			
<input type="radio"/> C. A certificate from the State Treasurer that the Licensee has deposited with the State, Trust Funds having a market value of \$100,000 or \$100,000 in cash or securities.			
Give Date of Club Charter If Veterans or Fraternal Organization	Date of Incorporation		Number of Years of Continuous Existence of the Club
Number of Years in Current Quarters	Number of Club Members		Will the Club be issued a Lawful Gambling License? <input type="checkbox"/> YES <input type="checkbox"/> NO

- Yes No 1. Are any members, officer, agents or employees paid profits from the sale of beverages to club members?
- Yes No 2. Are any employees paid salaries?
- Yes No 3. Has applicant, partners, officers or employees ever had any liquor law violations in Minnesota or elsewhere? If yes, give names, dates, and final outcome. _____

- Yes No 4. Does any wholesaler or manufacture of alcoholic beverages own or have any interest in furniture, fixtures or equipment for the licensed premises?
If yes, give details. _____

- Yes No 5. During the past license year, has a Summons been issued under the Liquor Civil Liability Law (Dram Shop) M.S. 340A.802?
If yes, attach a copy of the Summons.
- Yes No 6. Will you serve liquor on Sunday? Amount of Sunday License Fee _____

I certify that I have read the above questions and that the answers are true and correct of my own knowledge.

Signature of Applicant

Date

IF LICENSE ISSUED BY THE COUNTY BOARD: REPORT OF COUNTY ATTORNEY

- Yes No I certify that to the best of my knowledge the applicants named above are eligible to be licensed.
If no, state reason. _____

Signature County Attorney

County

Date

REPORT BY POLICE DEPARTMENT OR SHERIFF'S OFFICE

This is to certify that the applicant, and the associates, named herein have not been convicted within the past five years for any violation of Laws of the State of Minnesota, or Municipal Ordinances relating to Intoxicating Liquor, except s follows:

Police Department or Sheriff's Name

Title

Signature

LICENSE APPROVAL OR DENIAL

License Granted Denied

Signature City Clerk or County Auditor Date

LICENSE APPROVAL OR DENIAL

License Granted Denied

Signature Director Alcohol & Gambling Enforcement Date

NOTICE

A \$30.00 service charge will be added to all dishonored checks. You may also be subjected to a civil penalty of \$100.00 or 100% of the value of the check, whichever is greater, plus interest and attorneys fees. MS 604.113

ALL RETAIL LIQUOR LICENSEES MUST REGISTER WITH THE ALCOHOL, TOBACCO TAX AND TRADE BUREAU.
FOR INFORMATION CALL (513) 684-2979 OR 1-800-937-8864



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 _____ License Period From: _____ To: _____

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

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

Business Trade Name _____ Business Address _____ City _____

Zip Code _____ County _____ Business Phone _____ Home Phone _____

Home Address _____ City _____ Licensee's MN Tax ID # _____
(To Apply call 651-296-6181)

Licensee's Federal Tax ID # _____
(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
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____
_____ (Partner/Officer Name (First Middle Last))	_____	_____	_____

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: _____ Policy # _____

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 _____
(title)

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.

City of Brainerd

Investigation for On-Sale Intoxicating Liquor License

This form was prepared by the MN Bureau of Criminal Apprehension, Department of Public Safety for purposes of background investigation. It does not supersede any laws, rules or regulations of the Division of Liquor Control regarding the issuance of liquor licenses. Failure to provide information requested may result in denial of this application.

Licensee Name _____ Date _____

Licensing Period _____ to _____

Type of Application _____ New _____ Renewal _____ Transfer

Full Name of Applicant _____

Home Address _____

City _____ State _____

Date of Birth _____ Place of Birth _____

Address of Business Location _____

Legal Description _____

List Owners of Building or Premise to be Licensed _____

Corporate or Partnership Title _____

Corporate or Partnership Address _____

List all Partners, Officers or Directors, if Corporation:

Name	Address	Date of Birth
_____	_____	_____
_____	_____	_____
_____	_____	_____

Certificate of Compliance Minnesota Workers' Compensation Law

PRINT IN INK or TYPE.

Minnesota Statutes, Section 176.182 requires every state and local licensing agency to withhold the issuance or renewal of a license or permit to operate a business or engage in any activity in Minnesota until the applicant presents acceptable evidence of compliance with the workers' compensation insurance coverage requirement of Minnesota Statutes, Chapter 176. The required workers' compensation insurance information is the name of the insurance company, the policy number, and the dates of coverage, or the permit to self-insure. 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.

