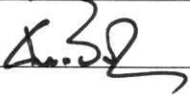


TYPE OF LICENSE
(Check all that apply)

<input type="checkbox"/>	License Type	Fee <small>(including investigation fee)</small>	<input type="checkbox"/>	License Type	Fee
<input type="checkbox"/>	Off-Sale Intoxicating	\$ 0.00	<input type="checkbox"/>	Brewery Off-Sale	\$ 0.00
<input checked="" type="checkbox"/>	On-Sale Intoxicating	\$	<input type="checkbox"/>	Brewery Taproom On-Sale	\$ 0.00
<input checked="" type="checkbox"/>	Sunday Liquor	\$ 178.00	<input type="checkbox"/>	Microdistillery Off-Sale	\$ 0.00
<input type="checkbox"/>	Wine (Includes Sunday)	\$ 0.00	<input type="checkbox"/>	Microdistillery Cocktail Room	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: On-Sale	\$ 0.00	<input type="checkbox"/>	Consumption and Display	\$ 0.00
<input type="checkbox"/>	3.2% Malt Liquor: Off-Sale	\$ 0.00	<input checked="" type="checkbox"/>	Liquor License Transfer Only	\$ 567.00
<input type="checkbox"/>	Special Club Liquor	Calculated by Clerk's Office	<input type="checkbox"/>	On Sale Theater	\$ 0.00
<input type="checkbox"/>	Dancing	\$ 0.00	<input type="checkbox"/>	2:00 A.M. (Issued by State)	Calculated by State
<input type="checkbox"/>	Additional Bar (each)	\$ 0.00	<input type="checkbox"/>	After Hours Entertainment	\$ 0.00
TOTAL DUE:					\$ 567.00

BUSINES INFORMATION					
Name of applicant (name of individual, partnership, corporation or association):					
Lake Superior Railroad Museum					
Applicant Address: 506 West Michigan Street					
City:	Duluth	State:	MN	Zip:	55802
Applicant Phone:	218-733-7590	Applicant Email Address:	kenbuehler@lsrm.org		
Business Name/dba:	Lake Superior Railroad Museum				
Business Address:	506 West Michigan Street	City	Duluth	MN	Zip 55802
Business Phone:	218-733-7590				
Minnesota Tax ID Number:	25826	Federal Tax ID Number:	23-7312204		
List, if corporation, all stockholders, directors, officers, and percentage or number of shares owned. If partnership or limited partnership, the name of each partner and percentage of ownership:					
501 (c) 3 nonprofit: Dr. Neal Vanstrom-President, Ed Robinson-Vice President/Treasurer, Tom Gannon-Secretary, Ken Buehler-Executive Director					
State approximate distance of this establishment from nearest academy, college, university, church, or school:					
0.2 miles					
Who will direct the operation of the business or serve as a manager on the premises?					
Full Name:	Kenneth Mark Buehler		Phone Number:	218-733-7590	

BUILDING OWNER INFORMATION			
Full Name:	St. Louis County	Phone Number:	218-726-2000
Address:	100 N. 5th Avenue West, Duluth, MN 55802		
Where the building is owned by someone other than the applicant, state in summary the conditions of the lease arrangement, such as term of lease, monthly rental, renewal privileges, etc.			
Three month lease commencing 3/1/2021 - Rent adjusting annual from \$49,000 to \$260,000			
DESCRIPTION OF PROPOSED BUSINESS:			
What is the seating capacity of the restaurant?			
Indoor Seating:	150	Outdoor Seating:	40-60
Designated Serving Areas (i.e. ground floor, second floor, deck, etc.)		Hall, RR Museum, Front Sidewalk, (Private Spa	
Will serving of prepared food occur at this site?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<i>If yes, please attach license from MN Department of Health.</i>			
List date you desire to start serving liquor:	9/1/2021		
NOTE: The license period for a 3.2% non-intoxicating malt liquor license is May 1 to April 30. The license period for off sale intoxicating liquor, on sale intoxicating liquor, and wine is September 1 – August 31.			
Failure to answer all questions truthfully on this application and attached "Personal Supplemental Affidavit" which is made a part thereof, will be just cause for revocation of your license.			
I (we) hereby certify that the applicant will be the sole owner and operator of this business to be conducted under the license and I (we) will notify the City Council in writing of any changes in ownership in this business before the change is made, for the approval of the Alcohol, Gambling, & Tobacco Commission and City Council. I (we) have read the foregoing questions, and answers to said questions are true to the best of my (our) knowledge. I (we) will comply with all provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments. I further understand that the giving of false information in this application, regardless of when it is discovered, and or the failure to provide required pertinent information constitutes cause for the immediate revocation of any and all licenses and/or permits issued hereunder and may be grounds for prosecution for perjury.			
Signature: 		Date: 7-21-2021	
Signature:		Date:	

GOVERNMENT DATA PRACTICES ACT - CLASSIFICATION WARNING: The data you supply on this form will be used to process the license you are applying for. You are not legally required to provide this data, but we will not be able to process the license without it. Some of the data will be classified as public data if and when the license is granted. Private financial information is classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.