



CITY OF DULUTH
 CITY CLERK'S OFFICE
 330 City Hall • 411 West First Street
 Duluth, Minnesota 55802-1189
 Phone (218) 730-5500
 Fax (218) 730-5923

RECEIVED
 NOV 14 2017

FOR OFFICE USE ONLY
 DATE _____
 LICENSE # _____

LICENSE APPLICATION

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 including a tax identification number and social security number are classified as private data and will be available to governmental personnel and other governmental agencies whose access is necessary to perform their official duties.

| LICENSE | NEW FEES | TRANSFER FEES |
|------------------------------------------|-----------|---------------|
| BREWERY MALT LIQUOR OFF SALE (GROWLER) = | \$ 300.00 | N/C |
| BREWERY MALT LIQUOR ON SALE (TAPROOM) = | \$ 250.00 | N/C |
| SUNDAY (Taproom only) = | \$ 178.00 | N/C |
| 2:00 A.M. (Taproom only) = | N/C | N/C |
| INVESTIGATION FEE (ONE TIME) = | \$ 31.00 | |
| TRANSFER FEE = | | \$ 358 |
| TOTAL = | \$ | \$358 |

LICENSEE CORP NAME/BUSINESS ADDRESS:

BENT PADDLE BREWING COMPANY
1832 W MICHIGAN ST.
DULUTH, MN 55806

D/B/A or TRADE NAME: BENT PADDLE BREWING CO.

CELL OR BUSINESS PHONE NO. 218.279.2722
X 302

OWNER(S) EACH 25%.

MANAGER'S NAME & ADDRESS & PHONE # (218)

KAREN & BRYAN TONNIS 728-8009
409-4448
906 N. BLACKMAN AVE DULUTH, MN 55811

OWNER OF BUSINESS PREMISES:

SHAWN DAY

LAURA & COLIN MULLEN 721.2176 (218)
1926 COLUMBUS AVE 721.2167
DULUTH, MN 55803

LICENSE PERIOD: Ending August 31, _____

I HEREBY STATE THAT ALL INFORMATION HERE IS TRUE AND CORRECT AND THAT I SHALL COMPLY WITH ALL PROVISION OF THE ORDINANCES OF THE CITY OF DULUTH AND LAWS OF THE STATE OF MINNESOTA AND THEIR AMENDMENTS.

K. TONNIS

Signature of Applicant

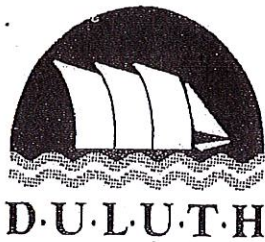
MAILING ADDRESS:

BENT PADDLE BREWING CO.
1832 W. MICHIGAN ST.
DULUTH, MN 55806

EMAIL: Karen@bentpaddlebrewing.com

Would you like notifications via email? YES NO

KAREN: 218.279.2722
X 302



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APPLICATION FOR ALCOHOLIC BEVERAGE LICENSE

1. Name of Applicant (individual, partnership or corporation or association) that owns the business to be licensed: BENT PADDLE BREWING COMPANY
2. Trade Name: " "
3. Address of place to be licensed: 1832 W. MICHIGAN ST. DULUTH, MN 55806
4. Designated Serving Areas (i.e. ground floor, second, deck, etc.) GROUND FLOOR/PATIO
5. Name and address of owner of building: SHAWN DAY
Any connection with applicant? NO Who receives the rent: SHAWN DAY
6. Who will direct the operation of the business or serve as manager on the premises? List name, address & title:
OWNERSHIP (SEE #7)
- 7.. If partnership, give name of each partner and percent of ownership, and if limited partnership, give details:
KAREN TOMMIS (25%) BRYON TOMMIS (25%) COLIN MULLER (25%) LAURA MULLER (25%)
8. If corporation, list all stockholders, directors, officers and percent of stock or number of shares owned by each.
SEE #7
9. State approximate distance of this establishment from nearest academy, college, university, church or school:
LINCOLN PK SCHOOL (1.4 MILES) FIRST COVENANT CHURCH (.40 MILES)
10. State whether any consideration, money or property, has been paid, or will be paid, given, exchanged or pledged, by anyone, and to whom, for the purchase or operation of this business. State the amounts in detail:

Failure to answer all questions truthfully on this application and attached "Exhibit A" 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 change 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 of my knowledge. I (we) will comply with all the provisions of the Alcoholic Beverage Code and the laws and regulations and their amendments.

Signature: [Signature] Date: NOV 6, 2017
Signature: _____ Date: _____

MN STATUTE 270C.72 TAX IDENTIFICATION FORM

Pursuant to Minnesota Statute 270C.72, Tax Clearance Required: The licensing authority is required to provide the Minnesota Commissioner of Revenue the business tax identification number and social security number of each 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 Service.
3. Failure to supply this information may jeopardize or delay the processing of your licensing issuance or renewal application.

Please supply the following information and return along with your application to the agency issuing the license.

License applied for or renewed: BREWERS/MALT LQ TAPROOM ON & OFF SALE
Licensing authority: City of Duluth, St. Louis County, Minnesota + SUNDAY
License renewal date: _____

Personal Information (if applicable)

Applicant's Name: _____
Applicant's Address: _____
Social Security Number: _____

Business Information (if applicable)

Business Name: BENT PADDLE BREWING COMPANY
Business Address: 1832 W. MICHIGAN ST. DULUTH, MN 55806
Minnesota Tax Identification Number: 2622612
Federal Tax Identification Number: 45-2685901

If a MN Tax I.D. is not required, please explain:

Signature KUNIKOWIS.

Date NOV 2, 2017