BUSINESS NAME (Individual name only if no company name used)	LICENSE OR PERMIT NO (if applicable)
--	--------------------------------------

DBA (doing business as name) (if applicable)

BUSINESS ADDRESS (PO Box must include street address)	CITY	STATE	ZIP CODE
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YOUR LICENSE OR CERTIFICATE WILL NOT BE ISSUED WITHOUT THE FOLLOWING INFORMATION. You must complete number 1, 2 or 3 below.

NUMBER 1 COMPLETE THIS PORTION IF YOU ARE INSURED:

INSURANCE COMPANY NAME (not the insurance agent)

WORKERS' COMPENSATION INSURANCE POLICY NO.	EFFECTIVE DATE	EXPIRATION DATE
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NUMBER 2 COMPLETE THIS PORTION IF SELF-INSURED:

I have attached a copy of the permit to self-insure.

NUMBER 3 COMPLETE THIS PORTION IF EXEMPT:

I am not required to have workers' compensation insurance coverage because:

- I have no employees.
- I have employees but they are not covered by the workers' compensation law. (See Minn. Stat. § 176.041 for a list of excluded employees.) Explain why your employees are not covered: _____
- Other: _____

ALL APPLICANTS COMPLETE THIS PORTION:

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

APPLICANT SIGNATURE (mandatory)	TITLE	DATE
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NOTE: If your Workers' Compensation policy is cancelled within the license or permit period, you must notify the agency who issued the license or permit by resubmitting this form.
This material can be made available in different forms, such as large print, Braille or on a tape. To request, call 1-800-342-5354 (DIAL-DLI) Voice or TDD (651) 297-4198.

CITY OF BRAINERD

FORM SP:C1 - TAX CLEARANCE INFORMATION

Pursuant to Minnesota Statute 270.72 Tax Clearance: Issuance of Licenses. The licensing authority is require to provide to the Minnesota Commissioner of Revenue your Minnesota business tax identification number and the social security number of each license applicant.

Under the Minnesota Government Data Practices Act and the Federal Privacy Act of 1974, we are required to advise you of the following regarding the use of this information:

1. This information may be used to deny the issuance, renewal or transfer of your license in the event you owe the Minnesota Department of Revenue delinquent taxes, penalties, or interest:
2. Upon receiving this information, the licensing authority will supply it only to the Minnesota Department of Revenue. However, under the Federal Exchange of Information Agreement the Department of Revenue may supply this information to the Internal Revenue Services :
3. Failure to supply this information may jeopardize or delay the processing of your licensing insurance or renewal application.

Please supply the following information and return along with your application to the agency issuing this license. Do not return to the Department of Revenue.

LICENSE BEING APPLIED FOR OR RENEWED:

LICENSING AUTHORITY: City of Brainerd

LICENSE RENEWAL DATE:

PERSONAL INFORMATION (if applicable):

Applicant's Name _____

Applicant's Address _____

City State Zip Code

Social Security Number _____

BUSINESS INFORMATION (If applicable):

Business Name _____

Business Address _____

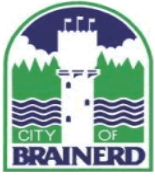
City State Zip Code

Minnesota Tax Identification Number _____

Federal Tax Identification Number _____

If Minnesota Tax Identification number is not required, please explain on the reverse side.

Signature Position(Officer, Partner, Individual, Etc.)



CITY OF BRAINERD

AUTHORIZATION & RELEASE

The undersigned, having filed an application with the City of Brainerd realizing that the City has need to investigate the background and history of the applicant in order to better evaluate his or her application, does hereby authorize and request every law enforcement official and every other person, firm, officer, corporation, association, organization or institution having control of any documents, records or other information pertaining to me to furnish the original or copies of any such documents, records and other information to the City or any of its representatives and to permit said City or any of its representatives to inspect and make copies of any such documents, records and other information. I further authorize any such persons to answer any inquiries, questions or interrogatories concerning the undersigned which may be submitted to them by the City or its authorized representative. I fully understand that the information so obtained by the City may be used by it in its evaluation of my application.

I hereby release and exonerate any person who shall comply with the authorization and request made herein from any and all liability of every nature and kind growing out of and in any way pertaining to the furnishing or inspection of such documents, records and other information.

Please complete the following information:

Full Name (please print): _____
First Middle Last

Date of Birth: _____

Please list **all** other names you are or have been known by, to include maiden name, previous married names, alias names, and nicknames: _____

Address: _____
Street Address City State Zip

Previous Address: _____
Street Address City State Zip

SIGNATURE OF APPLICANT

DATE

State of _____

County of _____

On _____, _____ personally appeared before me to be the signer of
Date Full Legal Name of Applicant

this document.

