



Intoxicating Hemp Product Business Registration

Type of Registration (Select all that apply) Fee

- ☒ On-Site Consumption* \$125
☒ On-Site Manufacturing \$125
☒ Off-Site Consumption \$125

Minnesota Tax ID: [REDACTED]

Federal Employer ID: [REDACTED]

*On-Site Consumption applicants must be in possession of a full on-sale liquor license.

MDH Hemp Derived Cannabinoid Product Business # [REDACTED]

Legal Name

Luverne Brew Partners LLC

Business Name (dba)

Take 16 Brewing

Business Address

509 East Main Street

Mailing Address (if different than business address)

Phone

[REDACTED]

Email

[REDACTED]

Proof of Worker's Compensation Insurance Coverage

Insurance Company: Cincinnati Insurance Company

Dates of coverage: 1/1/25 - 1/1/26

Policy Number: [REDACTED]

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

- ☐ I have no employees covered by the law
☐ Other (specify on an attached document)

All applicants must attach or email a certificate of liability insurance that corresponds with the license period (January 1 - December 31). If the period covered does not match, a comment that "liability is continuous until canceled" must be noted. Certificates can be emailed to jmead@cityofluverne.org.

Section 2: Employees

General manager, proprietor, food/beverage manager, managing partner, or any individual in charge of the licensed premise.

Name: Luise Rensink

Address: [REDACTED] Luverne MN

Phone: [REDACTED]

Position/Title: GM

Name: _____

Address: _____

Phone: _____

Position/Title: _____

PPH/LLT
E-13032-79

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Section 3: Corporations

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

Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Timothy Glen Gust			Luverne MN 56156
Curtis William Bloemendaal			Luverne MN 56156
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address
Partner/Officer Name (First Middle Last)	DOB	SSN #	Home Address

If more than five partner's or officers please attach as a list.

Scan the QR code to view the City of Luverne Ordinance pertaining to Intoxicating Hemp Product Registration

Office of City Clerk
305 E Luverne St
PO Box 659
Luverne, MN 56156
(507) 449-2388
www.cityofluverne.org

1. The first part of the paper is devoted to a general discussion of the problem of the existence of solutions of the system of equations

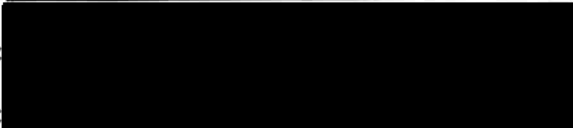
Consent for the Release of Information


City of Luverne Ordinance No. 43, Fourth Series requires that all applicants be checked for violations of federal or state law or of municipal ordinances.

The following named individual has made application with the City of Luverne.

Name (First, Middle, Last): Luke B. Leslie Rensink

Maiden/Former Name: _____

Date of Birth:  _____

Gender:  _____

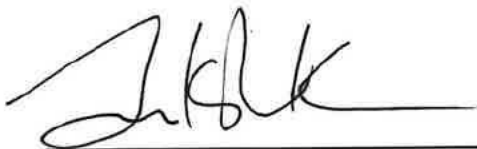
Driver License/I.D. Number:  _____

DL/ID State of Issuance: MN

I authorize the Rock County Sheriff's Office to disclose all applicable criminal history record information to the City of Luverne.

The data on this form will be used to approve your license. Some requested data is private. Private data is available to you and the City or State staff who need this information to perform their duties but is not available to the public. You are not legally required to provide this data, but the City may not be able to approve your registration if you do not provide it.

I declare that the information I have provided on this application is truthful and I understand that falsification of answers on this application will result in denial of the application. I authorize the Rock County Sheriff's Office to investigate and make inquiries that are necessary to verify the information provided.



Applicant Signature

6/4/25

Date

ROCK COUNTY SHERIFF'S OFFICE REVIEW

By: _____ Date: _____
Sheriff or Designee

ICR #: _____

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