Signature of Notary Public

My Commission Expires

(SEAL)

DEPARTMENT OF THE TREASURY
ALCOHOL AND TOBACCO TAX AND TRADE BUREAU (TTB)
Alcohol Dealer Registration – For Use On and After July 1, 2008

(Please read instructions carefully before completing this form)

SECTION 1 – IDENTIFYING INFORMATION

Complete all fields in section 1 to correctly identify your business

NAME (Last, First, Middle) or CORPORATE NAME (If Corporation)	EMPLOYER IDENTIFICATION NUMBER (See Instructions)		
	-		
MAILING ADDRESS (Street address or P.O. Box)	CITY	STATE	ZIP CODE

SELECT BOX a, b, or c:

- a. NEW BUSINESS
- b. OUT OF BUSINESS

c. EXISTING BUSINESS WITH
CHANGE IN: (complete items below)

- | | |
|---|---|
| <input type="checkbox"/> NAME / TRADE NAME | <input type="checkbox"/> OWNERSHIP INFO |
| <input type="checkbox"/> ADDRESS / LOCATION | <input type="checkbox"/> EMPLOYER IDENTIFICATION NUMBER |
| <input type="checkbox"/> BUSINESS CLASS | (OLD: -) |
| <input type="checkbox"/> PHONE | (NEW: -) |

DATE OF CHANGE, OR OF ENTRY
INTO BUSINESS, OR OF TERMINATION
OF BUSINESS (mm/dd/yyyy)

SECTION 2 – BUSINESS CLASS(ES) AND PREMISES LOCATIONS

Enter information below for each business location, using the appropriate class code

DEALER CLASS	SUBCLASS	CLASS CODE
RETAIL DEALER (Anyone who sells, or offers for sale, beverage alcohol products to any person other than a dealer. Examples are package stores, restaurants, bars, private clubs, fraternal organizations, grocery stores or supermarkets which sell such beverages.)	Liquors (Distilled Spirits, Wine or Beer)	11
	Beer Only	12
	Liquors (Distilled Spirits, Wine or Beer) – At Large*	15
	Beer Only – At Large*	16
WHOLESALE DEALER (Anyone who sells, or offers for sale, beverage alcohol products to another dealer. An IMPORTER must register as a wholesaler if he or she sells beverage alcohol products to other dealers.)	Liquors (Distilled Spirits, Wine, or Beer)	31
	Beer Only	32

* A retail dealer at large is one whose business requires him to move from place to place, such as a circus or carnival.

CLASS CODE	TRADE NAME	PREMISES ADDRESS STREET NUMBER AND NAME	CITY, STATE, ZIP CODE	TELEPHONE NUMBER
				()
				()
				()
				()
				()

Under penalties of perjury, I declare that the statements in this registration are true and correct to the best of my knowledge and belief; that this registration applies only to the specified business and location or, where the registration is for more than one location, it applies only to the businesses at the locations specified on the attached list.

SIGNATURE	TITLE	DATE
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SECTION 3 – OWNERSHIP INFORMATION

INDIVIDUAL OWNER PARTNERSHIP CORPORATION LLC OTHER (Specify)

FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION
FULL NAME	RESIDENCE ADDRESS	POSITION

INSTRUCTIONS**GENERAL INSTRUCTIONS**

This registration is for use on and after July 1, 2008. If you are engaged in one or more of the alcohol activities listed on this form, you are required to file this form before beginning business. If there is a change in your business, you need to report it on or before the next July 1 (see CHANGES IN OPERATIONS, below). You may file one registration to cover several locations or several types of activity operating under the same Employer Identification Number (EIN).

NOTE: The special (occupational) tax on producers and marketers of alcohol beverages was repealed by Section 11125 of Public Law 109-59, effective July 1, 2008. However, tax liability and the registration requirement for periods before that date remain. If you need to file a delinquent or amended registration for a period through June 30, 2008, please use TTB Form 5630.5a, Alcohol Special (Occupational) Tax Registration and Return – For Periods Ending On or Before June 30, 2008.

SIGNING YOUR REGISTRATION

This form must be signed by the individual owner, a partner, or, in the case of a corporation or LLC, an individual authorized to sign on behalf of the corporation or LLC.

SECTION 1 – IDENTIFYING INFORMATION

Complete Section 1, Identifying Information, as specified on the form. Your registration must contain a valid Employer Identification Number (EIN). The EIN is a unique number for business entities issued by the Internal Revenue Service (IRS). You must have an EIN whether you are an individual owner, partnership, corporation, LLC, or a government agency. If you do not have an EIN, contact the Internal Revenue Service immediately to obtain one. While TTB may assign a temporary identification number (beginning with XX) to allow initial processing of a return which lacks an EIN, do not delay submission of your registration pending receipt of your EIN. If you have not received a number by the time you file this return, write "number applied for" in the space for the number. Submit your EIN by separate correspondence after receipt from the IRS.

SECTION 2 – PREMISES LOCATIONS

Enter the requested information in Section 2 for each premises location even if this repeats the business information listed in Section 1. If you are reporting a change, enter the date of the change in the appropriate space in Section 1. If additional sheets are needed, make a copy of page 1 of this form or enter the requested information on a separate sheet of paper with your EIN and Company's name.

SECTION 3 – OWNERSHIP INFORMATION

Please complete the ownership information in Section 3. Supply the information specified for each individual owner, partner or responsible person. For a corporation, partnership or association, a responsible person is anyone with the power to control the management policies or buying or selling practices pertaining to alcohol. For a corporation, association, or similar organization, it also means any person owning 10 percent or more of the outstanding stock in the business.

CHANGES IN OPERATIONS

If there is a change of your company's name, trade name, address, premises location, telephone number, ownership information, type of business, or EIN, complete TTB F 5630.5d and submit it no later than the next July 1 after the change. Check the box, Existing Business with Change(s), complete all fields in Section 1, and complete Sections 2 and 3 as necessary to show any changes there. Upon going out of business, submit TTB F 5630.5d within 30 days, checking box b in Section 1. If you are still in business but there are no changes since your last registration, this form does not need to be submitted.

MAILING INSTRUCTIONS

Please sign and date this registration and mail it to:

Alcohol and Tobacco Tax and Trade Bureau
550 Main Street, Suite 8002
Cincinnati, OH 45202-5215.

CONTACT INFORMATION

For further assistance, contact TTB National Revenue Center at 1-800-937-8864 or 1-877-882-3277; or email to ttbtaxstamp@ttb.gov. Additional information is also available at our Web site, www.ttb.gov.

PAPERWORK REDUCTION ACT NOTICE

This request is in accordance with the Paperwork Reduction Act of 1995. This information is used to ensure compliance with Section 11125 of Public Law 109-59, and the Internal Revenue Laws of the United States.

The estimated average burden associated with this collection of information is .8 hour per respondent or record keeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be addressed to the Reports Management Officer, Regulations and Rulings Division, Alcohol and Tobacco Tax and Trade Bureau, 1310 G Street, NW., Box 12, Washington, DC 20005.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current, valid OMB control number.



DEPARTMENT OF PUBLIC SAFETY
ALCOHOL AND GAMBLING ENFORCEMENT DIVISION
 445 Minnesota Street Suite 222
 St. Paul, MN 55101
 Phone (651) 201-7507 TDD (651) 282-6555
 Fax (651) 297-5259

CARD NUMBER
(Office Use Only)

APPLICATION FOR RETAILER'S (BUYER'S) CARD FOR LIQUOR AND WINE
PLEASE RETURN THIS APPLICATION WITH FEE \$20.00

ISSUING AUTHORITY	TYPE CODE	BUYER'S CARD EXPIRES	IDENTIFICATION #
PRINT NAME OF LICENSEE (AS SHOWN ON LICENSE)		BUSINESS NAME (DBA)	
BUSINESS ADDRESS		COUNTY	BUSINESS PHONE
CITY, STATE, ZIP CODE		AUTHORIZED SIGNATURE	

City of Brainerd

Application for Sunday Intoxicating Liquor License

The undersigned hereby makes this application for a special license to serve intoxicating liquor between the hours of 8:00 a.m. Sunday and 1:00 a.m. on Monday. I am qualified to be issued said special license for the following reasons:

1. I presently operate a _____(hotel, restaurant or club) as defined in Section 340.07 of the Minnesota Statutes.
2. My place of business, which operates under the trade name of _____, located at _____ Brainerd, Minnesota, is currently licensed under an On-Sale Liquor license to serve intoxicating liquors.
3. I have fully complied with all applicable laws and regulations and ordinances pertaining to intoxicating liquors and if granted the special license, I will continue to comply with all applicable laws, ordinances and regulations.

Signature of Applicant Date

Subscribed and sworn to before me this _____ day of _____, _____.

(SEAL)

Notary Public

_____ County

\$100.00 Fee